

ACKNOWLEDGMENTS :

The research team would like to acknowledge the assistance given to this project by a number of people.

In particular participants in the rehabilitation program who gave their time and interest to critically examining the process in which they were involved. The educators and Community Correctional Officers who were also most helpful and provided us with considerable information and again time out of their very busy schedules.

Finally, thanks also go to Neil McAllister, principal advisor, Queensland Corrective Services Commission for help with relevant statistics and to Ms Janet Pickstone for her dedicated work and assistance completing this document.

Mary Sheehan

TABLE OF CONTENTS

	Page
EXECUTIVE SUMMARY	I-VII
1.0 : INTRODUCTION	1
1.1 Work Undertaken	1
1.1.1 Literature review and collection of relevant data	2
1.1.2 Survey and interview studies	2
2.0 : DRINK DRIVING IN QUEENSLAND	3
2.1 <u>The Current Situation</u>	3
2.1.1 Legal definition	3
2.1.2 Extent of problem and sentencing practices	3
2.1.3 Pattern of offending	5
2.1.4 Demographic and S.E.S. characteristics	7
2.1.5 Current penalties (QLD)	8
2.1.6 Unlicensed driving	9
2.1.7 Knowledge of penalties	10
2.1.8 Reconviction rates	11
2.2 <u>Cost of Penalties</u>	12
2.3 <u>Current Preventive Management - Queensland</u>	14
2.3.1 RBT	14
2.3.2 Rehabilitation programs	14
3.0 : KEY ISSUES IN DRINK DRIVING REHABILITATION	15
3.1 <u>Classification of Offenders</u>	15
3.1.1 Legal or offence based classification	15
3.1.2 Alcohol dependency classifications	15
3.1.3 Drink driving offender typology	18
3.2 <u>Contents of Rehabilitation Programs</u>	20
3.3 <u>Matching Rehabilitation Program to Type of Offender</u>	21

TABLE OF CONTENTS (CONT)

	Page
4.0 : EVALUATIONS OF REHABILITATION PROGRAMS	23
4.1 <u>Background</u>	23
4.2 <u>Methodology</u>	23
4.3 <u>Goals</u>	24
5.0 : QUEENSLAND CORRECTIVE SERVICES COMMISSION DRINK DRIVING REHABILITATION PROGRAM (DAVE ALLEN)	26
5.1 <u>Background</u>	26
5.1.1 Objectives	26
5.1.2 Structure and content	27
5.2 <u>Selection for the Program</u>	21
5.3 <u>Current Status</u>	27
5.4 <u>Particioants</u>	28
5.4.1 Age and gender	28
5.4.2 Occupation and education	28
5.4.3 Home ownership	29
5.4.4 Marital status	29
5.4.5 Offences	29
5.4.6 Alcohol consumption	29
5.4.7 Attitudes to penalties	30
5.5 <u>Evaluation</u>	31
5.5.1 Course expectations	32
5.5.2 Participant evaluations	32
5.5.3 The 1989 study	32
5.5.4 The 1991 study	33
5.5.5 Subject recruitment	33
5.5.6 Findings of the 1991 study	35
5.6 <u>Independent Observation</u>	39
5.7 <u>Senior Staff Evaluation</u>	39

TABLE OF CONTENTS (CONT)

5.8	<u>Interviews with Course Educators</u>	40
	▪ 5.8.1 Experience of the course	40
	5.8.2 Expected outcomes from the course	41
	5.8.3 Course aims	41
	5.8.4 Problems	41
	5.8.5 Other	42
	5.8.6 Overview	42
		Page
5.9	Interviews with Community Correctional Officers	42
	5.9.1 Experience of the course	43
	5.9.2 Expected outcomes	44
	5.9.3 Overview	44

6.0 : OVERVIEW AND CONCLUSIONS	45
--------------------------------	-----------

BIBLIOGRAPHY	49
--------------	-----------

LIST OF TABLES

TABLE 1 : DRINK DRIVER APPEARANCES BY STATISTICAL DIVISION OF APPEARANCE FOR 1989-90	4
TABLE 2 : DRINK DRIVER CONVICTIONS BY SENTENCE FOR 1989-1990	5
TABLE 3 : BAC BY FREQUENCY OF OFFENCE	6
TABLE 4 : PRISON SENTENCES IMPOSED - 1989-1990	8
TABLE 5 : CONVICTED PRISONERS ADMITTED TO PRISON FOR DRIVING AND TRAFFIC OFFENCES SENTENCES : QUEENSLAND 1990-1991	13
TABLE 6 : PROPORTIONS OF MULTIPLE DRINK DRIVING OFFENDERS RATING EACH SELECTED DRINK DRIVING PENALTY AS MOST SEVERE.	30
TABLE 7 : PROPORTIONS OF MULTIPLE DRINK DRIVING OFFENDERS REPORTING THAT A PARTICULAR PENALTY OR OUTCOME WAS A VERY STRONG INFLUENCE AGAINST REPEATED OFFENDING.	31
TABLE 8 : PARTICIPANT RATING OF THE USEFULNESS OF COMPONENTS OF THE COURSE AS A LEARNING EXPERIENCE	32

REPORT ON A DRINK DRIVING REHABILITATION PROGRAM

EXECUTIVE SUMMARY

1.0 : BACKGROUND

In 1990-91 the research team received seeding funding from F.O.R.S. and the Institute of Criminology to determine whether a newly designed Corrective Services Commission Rehabilitation Program (CSCR) was viable as an approach to rehabilitation and in what ways it could be evaluated. Subsequently the team received additional funding through the Prime Minister's Road Safety Research Initiative (FORS) to develop the research program further to (i) review the social context of drink driving in Australia and (ii) implement a trial prevention-rehabilitation model in a Queensland rural region. The present report summarises the work undertaken as part of the Seeding Grant and the initial background work for the main study. It examines the current situation regarding drink driving rehabilitation in Queensland and places it in the context of recent research on this issue. The (CSCR) rehabilitation program is reviewed within this framework.

2.0 : DRINK DRIVING IN QUEENSLAND

There were approximately 25,000 convictions for drink driving annually in Queensland in the last 3 years. A review of RBT in Queensland in 1990 found that 16,507 persons had a BAC >0.05. These figures suggest that approximately two-thirds of convictions will be related to RBT and one-third to dangerous driving or crash involvement. The proportions of multiple offenders in each group are not known. Rural regions are generally considered to have lower levels of RBT enforcement.

The overwhelming majority (94.1%) of offenders receive licence disqualification. The periods of suspension are extended and are particularly severe when compared to fines, prison sentences and community service orders (which are relatively rare and on the low side of the mandatory penalties).

Prison sentences were imposed on 238 offenders during 1989-1990 with the majority receiving 1-6 months. Almost twice as many again were admitted for defaulting fines or community service orders. Unofficial costing of this penalty indicates this is an expensive approach to the problem. Prison does not have a direct impact on re-offending but it probably has a deterrent potential. It was uniformly ranked as the most severe penalty by all groups of offenders we studied.

II

Offenders are predominantly male and the majority (72.2%) are first offenders. Persons with BAC of .15 or greater constitute about one-third of those convicted. Offenders are disproportionately young adults, single, blue collar workers or unemployed. There is some evidence to suggest that R.B.T. apprehensions are more representative of the driving population.

Offenders have relatively poor knowledge of legal penalties and multiple offenders believe that penalties are related to the policies of a particular magistrate or the type of accident rather than to number of offences or BAC level.

Re-conviction rates were unavailable in Queensland, however some interstate and overseas information is available. Generalising from this it is possible to estimate conservatively that about one-tenth of drink drivers will be re-convicted for drink driving within a three year period. This proportion increases to around one-quarter if all types of traffic offences are included. There is strong evidence to suggest that "all offences" may be a more useful indicator of outcomes for multiple offenders.

The role played by extended licence disqualifications in rehabilitation is not clear. A Queensland Transport study found that 11.7% of convicted first offenders were unlicensed and this increased dramatically to 25.0% of second offenders and to 46.8% of third offenders.

The Corrective Services Commission Rehabilitation Program is the only rehabilitation program currently available in Queensland.

3.0 : KEY ISSUES IN DRINK DRIVING REHABILITATION

Drink drivers are a heterogeneous group and rehabilitation programs need to take these differences into account. Simple classifications of offenders can be based on number of offences or BAC levels or both. Number of offences and time between offences seem to be the strongest predictors of re-offending though BAC level may be a better predictor of "problem" drinking.

Current attempts to classify "problem" and "non problem" drink drivers by using medical (GGT) and psychological (test) assessment procedures raise serious questions about validity and reliability.

III

They are being evaluated currently in New South Wales, South Australia and New Zealand, but no outcome information is available. Unofficial reports indicate that this approach is very expensive.

Of more interest to the development of sound rehabilitation programs is recent work classifying subgroups within the drink driving population. In particular the existence of clearly distinguishable sub-groups of heavy drinkers, "dedicated drink drivers", traffic offenders and licence offenders needs to be considered. The fact that second or multiple offenders are involved in other criminal behaviours and are highly likely to be personally and socially disadvantaged also needs to be taken into account in rehabilitation program design.

A wide variety of rehabilitation programs have been trialled and tested over many years. No particular model of rehabilitation has been systematically and consistently supported. Reviews of the literature suggest that more extended programs based on sound information, attitude and behaviour change models and with some follow-up may be the most effective. There is also strong support for "user pays" approaches and the establishing of "contracts" between offenders and program coordinators. The latter however may reflect historical social attitudes as much as effectiveness. Licence suspension currently is recognised as the most effective method for reducing recidivist drink driving.

4.0 : EVALUATIONS OF REHABILITATION PROGRAMS

There are major problems in the application of the classic experimental model methodology to evaluating drink driving rehabilitation. Numbers of occasions are small, particularly if crash involvement is used as the outcome measure. A case can be made for broadening outcome measures to include "all offences" including traffic and non-traffic offences. More recent literature recommends more radically that drink driving should be considered a "symptom" rather than the "disease" and that more broadly based lifestyle outcome measures such as drinking and drink driving frequency, employment status, family stability etc. would be more appropriate.

5.0 : QUEENSLAND CORRECTIVE SERVICES COMMISSION DRINK DRIVING REHABILITATION PROGRAM (DAVE ALLEN)

This program is the only one currently available in Queensland. It was and involves contributions from community stakeholders and is a "user pays" program. It takes six and a half months to complete. It aims to improve offenders knowledge and attitudes towards drink driving, to identify persons who should not hold a licence and to offer an alternative to extended prison sentences for multiple offenders. On successful completion of the course disqualification is lifted after a period of 2 years.

It involves 7 government and non government agencies and there are 15 courses currently active involving 20 corrective services offices. In the first half of 1991, 433 offenders had been assigned. All programs follow the same model.

The majority of 281 participants who completed a survey as part of this study were in the 25-39 years age group (52.8%) and had three or fewer offences. A sizeable proportion had multiple offences and one quarter reported other (non DUI and non traffic) offences. The majority were male blue collar workers with relatively low levels of schooling and training. Around one-fifth were unemployed. The majority were single, lived in rental accommodation and were self reported medium to heavy/binge drinkers.

The participants' evaluation indicated that they look to the course to help them with "self awareness". "ability to plan ahead". "self esteem" and "return of licence". The findings of two qualitative studies undertaken in 1989 and again in 1991 were remarkably consistent. The overwhelming majority of participants believed that they had learned a great deal from the program and that it would have an effect on their future drinking and drink driving. Respondents who were also involved in additional alcohol rehabilitation programs such as AA or Health Department programs in particular felt they pained a great deal from attending the two programs.

The First Aid course, the Alcohol and Drink Driving Information Course and Course Debriefing were very well received. The First Aid course in particular was remarkably well received by these participants.

Positive and neeative reviews were based on both content and educational methods. Insurance, Defensive Driving, RACQ and Legal inputs were not well received. Some positive retrospective comments on the course as a whole include :

"Course basically a good idea - has early teething problems"

"Community services were good -treat you like a person with respect"

"Thought it worthwhile"

An indeuendent observation was made of the Police comuonent and the RACO session. The conclusion was that these were not well manaeed or conceutually integrated with rest of the program.

Senior staff in involved government agencies were interviewed and were relatively pessimistic about the likelihood of the program reducing recidivist drinking and driving. They were prepared to consider that other goals might be achieved and were worthwhile.

Course educators were outimistic about the program's goal to reduce drink driving but appeared to have no clearly defined aim for their own specific component of the course. They seemed relatively isolated, lacking support and only knew the details of their own courses. They were concerned that the course might prove more useful to younger offenders earlier in their drink driving careers.

All Community Corrections Officers were in favour of the course, particularly as a way to impart information and as an alternative to prison. They believed it gave offenders a sense of achievement and raised their self esteem. They also considered that it was not appropriate for the unmotivated particiuant.

6.0 : OVERVIEW AND CONCLUSIONS

Strengths : The Corrective Services Commission's program is clearly practical and feasible. In the three years since it was proposed it has apparently found high levels of acceptance from maeistrates and C.C.O's. Fifteen programs have been established involving at least 450 participants. The achievement and acceptance level involved here should not be underestimated. Each course includes seven government and non-government organisations. The program to date has been conducted

primarily with serious multiple offenders, a sizeable proportion of whom are over 30 years of age, poorly educated, socially disadvantaged and have barely missed receiving prison sentences. The magistrates do seem to be using the urogram for seriously imuaired drink drivers rather than the less imuaired for whom the course was designed. Not only magistrates but community and Corrective Services Commission officers support this program. It is also verv well received by particiuants who report positive benefits from it.

The structural model which involves participants paying for components of the course and a program extending weekly over 6 months is consistent with recent reviews of effective programs.

Problems : At the level of implementation the evaluation indicated that there are a number of problems with the program as it stands which probably would ultimately lead to its demise. It is poorly organised and integrated with minimal information shared between educators who have little knowledge of each others input. Consequently there is no consistent (or possibly accurate) presentation of information or attitudinal material. Some of the educators are not trained to handle group classes and/or are lacking in educational exuerience in handling persons with the educational limitations of some of the participants.

Any program of this nature needs : (i) a locally designated coordinator, ii) to be based on a basic knowledge-attitudinal-behaviour change model. It also needs iii) some collaborative training, coordination and support for the persons delivering it. In the present case the program also needs iv) much closer suuervision of participants and v) clearer guidelines as to outcomes for the small number of participants who attend the program after heavy drinking.

In its current form it would be very difficult to iustify the expense of trying to establish a formal evaluation. Evaluation using a classical experimental model would be extremely difficult for this course as it is presently run. Negotiations with magistrates would need to be undertaken and given the local dislike of prison sentencing for offenders it could be extremely difficult to establish a viable control group. It might be feasible to pse community service orders as the control for an intervention. Further discussion with magistrates would be needed to establish the feasibility of this. However given the high level of acceptance of the program the Corrective Services Commission should follow up all the participants informally and monitor all further offences (not

only drink driving) over the next two years. This would provide baseline data on offending rates which would facilitate the future development of a sound evaluation model.

Overall Assessment: The rehabilitation model has high acceptability to local stakeholders and is feasible and practical and probably could be organised to pay for itself, though training in educational content and presentation and ongoing collaboration would have to be covered by a government agency(s). It would be worthwhile trying to develop the program systematically and taking a modified version into a rural region. If it was to be seriously trialled, it would require (i) a sound alcohol and traffic education basis and (ii) the structural support of an established back up alcohol and rehabilitation-treatment program for offenders who recognise that they have serious alcohol dependency.

1.0 :INTRODUCTION

In 1990-91 the research team received seeding funding from the Institute of Criminology and F.O.R.S. to examine an innovative drink driving rehabilitation program known as the Queensland Corrective Services Commission rehabilitation program. This programme, which was designed by Dave Allen, an officer with the Commission, had been introduced into the Gold Coast region and was to be implemented in other regions of Queensland through 1991. It is a collaborative project involving Corrective Services, Police and other relevant government and non-government services. The primary goal of the seeding grants was to determine whether the programme was viable as an approach to rehabilitation and in what way/s it could be evaluated.

Subsequently, the team received further funding through the Prime Minister's Road Safety Research Initiative (F.O.R.S.) (i) to review the social context of drink driving in Australia and (ii) to develop and implement a trial prevention/rehabilitation model in a Queensland rural region. The model proposed was to build upon the intersectoral nature of the present Corrective Services Commission program where possible. It was to use input from government and non-government bodies and to be integrated with a prevention program. Findings from research currently being undertaken by the group which includes : 1) a longitudinal study of young drink drivers; and 2) a community intervention to reduce binge drinking and related accidents and injuries were to be included where possible in the model program.

The present report summarises the work undertaken with the support of the Institute of Criminology and F.O.R.S. Seeding funding. It also includes some recent work arising from the F.O.R.S. Research Initiative funding. The study has centred around examining the Corrective Services Rehabilitation Program and establishing the current context of drink driving rehabilitation.

The initial sections of this report provide an overview of drink driving in Queensland and a summary of current knowledge regarding drink driving rehabilitation. The second half of the report summarises the findings of the work undertaken so far examining the Corrective Services Commission Rehabilitation program. Implications of the findings for a rural rehabilitation program are discussed as they arise.

1.1 Work Undertaken

The work undertaken in the development of this report is summarised here. It includes i) a broadly based literature review and collection of relevant

Queensland research data ii) survey and interview studies undertaken on the Corrective Services Rehabilitation Program.

1.1.1 Literature review and collection of relevant data

A critical review of the international drink driving rehabilitation literature and an overview of evaluation reviews in this field was undertaken. In addition a picture of drink driving in Queensland and the consequences of being convicted was assembled. This latter information was obtained largely from the Australian Bureau of Statistics and state Transport, Corrective Services and Police Department publications and commissions. A number of relevant research studies conducted in the Department of Social and Preventive Medicine in recent years was also assembled and the data examined.

1.1.2 Survey and interview studies

A qualitative interview study was undertaken of the Brisbane based Corrective Services Commission Rehabilitation Program. This consisted of a) interviews with the representative **for** each course segment b) interviews with Community Correctional Officers from Brisbane based offices and (c) interviews with course participants. In addition a survey of Queensland recidivist drink drivers who were participating in the Corrective Services Commission's Rehabilitation Program was undertaken. Data from 218 participants were collected and analysed. This information provided background **on** participants and their expectations of the courses. It also enabled **us** to establish more broadly based recidivist profiles to complement the data available from Queensland Transport.

2.0 : DRINK DRIVING IN QUEENSLAND

2.1 The Current Situation

2.1.1 Legal definition

Drink driving in Queensland comes under Section 16 of the Traffic Act' which is concerned with driving whilst under the influence of alcohol or drugs with a prescribed concentration of alcohol in the blood. The details of the Traffic Act are spelled out in Appendix 1. In summary, distinctions are drawn between first, second and third offenders; offenders who are provisional licence holders under 25 years of age or commercial drivers who have higher than 0.0 BAC (Blood Alcohol Content); and within each of these groups between those who are at BAC >0.05 and <0.15 and those with a BAC ≥ 0.15 . Legal penalties within these listed parameters range from the penalty for a first offence with BAC >0.05 <0.15 which is currently "a maximum of \$700 and/or three months jail and disqualification for at least one month and not more than 9 months", to the maximum for third offenders in a 5 year period with a BAC ≥ 0.15 where the penalty is "mandatory jail and disqualification for 2 years". Unlicensed driving attracts a "maximum fine of \$1700 and/or jail for 18 months and absolute disqualification" (in practice absolute disqualification may be reversed after 2 years).

2.1.2 Extent of problem and sentencing practices

The latest Queensland figures on apprehension and sentencing are from the ABS (Law and Order, July 1989-June 1990)². In this calendar year there were a total of 25 031 drink driver court appearances (m : 21 546, f : 3 485). These appearances led to 24 864 convictions (m : 21 396, f : 3 468). For a breakdown of these appearances by statistical division see Table 1 on the following page.

TABLE 1 : DRINK DRIVER APPEARANCES BY STATISTICAL DIVISION OF APPEARANCE FOR 1989-90

	MALE	FEMALE	TOTAL
Brisbane	9 030	1 619	10 649
Moreton	4 145	707	4 852
Wide Bay/Burnett	1 079	134	1 213
Darling Downs	1 010	133	1 143
South West	218	12	230
Fitzroy	1 107	155	1 262
Central-West	101	9	110
Mackay	823	108	931
Northern	1 479	254	1 733
Far North	2 151	327	2 478
North West	403	21	430
	21 546	3 485	25 031

Extracted from Australian Bureau of Statistics, Law and Order, Queensland 1989-1990, Table 11, pp 20-21³.

2.1.2 (cont)

The ABS does not provide information on recidivism, however, the following sentences contained in Table 2 were given in 1989-1990.

TABLE 2 : DRINK DRIVER CONVICTIONS BY SENTENCE FOR 1989-1990 -

	MALE	FEMALE	TOTAL
Prison	232	6	238
CSO	846	238	1084
Probation	19	5	24
Fine	101	18	119
Fine and licence disqualification	20 193	3 199	23 392
Being of good behaviour	3	1	4
Convicted not punished	2	1	3
TOTAL	21 396	3 468	24 864

Extracted from Australian Bureau of Statistics Law and Order, Queensland⁴, Table 7, pp. 14-15.

2.1.2 (cont)

The overwhelming majority of persons were fined and given licence disqualification (94.1%). Only relatively small proportions received community service orders (4.4%) or prison (1.0%). Figures were available for the 1989-1990 data on BAC levels, 63% (17,105) were at the lower BAC level $>0.02 - <0.15$ and approximately 33% (8,953) were convicted of driving at the higher BAC level (.15 or higher). The remaining 1,008 failed to supply a breath test (3.7%).

2.1.3 Patterns of offending

Two Queensland studies have been undertaken in the past 10 years which provide more detailed information on patterns of offending and sentencing. The first and major study was commissioned by the Queensland Transport Department in 1989 and involved a review based on the 1986 drink driving statistics. The study was undertaken by Deborah Wilson Consulting Services' and involved following a sample of 7694 cases drawn from Transport Department records of 25000 persons convicted in 1986.

Based on the sample the following profile of the convicted population was obtained : 72.2% were first offenders; 19.9% were second offenders and 7.8% were third offenders (See Table 3). The vast majority were male (86.3% of first offenders and 99.2% of third offenders).

TABLE 3 : BAC BY FREQUENCY OF OFFENCE

	BAC <0.15	BAC ≥0.15
1st offences	66.3	28.2
2nd offences	54.0	37.6
3rd offences	46.5	42.2

Extracted from D. Wilson Consulting Services Report on an Examination of Court Imposed Penalties for Drink Driving for Queensland Department of Transport, 1987, p. 21⁶.

2.1.3 (cont)

Table 3 shows that whilst BAC levels were related to frequency of offence with more frequent offenders more likely to have convictions with BAC's at or above the .15 level the relationship was by no means perfect. That is a relatively large proportion of the first offenders (28.2%) were at the higher blood alcohol level at their first apprehension. The Wilson study also showed that BAC levels at a previous offence were not closely related to levels at the second or third offence (77.4% of prior first offences and 78.2% of prior second offenders involved BAC's under .15). German researchers⁷ have found that there is only a low correlation between recidivism rate and BAC at the previous offence though their work excluded those with very high BAC who were classified as "unfit to drive".

The data in Table 3 indicate that BAC levels reported at the second and third offence will generally be systematically higher than those reported at the first offence and that second and third offenders will constitute about a quarter of an apprehended group. Persons with a BAC of .1 or greater will constitute about one-third of those convicted. In the present research an important implication of these data is that if a decision was made to provide a program to second and third offenders the program would involve approximately one-quarter of all offenders. This would drop to approximately 8% if only third offenders were included in the group and rise to approximately 30% if all those at .15 or higher were considered to be at risk drink drivers. There would be a degree of overlap between these groups but it would not be particularly high.

2.1.4 Demographic and S.E.S. characteristics

The Wilson study provided the following profile of the demographic characteristics of Queensland drink drivers. As noted the vast majority were male and from the younger age group. Just under a third of first offenders (27.5%) and a similar proportion of second offenders (29.9%) were aged 20-24 years. A third (33.0%) of third offenders were aged 25-29 years. Increasing age was related to increasing BAC levels and to multiple offences. This pattern is consistent with a lifestyle of continued drinking through young adulthood.

The majority of offenders were single [first offenders (65.5%); second offenders (68.2%); third offenders (58.4%)]. Around one fifth were unemployed, ranging from 20% of first offenders to 22% of third offenders. The proportions of "white collar" offenders fell from 21% of first offenders to 13.8% of second offenders and 9.3% of third offenders.

Very similar characteristics emerged in a later study of apprehended drink drivers awaiting court appearance'. The samples surveyed in this study consisted of 200 adults 17 years and older charged with drink driving who appeared in the Brisbane Magistrates Court between the last week of October 1989 and the last week of December 1989. The court presides over offences committed in the Brisbane metropolitan region. The study was concerned to examine characteristics of young drink drivers and in order to ensure representation interviewers systematically gave preference in their interviewing to persons whom they perceived to be in the 17-25 age group. Interviews were mainly conducted on Monday mornings and the population represented is primarily those persons apprehended for driving above the prescribed BAC on Friday and Saturday evenings. It was predominately made up of persons apprehended through random breath testing in the inner city or city area.

In this study 83.9% were male with nearly half (49.5%) in the age group 17-25. In this sample 12% were unemployed; 43.2% were involved in skilled, semi-skilled and unskilled labour. In contrast to the Wilson study and other studies of convicted drink drivers a relatively high proportion (17.6%) were in professional or managerial/administrative positions, and other white collar workers made up 17.5%. The data suggests that a broader sample may be reached by RBT though it may also reflect the location of the study.

Not surprisingly, the pattern replicates findings in overseas studies. That is persons apprehended for drink driving charges will be predominately young, male and disproportionately unemployed or working in blue collar occupations.

2.1.5 Current penalties (QLD)

As noted earlier the proportions of offenders being sentenced to community service (4.4%) or prison (1.0%) are relatively low. The Wilson study⁷ of sentencing patterns in 1986 also found that the average fines for all classes of offences were well below half the maximum provided (eg. first offenders with a maximum provision of \$700 averaged \$271; second offenders with maximum possible fine of \$1700 averaged \$770). In the same study it was found that imprisonment was part of the penalty for 0.3% of first offenders; 1.8% of second offenders and 16.4% of third offenders. Prison sentences imposed for first and second offences were mostly 1-3 months. This was also the case for 75.3% of the third offenders who received prison sentences; whilst around 20.4% of the third offenders received 4-6 months. These terms are well below the possible terms of 6 months - 1 year for first and second offenders and 2 years for third offenders. The report did not indicate the extent to which prison sentences were associated with accidents involving serious injury though presumably this factor is taken into account.

More recent prison figures available from the ABS 1989-1990¹⁰ figures are provided in Table 4.

TABLE 4 : PRISON SENTENCES IMPOSED - 1989-1990.

	SENTENCE								
	≤ 1 month		1 month ≤ 6 months		6 months or more		TOTAL		
	m	f	m	f	m	f	m	f	p
Number of Offenders	66	1	140	5	26	0	232	6	238

Extracted from Australian Bureau of Statistics Law and Order, Queensland'', Table 9, p. 18.

2.1.5^m (cont)

The majority of prison sentences are between **1** and **6** months. In contrast license suspension periods were high across all offence categories. Average disqualification periods for first offenders were 3-6 months (**1-9** months mandatory) and **12.1** months (**6** months mandatory). Average disqualification periods for second offenders were **14.4** months (9 months mandatory), **16.8** months (**12** months mandatory) and 7.6 months (**3-18** months mandatory). Average disqualification periods for third offenders were **12.1** months (6 months mandatory); 20.7 months (**12** months mandatory) and **25.7** months (**24** months mandatory).

This evidence suggests that there is a systematic pattern of sentencing by Queensland magistrates which involves relatively low fines, limited use of prison and community service and common use of licence suspension with the suspension periods being relatively long.

2.1.6 Unlicensed driving

In the Evaluation section later in the report it is noted that loss of licence is consistently found to be the most effective intervention for drink driving. At the same time it also raises issues for consideration. The Wilson study^{**} of Qld figures found that 11.7% of convicted first offenders were unlicensed and this increased dramatically to 25.6% of second offenders and to **46.8%** of third offenders.

Similar findings have occurred in overseas studies. Maisto et al.¹³ in the US found that second or multiple offenders were **10** times more likely to be involved in violation of licencing provisions and/or to drive without a licence and to be involved in accidents than were first offenders. Though first offenders were also more likely than the general licenced population to engage in these activities.

Ian Smith¹⁴ notes US studies which suggest that unlicensed drivers tend to drive less frequently and more carefully after experiencing disqualification. Homel¹⁵ in a retrospective study of NSW drink driving offenders found that the length of licence disqualification period of itself does not seem to be a major factor in determining the likelihood of driving while disqualified.

2.1.6 (cont)

In one of the first Australian studies conducted on this issue Robinson (1977)¹⁶ found no systematic relationship between length of disqualification and self reported driving. In a Victorian followup survey of disqualified drivers (response rate = 37.2%) he found that persons with less than one month suspension and those with 12 months or more less likely to drive. Approximately one third of each of these groups would drive compared with approximately two fifths of those with disqualification ranging from 1 month to one year.

Respondents whose licences had been cancelled were more likely to drive (37.8%) than were those whose licence had been suspended (27.7%) and those with two or more previous disqualifications were more likely to drive (46.1%) than those with less than two (31.9%). Of these disqualified respondents 50% reported driving more carefully whilst disqualified.

2.1.7 Knowledge of penalties

Homel's work (1988)¹⁷ on deterrence theory has pointed to the role of penalties as both a punishment and deterrent to offending. In the Au et al. (1990)¹⁸ study persons about to appear in court who had been apprehended on drink driving charges were asked about their knowledge of drink driving penalties. Approximately sixty percent had no idea what the penalties might be. The remaining respondents indicated that they expected some combination of suspension and fine. Very few (less than 1%) mentioned the possibility of imprisonment and nobody reported anything approximating knowledge of the actual legal provisions for the offence. There were similar findings in a study by Lennie and Sheehan (1990)¹⁹ of multiple offenders at Broadbeach Clinic undertaking the Corrective Services Commission rehabilitation program. These people, who were multiple offenders, again had no clear idea of the actual legal penalties. They believed that the penalties were related to the policies of a particular magistrate or the type of accident in which they had been involved rather than to number of offences or BAC levels.

Effectiveness of penalties as deterrents may be related to the perceived severity of the penalty. The Au et al.²⁰ group examined the perceived severity of possible penalties by asking respondents to rate these on a scale from 1 "not severe at all" to 10 "extremely severe". Not surprisingly, prison emerged as the most severe (m = 9.1) penalty, licence disqualification was

- the next most onerous penalty considered much less serious ($m = 6.0$) whilst fines and community service were both rated as moderately severe ($m = 5.3$). Education programs were considered to be not very severe ($m = 4.1$). Interestingly, the Broadbeach multiple offenders rated prison as the most severe but among this experienced group it was closely followed by community service.

2.1.8 Reconviction rates

In order to be considered a second or third offender in Queensland the reoffence has to take place within a five year period. We were unable to locate information on the proportions of Queensland first offenders who would reoffend within this time. There is overseas and interstate data which looks at reoffence rates but there are considerable variations in the findings.

In the evaluation of their **DWI** rehabilitation programs the Federal Highway Research Institute, Republic of Germany" monitored reconviction rates of second offenders. Their control group included **1 344** persons who were medically assessed as free of alcohol dependency. The reoffence rate for this group within 3 years was **18.8%** and at the five year followup was **26.9%**. Corresponding figures for the experimental group who completed the rehabilitation program were **13.4%** and **21.0%**. In their work they have identified that **45%** of second offenders have offended within the first two years of a ten year observation period. They also noted that the tempo of recidivism is highly predictive of reconviction so that the shorter the time between the first and second offences, the more likely there will be more offences.

In a US study looking at reconviction rates in Tennessee, Maisto (1979)²² examined the records of a random sample of all licenced drivers and compared these with a sample of DUI offenders. There was no random breath testing available at this time. Only **1.7%** of all the licenced drivers were convicted of a DUI offence and **.3%** of two offences over **65** months. Among the selected DUI offenders **77.35%** had one conviction during the **65** month period of review, 17% had two and **5.65%** had three or more. That is nearly a quarter (**22.65%**) of the sample of first offenders reoffended at least once during the **65** month period. As an individual received additional DUI convictions the amount of time between these convictions diminished so that the mean interval between the first and

2.1.8 (cont)

second conviction was **20.5** months but this decreased to **16.1** months and **10.7** months respectively for second and third offences.

Reconviction rates were studied by Homel²³ in NSW who found that about **58%** of drink driving offenders in NSW will be reconvicted for some offence (not necessarily drink driving) if followed up indefinitely. Offenders with a record of driving while disqualified reoffended more often and at a faster rates (**63.8%**). The great majority (**83.6%** of the **378** offender who were reconvicted) committed their second offence within two years of the commencement of the followup and nearly half (**46.6%**) committed the second offence within the first year.

In all **149** offenders were reconvicted for a drink driving offence in three years (weighted estimate of **13%**). The comparable figure for criminal offences was **13.4%** and for all traffic offences including drink driving **28.9%**. Homel (1988) also shows that the long term recidivism rate in this group for drink driving is **23.4%**

In a US study²⁴ **38.3%** were rearrested for DUI offences in a **24** month follow-up period. The proportions of recidivism in this time included **71.4%** of a licence offence subgroup and **34.5%** of a high traffic offences group.

2.2 Cost of Penalties

We have found it difficult to obtain an accurate estimate of the cost of drink driving penalties. Fines are a cost to the individual and are paid into central revenue. The cost of monitoring the **loss** of licence and relicencing are carried **by** Queensland Transport. The cost of prisons and monitoring community service penalties and probation are born by the Queensland Corrective Services Commission. As noted earlier, only a relatively small proportion of offenders are given the latter sentences directly however over twice this number of drink drivers ultimately serve prison sentences as a result of fine or community service order defaults (See Table 5 below). Statistics provided by the Queensland Corrective Services indicated that **669** persons were admitted to prison on drink driving charges during 1990-91.

TABLE 5 : *CONVICTED PRISONERS ADMITTED TO PRISON FOR DRIVING AND TRAFFIC OFFENCES SENTENCES : QUEENSLAND 1990-1991

OFFENCE	SENTENCE								
	< 1 month		1 month < 6 months		6 months or more		TOTAL		
	m	f	m	f	m	f	m	f	P
Drink Driving	196	9	406	21	29	1	638	31	669
Dangerous/Neglect driving	19	-	15	-	16	-	50	-	50
Licence offences	150	5	226	7	110	-	486	12	498
State Transport/Main Roads Act Offences	99	16	22	2			121	18	139
Other driving, traffic etc	264	17	100	1	8	-	372	18	390

Extracted from : Table 5 - Convicted Prisoners Admitted (a) During Year : Offence by Sentence, Queensland, 1990-1991. Supplied by Mr N. McAllister, Principal Advisor, Policy, Research and Analysis. Queensland Corrective Services Commission²⁵.

2.2 (cont)

A high proportion of this group being those who have failed to comply with fines or community service provisions. The cost of prison varies with the level of security from **\$164.38** a day for maximum security, **\$109.59** for medium security and **\$43.84** for open security²⁶. We were advised unofficially that most persons with drink driving related convictions would spend less than a week and probably only a day in maximum security conditions. However even given this the cumulative costs of incarceration are relatively high particularly where a) the drink driving members of the community see it as a relatively unlikely sentence and therefore not a deterrent and b) there is little or no evidence that it is effective in reducing drink driving²⁷. The only effective function of a prison sentence may well be the not inconsiderable community role of providing perceived justice to the victim.

2.3 Current Preventive Management - Queensland

2.3.1 RBT

RBT was introduced in Queensland on the first of December 1988. It was preceded by a somewhat similar program called R.I.D. which had been functioning since 1986. The Queensland Transport Department published an overview in 1990²⁸. In this review of the 12 months from January 1990 to December 1990, 662 741 tests were given and 16 507 persons were found to have BAC's ≥ 0.05 (2.5%). Strictly comparable data is not yet available but comparisons with ABS figures quoted earlier suggest that RBT offences will make up approximately two-thirds of the drink driving convictions in any given year. This population may differ between urban and rural regions. Rural regions are considered to have lower levels of RBT enforcement. The important corollary here is that at least one-third will have been apprehended driving dangerously or through crash involvement. Again these proportions may be higher in a rural region.

2.3.2 Rehabilitation programs

A number of brief informal rehabilitation programs have been used on and off over the years in Queensland. These have been undertaken primarily by individual staff members of the Queensland Health Department and usually have focussed on alcohol dependency treatment and been instituted in response to self referral or magistrates direction. In an Australia wide survey undertaken by Sanson-Fisher et al.²⁹ in 1986 they were able to identify only one formal drink driving rehabilitation programs in Queensland. This program no longer exists. We were also only able to identify one program - the Corrective Services Program. This program in 1991 is being used in fifteen metropolitan centres and one rural centre. It is discussed in detail in Section D of this report. The Queensland situation is in contrast to New South Wales and particularly Victoria where such programs are well established and conducted in both metropolitan and rural areas. Again the evidence is that these tend to be under Health Department auspices and at least in New South Wales more likely to be found in rural areas.

3.0 : KEY ISSUES IN DRINK DRIVING REHABILITATION

-

There is a voluminous and extended literature on drink driving and approaches to rehabilitation (a summary of evaluation literature is provided in Appendix 2). Of particular relevance to the design of rehabilitation programs are three key issues which have been identified in recent years. These are classification of offenders, contents of rehabilitation program and selection or matching of the rehabilitation program to the type of offender.

3.1 Classification of Offenders**3.1.1** Legal or offence based classification

The most readily available and most frequently used classifications are the legally based descriptors which relate to frequency of offence over a given period of time and BAC. Whilst variations in legally prescribed BAC depend on jurisdiction in general, distinctions are drawn between first, second and third offenders and between BAC 3.15 and ≥ 0.15 . Other factors which have been shown to be relevant in the literature and which appear to be taken into account unofficially by Queensland and probably most magistrates include the age of the offender, SES and extent of dependency on driving for livelihood. It is also likely to be the case that if a history of offences is available (even outside the prescribed time limit) it will be taken into account by magistrates in classifying offenders for sentencing purposes.

3.1.2. Alcohol dependency classifications

A recent development has been the attempt to move beyond these legal or offence based classifications towards screening to discriminate between "problem" and "social" drinkers and referring³⁰ or directing³¹ the former towards alcohol treatment as a condition for licence renewal. This primarily has involved the use of alcohol assessment tests and/or interviews at first offence where the offender is at or above a specified BAC level or at the second or later offence. This approach is increasingly being adopted in southern states of Australia and in New Zealand where assessment both at the point of licence loss and before licence renewal is being used.

There are a variety of sound arguments for assessment screening (See particularly Ian Smith³² most notably the fact that a history of multiple

3.1.2 (cont)

offending with a high BAC is a very strong indicator of alcohol dependency. If such assessments were accepted they would provide an opportunity for relatively early intervention in a drinking and drink driving career.

In Australia assessment is being piloted in NSW and SA and is undertaken in VIC but we have been advised that as yet it is too early for systematic feedback. The New Zealand Road Safety Authority is completing an evaluation of their program and will forward it to us. In the absence of outcome findings their general feeling is not very positive. Mr W. Frith³³ notes that the New Zealand implementation is very expensive. Assessment is done by medical practitioners on a sessional basis with their fees paid for by the Transport Department. Offenders are charged for their personal costs but such fees are returned to central revenue. In the case of offender default the sessional time costs have to be covered by the Transport Department. He also notes that as yet very few of those tested at licence loss have returned for relicencing. Similar experiences have been reported in South Australia³⁴, in the UK³⁵ and in N.S.W.³⁶

A number of workers in this field have noted the methodological as well as practical problems associated with assessment for problem drinking.

There are problems with validity and reliability of both the psychological and medical biological tests currently used which raise issues of consistency of assessment both for different drivers and for individual drivers tested on more than one occasion. Sanson-Fisher et al.³⁷ have stressed that assessment needs to be carefully standardised between different assessment centres to avoid the possibility of individuals shopping around for a favourable diagnosis.

One psychological test that has been developed specifically for screening problem drinking in a drink driving population is the Mortimer-Filkins Test³⁸ developed for the National Highway Administration by the University of Michigan. This is one of the few tests that does not use answers to drink driving items as a component of the measure of problem drinking and consequently avoids the common criticism of such tests that they are subject to the respondent manipulating the test. The problem here seems to lie in the test's ability to discriminate problem drinkers. In

3.1.f (cont)

a study³⁹ of DUI offenders which examined the proportions classified as problem drinkers at different cut off points on the test it was found that at the more restrictive or conservative cut off point the test classified 29.6% of all DUI offenders as problem drinkers, whereas at the more inclusive cut off point (presumptive of problem drinking) 63.2% were classified in this way. There are practical problems here which probably also hold for most tests used in this context.

A second problem with this test is that of incorrect classification. In the same study examining type 1 and type 2 errors using the full form which includes an interview : they found that using the total score to predict recidivism would incorrectly classify 19.3% of the non-recidivists in order to identify only 29.3% of recidivists. In their study the ratio of non-recidivists to recidivists was about 3:1 so that the number of persons incorrectly classified exceeded those correctly classified. From an administrative and practical standpoint the costs of these errors is very high, it may also be debatable whether such classifications would be upheld if challenged legally.

Biological markers are also imperfect measures. In a trial to assess drivers in the United Kingdom⁴⁰ the serum activity level of gammaglutamyl transferase (GGT) was measured. Over one-fifth of drivers in the Tayside region arrested for drink driving (not through RBT) had raised GGT levels and the incidence increased with age (10.2% at age under 30; 31.5% at ages 30-45 and 29.3% in drivers over 45 years). The researchers reported that GGT levels repeated 6-9 months after arrest indicated that most drivers remained the same or got worse during the period of the driving ban. No significant association was found between elevated GGT levels and previous motoring, non motoring or criminal convictions. In the same study higher GGT levels were found in older drivers (45+); professional drivers and persons dependent on driving for their occupation. They also found that higher social class offenders (Classes 1 and 2) were more likely to have higher GGT levels. They intend to undertake further pilot studies in the UK using biological markers and while they claim that they were pleased with findings it is hard to see from their results why they would feel much confidence.

3.1.2 (cont)

In addition during this trial two psychological screening tests (MAST⁴¹ and CAGE⁴²) were used but the researchers stated that "little useful information was gained from the psychological tests as drivers saw through their purpose" ⁴³(pp. 110).

3.1.3 Drink driving offender typology

The major area of literature on this issue has explored the characteristics of drink drivers compared with non-drink drivers. Whilst there is some evidence from road side surveys that a proportion of those convicted represent "everyman", a consistent picture emerges of drink drivers being characterised as more likely to be engaged in criminal offences, to come from anti-social backgrounds, to be single or from broken or disrupted families and marriages, and to have aggressive and/or depressive personality traits⁴⁴. This pattern is clearly replicated in our Queensland work reported in Section 5.4.

Another approach to classification of offenders involves establishing differences among the drink driver subpopulation. This work in the main has involved retrospective examination of drink driving offences, numbers of other offences and life style characteristics within the drink driving population. Hornel⁴⁵ has developed a theoretical typology of drink drivers based on a retrospective study of the characteristics and reactions to penalties of over 1,000 NSW offender. The typology distinguishes between "good" and "bad" risk offenders with "good risk" being defined operationally as those who will not be reconvicted for drinking and driving.

Hornel found that "bad" risk offenders were more likely than other offenders to be a) younger b) not married c) convicted at some time for some other offence d) of lower occupational status, e) of low to average BAC (> 0.15) f) not legally represented and g) recidivist with respect to criminal offences as well. "Good" risk drink drivers were more likely to be a) over 35 years old b) married c) free of concurrent drink driving convictions d) of high occupational status e) high BAC (> 0.23) f) legally represented and g) free of previous criminal convictions (page 225).
Hornel

3.1.3 (cont)

influencing this group lead him to conclude that the majority, if not all of these persistent drink drivers are problem drinkers or alcoholics. Homel notes particularly that there is overlap between these categories and at this stage of his research believes that it is not practically possible to distinguish between them for sentencing purposes.

A similar approach to classification which was based on traffic and other offences was developed in the US by Wells Parker et al.⁴⁶ (1985). In this study researchers set out to determine subgroups within the drink driving cohort. The comparability of their classifications to Homel's across time, place and traffic systems suggests that the prototypes described are representative of the subgroups which make up the population of convicted drink drivers. As such they indicate the groups that will be represented in a rehabilitation program and help to define the needs that should be met in developing such programs.

In this approach DUI offenders were classified on the basis of $BAC > 0.10$. Using factor analysis to determine clusters of offence types and discriminant analyses to check on the reliability of the classifications, six types of offenders were isolated. Patterns were based on all types of offences committed over an eleven year period. The modal type which constituted **57.2%** of all offenders included (i) those who had an average of **4.37** offences and were mostly involved in DUI offences; (ii) a mixed group (**17.8%**) who were typically DUI offenders but also had other types of criminal offences; (iii) a traffic group (**16.4%**) who were arrested for moving traffic offences at a higher rate than other offenders; (iv) a public drunkenness group which represented **4.5%** of the offenders and who were arrested for public drunkenness and held a very high mean arrest rate (26.75) over the eleven year period and finally a small "licence group" (**4%**) who were frequently charged with licence violations. Nearly all groups had high levels of previous offences and the mean number across the sample over the eleven year period was **7.79** offences. This research also examined problem drinking status of offenders using Mortimer-Filkins. Two-thirds of the total group obtained scores on the Mortimer-Filkins which classified them as problem drinkers.

The conclusions from this study are of particular interest to the present project and are quoted in full.

3.1.3 (cont)

"The results of **our** analysis indicate that all kinds of people drink and drive and no single type of deterrence is likely to be equally effective for all offenders. The typical offender is an habitual violator of a variety of laws and is unlikely to be deterred by additional legal sanctions. What is needed is a deterrence and intervention program consisting of several intervention levels ranging from social and legal sanctions targeting the whole population to several types of specialised or intensive countermeasures for chronic offenders. In order to be effective this program should systematically take into account the fit between the characteristics of the particular program and the characteristics *of* the particular offender such as arrest history." (p.26)

They also noted that there is a particular need for the arrest histories of offenders to be considered in selecting offences for appropriate rehabilitation programs.

3.2 Types of Rehabilitation Programs

A wide variety of rehabilitation programs have been used over an extensive period of time. They vary in terms of length, intensity, theoretical, or lack of theoretical bases, concern with alcohol or driving problems; focus on knowledge or skills; or a combination of both. In Australia the most systematic and long term programs have been undertaken in Victoria where magistrates authorise re-licencing and prior attendance at treatment programs is taken into account. The most well known and established of these are those run by St. Vincent's Hospital (Anne Raymond's program) and the Pleasant View Program. The Anne Raymond program is a 2 hour weekly program run over 4 weeks for young (under 26 years of age) offenders. At the close of the program offenders are given a certificate of completion which they may show to the magistrate. It is up to the magistrate to decide whether to reissue the licence⁴⁷. The course includes a strong alcohol education and drink driving component and is concerned to reduce ignorance about alcohol and its effect on the body and on driving. Such ignorance is commented upon almost universally by all field workers in drink driving rehabilitation.

The Pleasant View alcohol rehabilitation program offers a program tailored to drink driver needs. Clients are assessed using psycho-social history and a medical examination⁴⁸. It currently offers weekend or evening programs for drink driving offenders. The weekend program is designed for offenders with BAC's

3.2 (cont)

>0.15, multi-offenders, BAC refusers and DUI's. Participants attend all day Saturday and two weeks later all day Sunday (a total of 11-12 hours).

The evening program is conducted over two consecutive weeks - a total of eight hours. These evening groups are divided into programs for those under 25 years and those over 25 years. It is also for the less serious offender. The content of both types of program is said to be similar and seems to be oriented towards controlled drinking. It conforms with the minimum standards set by the Victorian Health Department for these programs. Neither of the Victorian programs have been evaluated using an experimental model.

Over the last ten years a series of systematically implemented and soundly evaluated programs have been undertaken by the Federal Highway Research Institute, F.R.G.⁴⁹ This intervention is one part of an extensive road behaviour change model and has been briefly discussed earlier.

They have undertaken a controlled program to determine the comparative effectiveness of three rehabilitation programs for repeat offenders : (i) a behaviour modification program (IFT); (ii) individual psychological treatment (IRAK); (iii) a group dynamic approach (LEER). In the long term evaluation no significant differences were found in the effectiveness of the three programs at 36 or 60 months. Respondents in all 3 programs were significantly better than controls at both points in time, Researchers argue that the degree of similarity in the presentation and implementation of the models was greater than the differences in psychological approaches. They concluded that "treatment must focus on drinking behaviour more than drinking and driving and must consider the body of knowledge accumulated in psychotherapy and behaviour modification. Participants in treatment programs must comply via a contract with the treatment program and pay an adequate fee. Short term programs involving 14 hours of intervention (and a recontact and booster session after two years) can be equally as effective as programs including more extended and intensive intervention if they are undertaken under identical conditions" (p. 131).

3.3 Matching Rehabilitation Program to Type of Offender

The Federal Republic of Germany uses a highly systematic approach to classifying drink drivers and directing them to rehabilitation programs. Probationary drivers and first time offenders are offered the opportunity to attend a driver improvement program which will be considered in restoration of

3.3 (cont)

licence⁵⁰. Novice drivers also have to participate in an alcohol safety program for young drivers. Drink driving offenders (BAC>0.13) and/or multiple offenders are screened for physical and mental fitness including disabilities and previous serious offences against the law are also taken into account. Offenders may be required to obtain medical and psychological assessment. The same licence screening procedure has to be undertaken for licence renewal when people have lost their licences due to drink driving or other traffic vehicle offences. Medical and psychological assessments are used to classify drivers or would be drivers into three classes; (i) fit to drive; (ii) unfit to drive; (iii) unfit to drive but eligible for a drink driving treatment course. Reports are sent to the licencing authority who make the final judgement.

Using these classifications they found that older drivers (50+) were more frequently judged "unfit to drive" although they have also observed that older drivers respond very favourably to treatment or rehabilitation.

Recidivism was clearly related to age at first offence and age at which regular alcohol consumption with young drinkers being more likely to be involved in multiple offences. In their work they identified the following characteristics of multiple recidivist groups :

- * they are much younger when they are observed offending;
- * they have a least one hit and run offence;
- * they have driven at least once without a licence;
- * they have recidivated faster between first and second offence;
- * they report no perceived impairment at BAC of .08;
- * they began regular consumption of alcohol at an average age of 14; and
- * they have problems with their spouses or friends.

The similarity of these characteristics to Homel's typology of the "bad risk" offender is clear and suggests a particular type of offender who must be considered in rehabilitation programs.

4.0 : EVALUATIONS OF REHABILITATION PROGRAMS

4.1 Background

There is not only a voluminous literature on drink driving intervention programs but there is an almost equally extensive evaluation literature concerned with assessing their effectiveness. This comparatively marked interest in evaluation is noteworthy in the alcohol treatment field and may reflect the fact that many of these programs are supported by Transport Departments in which competition for the road safety dollar is strong and programs need to be justified.

Since the 1970's there is also a sizeable collection of methodological reviews of programs and their evaluations. There are three relevant Australian reviews by Foon⁵¹, Sanson-Fisher et al.⁵² and the Victorian Social Development Committee⁵³ conducted in the 1980's. In addition a very comprehensive review was undertaken by Stewart and Ellingstad for the 1988 United States Surgeon General Report on Drink Driving⁵⁴ (a comprehensive report on these reviews is provided in Appendix 2). The present section is concerned with summarising the issues which are raised by this literature and selecting those elements which are of importance to the present study.

4.2 Methodology

A consistent theme in the reviews is the problems involved in evaluating programs within a strict experimental methodology ie. random assignment to control and experimental groups, pre and post test measures. The problem of assignment combined with small numbers and relatively low recidivism rates over the short term renders outcome evaluation extremely difficult. This is not to say that some studies of this kind have not been undertaken, but the problems are major and the costs extremely high. More recently some reviews suggest that the model may simply not be feasible in this field.

The issue of methodology is closely related to goals and becomes most acute when the goal of a program is stated to be crash reduction. Reid (1981) quoted in Stewart and Ellingstad 1988⁵⁵ using United States statistics established that even if all persons arrested for drink driving were prevented from drinking and driving again fatal crashes would decrease by only 3%. The problems for outcome evaluation in this context are very high. The more commonly used goal of reducing the reconvictions for drinking and driving is still tapping relatively rare occurrences and again requires large numbers. In regional studies such as the one we are proposing, it carries the additional burden of being susceptible to

4.2 (cont)

increased enforcement by an involved and interested police force leading to disproportionately high numbers of offenders being picked up in the experimental region.

4.3 Goals

More recently it has been argued that rehabilitation programs should be part of more comprehensive programs that include all drivers within a comprehensive road safety program which includes prevention models. This is the model we propose for the intervention in the rural area. Using such an expanded model the evaluation might be concerned with reducing the drink driving convictions of the community as a whole though this could still incur the "Hawthorne" police effect noted in the previous approach.

The Victorian Review⁵⁶ proposes that drink driving rehabilitation programs which are directed towards multiple offenders should accept that the people involved have multiple social and personal disadvantages and that change is more reliably evaluated by examining changes in measures of lifestyle including drinking. It explicitly recognises that drink driving is not simply a traffic problem but is more broadly based in a social context.

In spite of the difficulties associated with classic evaluation some systematic work using this method have been completed in the US and are reported in the comprehensive Surgeon Generals review⁵⁷. They note that whilst some programs are effective, in the main findings are inconsistent and unsystematic. They believe that it is unlikely that any major change in drink driving statistics will be achieved solely by a typical rehabilitation program. An examination of the findings of the reviews and particularly the US and Victorian reports leads to the following conclusions about rehabilitation.

- a) Longer programs (over 2 months or more) appear more likely to change offenders than short interventions;
- b) Within the range of well designed standard rehabilitation programs, no particular model (including skills training) appears to have any advantage over the others;
- c) Tailoring different programs to different levels of offending seems to be most useful;

4.3 (cont)

- d) Alcohol treatment programs which include disulferam appear to be more effective in reducing alcohol related incidents over the long term (20 months); and are a useful addition to drink driving programs.
- e) Programs with "home study" follow-up elements are as effective as in office follow up methods;
- f) An intensive weekend program conducted for offenders facing an alternative prison sentence was modestly effective in reducing recidivism in a population which normally would have been imprisoned;
- g) There has been some success reported for intensive education and treatment programs combined with incarceration for multiple offenders;
- h) Rehabilitation/treatment programs must be used in addition to licence suspension rather than instead of licence penalties;
- i) Licence suspension remains the most effective means of reducing drink driving offences;
- j) Treatment should not be used as a substitute for legal sanctions but rather as an important component of a comprehensive traffic safety program;
- k) Driving under the influence of alcohol is a multi-faceted problem for which there is no single effective treatment of any type (medical, legal or punitive); and
- l) There is a need to broaden the base of interventions directly examining this problem.

These findings suggest that any program we introduce should i) be tailored to include material which is useful to a variety of sub-groups of offenders; ii) be extensive in length; iii) use follow-up and iv) include a range of community based actions.

5.0 : QUEENSLAND CORRECTIVE SERVICES COMMISSION DRINK DRIVING REHABILITATION PROGRAM (DAVE ALLEN).

5.1 Background

The Queensland Corrective Services Drink Driving Rehabilitation Program was initiated by the Broadbeach Corrective Services Commission Office under the direction of Mr Dave Allen⁵⁸. The model program involved identifying stakeholders in drink driving rehabilitation within the community who were then asked to contribute to the rehabilitation program. Stakeholders at this stage were limited to those involved in treatment, law enforcement or “post accident parching up” such as the QATB. There was no perception of the need to include hoteliers, media or other stakeholders.

The program takes approximately six and a half months to complete by attending one night per week at various courses, some of which are open to the general public and some which have been developed specifically for the course.

5.1.1 Objectives

The stated objectives of the program are :

- To change social attitudes towards drinking and driving.
- * To make the offender aware of the need for road safety and the danger of driving a motor vehicle whilst affected by alcohol.
- * To enable offenders to prove to the Court, through their Community Correctional Officer, that their conduct and character are now such that they value the privilege of holding a drivers licence.
- * Identify offenders who are not suitable to hold a drivers licence and return them to the Court to be dealt with.
- * Reduce the length of prison sentences for offenders convicted on the third occasion for a major drink driving offence **BAC >=0.15+**) and related offences such as disqualified driving.
- * On successful completion of the program, to have the offender’s driving disqualification lifted after a period of two years. (Allen, 1990)⁵⁹

5.1.2' Structure and content

The structure and content of the course is as follows :

Content	Time
1. Private Psychologists Group counselling on Alcohol problems.	6 weeks
2. Queensland Ambulance Transport Brigade First Aid Course	9 weeks
3. Defensive Driving Course	4 weeks
4. Royal Automobile Club of Queensland Road Safety Course	1 weeks
5. Queensland Police Traffic Branch Course	4 weeks
6. Insurance Council of Australia Course - Cost of road trauma to the community.	1 weeks
7. Legal advice from a solicitor on how to apply for the lifting of the driving disqualification.	1 week
8. Corrective Services Commission - Debriefing.	2 weeks

(See Appendix 3 for course details)

The offender pays \$40 for the First Aid Course, \$20 for the Defensive Driving Course, \$20 for the legal input and \$60 for the psychological section. The First Aid and Defensive Driving components are regularly organised community programs which are attended by the offender as integral parts of the core program. The offender is placed on probation and supervised by a probationary officer for the duration of the program.

5.2 Selection for the Program

In the model program selection was to be based on age (young offenders only), number of offences (3 or fewer) and absence of involvement in illegal drug taking. It was also available for magistrates to offer as an alternative to a jail sentence and with the promise of a somewhat reduced licence suspension period upon satisfactory completion.

5.3 Current Status

Since the program commenced 15 programs have been established involving 20 Corrective Service offices and as at the 31st March 1991 433 offenders had been assigned. All follow the same model though there are some variations in timing and presentation. In some programs the QATB (First Aid Courses) and the Transport Department Defensive Driving Courses have been redesigned

5.3 (cont)

specifically for the offender groups and do not include community members. However in the main the program as designed has been implemented in a wide variety of regions and settings.

5.4 Participants

During the first half of 1991 218 participants completed a brief information proforma about themselves and their expectations of the course in consultation with their Corrective Services Officer. The data from these proformas were analysed and are discussed in the present report. There was some variation in the proformas used by different offices so that analyses are limited to descriptive findings from the common data set. There were sufficient common items to enable an overview of offender characteristics (and consequently magistrate selection criteria) to be obtained. However, it should be noted that percentages within this report are frequently based on different denominators because of varying amounts of missing data. (The codebook and completed examples are provided in Appendix 4)

The majority of the proformas were completed in the Corrective Services Officer's room and presumably in some cases with assistance. An overview of self completed questionnaires suggests that a small proportion of offenders have very limited literacy skills. This is an area that would require consideration in any formal evaluation; in the design of rehabilitation programs and in the use of standardised psychological assessment measures where self completion is required.

5.4.1 Age and gender

The majority were in the 25-39 years age group (52.8%), a quarter were under 25 years (23.9%) and one-fifth were in the older 40+ years age group. As would be expected the overwhelming majority of participants were male (94.5%).

5.4.2 Occupation and education

Of the 192 participants who answered a question on their current occupation one quarter were unemployed (25.5%) and a small proportion were on studentships or pensions (5.7%). The majority (57.8%) were blue collar workers and only very small proportions were in management, professional or other white collar work (10.9%). Of the 202 who were asked about their education level, one quarter (26.2%) had received less than three years of high school and a further 20.7% had completed only

5.4.2 (cont)

three years of high school but did not obtain a Grade **10** school certificate. The school certificate (**22.7%**) or trade qualifications (**20.3%**) were held by about two-fifths. Only a small minority had Grade **12** (**3.9%**) or tertiary qualifications (**5.9%**).

5.4.3 Home ownership

Of the **199** who answered this item only **17.6%** were living in their own home or unit. A relatively high **9%** lived in a caravan or hostel. The remaining majority lived in rented homes, flats or units.

5.4.4 Marital status

The other significant characteristic of the participants, which is consistent with other work in this field, is the high proportion of the sample who were single, divorced, separated or widowed (**64.1%**).

5.4.5 Offences

The majority of participants fulfilled the selection criteria and had one to three drink driving offences. However the course was clearly extended to include multiple offenders and one-fifth (**20.7%**) had four offences and **15.8%** reported five or more previous offences. Over one-quarter (**28.9%**) of all respondents reported having offences in addition to DUI offences and a further **14%** indicated that they had received a suspended jail sentence in lieu of completing the program. One-fifth (**22%**) had previously served a term in jail.

5.4.6 Alcohol consumption

Just over half the respondents were asked to recall their BAC at the time of the most recent offence. Of these **148** persons the overwhelming majority (**86.5%**) reported a BAC $\geq .15$. Only **11.5%** of those answering an item on drinking frequency described themselves as light drinkers, about equal proportions considering themselves to be medium (**43.7%**) or heavy or binge drinkers (**44.7%**). The majority had drunk alcohol in the week they completed the questionnaire and over three-quarters indicated that prior to the present conviction they had driven with a BAC above the legal limit but had escaped being stopped.

5.4.7 Attitudes to penalties

Respondents were asked to indicate which of the standard penalties for drink driving they considered to be the most severe. The proportions indicating that a particular punishment was the most severe are given in the following Table 5.

TABLE 6 : PROPORTIONS OF MULTIPLE DRINK DRIVING OFFENDERS RATING EACH SELECTED DRINK DRIVING PENALTY AS "MOST SEVERE".

(n = 200*)

PENALTY	n	%
Imprisonment for 6 months	126	63.0
Community service (240 hrs) and 3 years probation	42	21.0
Fine (\$2000)	9	4.5
Imprisonment for 1 month and 3 years probation	7	3.5
More than one of above equally rated	16	8.0

* Excluded 18 persons who failed to answer or were not given this item

Not surprisingly nearly two-thirds (63%) reported that six months imprisonment "was the punishment they would rate most severe" for drink driving; this was followed by 21% who believed that 240hrs of community service combined with three years probation was the most severe penalty. Contrasting to expectations one month's prison and three years probation was not perceived as most severe by very many people.

A series of attitudinal items were included in some versions of the questionnaire which were concerned with perceived influences on drink driving. Offenders were asked to rate on a scale from 1 = "no influence at all" to 5 = "very strong influence", how much influence several possible deterrents would have in making them "think twice" about drinking and driving. The proportions indicating that they believed a particular penalty had a very strong influence on them are given below (see Table 6)

REPORT ON A DRINK DRIVER REHABILITATION PROGRAM

TABLE 7 : 'PROPORTIONS OF MULTIPLE DRINK DRIVING OFFENDERS* REPORTING THAT A PARTICULAR PENALTY OR OUTCOME WAS A VERY STRONG INFLUENCE AGAINST REPEATED OFFENDING.

OUTCOME	n	%
Prison sentence	119	82.1
Random Breath Testing	92	62.5
Security of employment	81	58.3
Fines	82	56.9
Education Program	54	41.5
Family Influence	75	34.8
Community based orders	35	25.5
Community attitudes to DUI	35	25.5
Peer group pressure	31	22.8
Press advertisements	23	16.8

* Total n's differ for each item.

5.4.7 (cont)

A "prison sentence" is identified again by the largest group of respondents as the strongest influence countering drink driving. "Random breath testing" was also rated very highly by a sizeable group, while "fines" and "risk to their security of employment" also rated strongly. The "education program" was not considered to be a very strong influence.

5.5 Evaluation

At this stage there is no outcome information available on the reoffence rates of participants, though these will be monitored. The present evaluation is concerned with the process of implementation. It examines (i) the extent to which the program was implemented as designed (ii) the perceived relevance and appropriateness of the program to participants and educators and (iii) perceived problems with the program as currently designed.

5.5.1 Course expectations

Respondents to the participant questionnaire were asked to indicate what they expected to gain from the rehabilitation course (multiple responses were allowed on this item). Possibly because the questionnaire was completed before the course and probably as part of a "pep talk" interview with their probation officer a surprisingly large majority indicated that they were looking for improved "self awareness", "ability to plan ahead" and "self esteem" (80.7%). A large minority also indicated that getting their licence back was an important expectation (46.3%).

5.5.2 Participant Evaluations

Two participant evaluations of this program have been undertaken by the research team. The first in 1989 involved small group discussions with all the offenders who were completing a program at Broadbeach and another Broadbeach group prior to attending a new course. The second evaluation in 1991 involved a more systematic qualitative telephone followup interview with 25 participants who completed the central Brisbane course. Detailed reports on both these studies are included in Appendix 5 and they are summarised here.

5.5.3 The 1989 study

In the 1989 study the first group consisted of 8 males who had completed the program and 2 males and 1 female who had completed about half the series. The second group involved 11 males who had either just started the program or were waiting to start. The age range of this group of offenders was 18-55 years, with a mean age of 31 years. The majority were employed in the building industry, two worked in sales and four were unemployed. In terms of participant reaction this review is relatively favourable. Most of the participants found the program very useful and they particularly enjoyed the First Aid course, watching videos, discussions about drinking and police attitudes and the debriefing session. The major criticism at that time was of the defensive driving course which was seen as boring. They mentioned that they would like to have undertaken individual counselling with the health department personnel to gain an understanding of why they were heavy drinkers. There was confusion about the insurance segment indicating problems with that part of the program.

All respondents considered that the two hour sessions were too long at night, particularly the defensive driving course. They expressed a very high fear of

5.5.3 (cont)

—

killing someone as a result of drinking and driving and indicated that this outcome has been impressed upon them consistently during the program. They also thought that the community was becoming increasingly less tolerant of drink driving.

5.5.4 The 1991 study

The second study involved **25** participants. All subjects were convicted drink drivers, with multiple offences, though there may have been some who were on only their second. Twenty-four subjects were male and **1** was female. All but one were attending as a condition of a court order made by the magistrate. The exception was a volunteer who was a convicted multiple drink driver at the end of his probation period who opted to complete the program because he did not have the course available to him at the time of his conviction.

The age range of the group was from 19 to **50** years, with a mean age of **32** years. The majority were blue collar workers (**15**), three were **managers/professionals**, **2** worked in sales, four were unemployed and the group included one student. The similarity between the 1989 and 1991 samples is marked.

5.5.5 Subject Recruitment

Subjects were recruited for the evaluation while they were attending the rehabilitation course at the Brisbane North office of the Department of Corrections. Each was approached individually by the project Research Assistant to ask if he(in all but one case) would agree to answer some questions about the course and to be contacted in the following week. Only one did not agree - he said he was leaving Brisbane for work in a different city. Subjects were contacted by phone and asked firstly to rate a series of items concerned with elements of the program and secondly, to answer a brief number of qualitative questions regarding their experience of the course. Participants rated the usefulness of various segments of the course on a scale from 1 "not at all useful" to **5** "very useful". The ratings for the various segments are provided in Table 7 following.

REPORT ON A DRINK DRIVER REHABILITATION PROGRAM

TABLE 8 : PARTICIPANT* RATING OF THE USEFULNESS OF COMPONENTS OF THE COURSE AS A LEARNING EXPERIENCE

(1 = not at all useful; 5 = very useful)

	MEAN	ST. DEV.	N
First Aid	4.86	.53	14
Accident appreciation video	4.09	1.22	11
Information about alcohol effects	3.88	.93	25
Breathalyser explanation	3.84	1.11	25
Responsible drinking	3.64	1.22	25
Defensive driving videos	3.28	1.61	18
Stress management	3.26	1.36	23
Debriefing	3.25	1.36	24
Assertion training	3.24	1.30	21
Police and offender attitudes	3.16	1.31	25
Defensive driving lectures	3.06	1.63	18
Police arrest procedures	2.92	1.41	25
RACQ	2.83	1.27	24
Alcohol screening test	2.71	1.27	24
Insurance advice	2.43	1.24	23
Legal advice	2.19	1.40	21
Overall	3.88	.88	25

* Not all respondents had completed each element of the course.

5.5.5 (cont)

In the questions the components of the program were considered separately rather than the contributing agencies as in the first study. At the same time what is most interesting about these findings is how closely they replicate the findings of the earlier study. Once again the First Aid course was rated extremely highly as being the most useful element in the program. Videos ,

5.5.5 (cont)

and in particular the Accident Appreciation Video were also rated as being very useful. Information about the effects of alcohol, the Breathalyser and Responsible Drinking were also well received which is consistent with both the earlier study and the literature on knowledge gaps in the recipients of rehabilitation programs. The sessions on Stress Management and Assertiveness Training were also relatively well received. The police input on attitudes and arrest procedure was only moderately useful while the legal and insurance advice sessions, and interestingly, in lieu of current planning the Alcohol Screening Test were not considered very useful at all. These poor ratings of RACQ and the legal and insurance components replicate reactions recorded in the previous study.

5.5.6 Findings of the 1991 study

The respondents were also asked more open general questions about the course. Two questions focussed on whether they believed that they had learnt anything new about themselves or their drinking and whether their drinking had been modified at all by the course.

The majority reported that they believed that the course had taught them something about their drinking.

"Yes, how fragile the human body is, how careful you to have to be driving, didn't realise how easy it is to go over the limit".

"Yes, was drinking too much all the time"

Clearly not all multiple drink drivers are ignorant of their problem drinking status and one respondent compared his experiences in the course with his experiences in AA (Alcoholics Anonymous).

"Not due to the course, am an alcoholic, been in AA for four years, supposed to be abstinent but lapsed last November".

Some others noted that their own life experiences had contributed to the impact of the course, a benefit probably of its prolonged nature.

"Definitely but not so much through the course, a bit from the course but also got married and grew up".

"Not a great deal, not since I lost my job two weeks ago".

5.5.6 (cont)

Others attributed some of the success of the program to their attendance at the same time at AA or Health Department Programs

"Yes, found could break drinking pattern. At the same time went to Sunnybank Clinic for help with my drinking".

A few felt nothing had changed but they may not have seen any problems to start with.

"No, not really - don't drink excessively - just a few quiet ones after work".

"No Change".

The closely related issue of whether their drinking habits had changed brought similar positive responses from the majority of participants. Some examples are :

"Yes, my attitudes towards drinking. Having to attend the course was a constant reminder of why you were there".

"Yes, I now hardly drink at all."

Some seemed to be trying to use the responsible or controlled drinking techniques encouraged by the course.

"Because of the course and AA and because I have changed some attitudes. Now once a week I go to a disco and have about 5 pots where before I used to sit at home and drink".

"Yes, it has changed my drinking, only have a few lights when I come home from work every second or third night, don't go to the pub now".

"Yes, went on Monday night and had three beers then water then nothing for an hour and then half a glass of wine".

Whilst the overwhelming majority of this group felt the course had helped them there were one or two who felt differently.

"No".

"Never drank much anyway, today drunk one bottle of beer. Drink only four stubbies a week". [Interviewer notes that he sounded drunk on the phone]

Overall, the majority of participants found the experience had helped them and it had reduced their drinking and drink driving. Positive reports particularly were noted from those who were also involved in some other treatment program :AA, HADS, Sunnybank Clinic, Miriki. Very few denied

5.5.6 (Cont)

that they had a drinking problem and the program appears to have been seen as therapeutic and helpful.

Respondents were asked if the course had provided them with any alternatives to drinking and driving which they had not previously considered. The majority did not believe they had learned any new alternatives however they were much more firmly convinced now that they should not be combining drinking and driving.

"No, they are all commonsense things to do".

"No, knew them but just didn't use my head before".

"Knew them but course amplified them".

"Knew them before, just didn't use them. Will do so in the future".

Some noted that losing their licence had lead to alternatives.

"Now my wife has her licence and I've got no worries. I kept on pressuring her for 6 years".

"Yes, daughter drives now, don't think I'll have a problem when licence is returned".

A sizeable number recognised that there is only one useful alternative for them.

"No, won't drink and drive again. The hassles are not worth it".

"Only one alternative for me, don't drink. Always knew that".

Finally, respondents were asked if they could give any ideas about what might improve the course. Apart from simple practical changes that were relevant only to the particular program that the respondent had completed, some general comments emerged fairly consistently. The legal component, the insurance component and the defensive driving component of the course needed changing whilst the First Aid course was very much appreciated.

"Not happy with the lawyer. Drop half the police program - keep radar, accident appreciation and breathalyser - the Ambulance and drink driving (sic)".

"Community services were good, treat you like a person with respect".

"Could improve the insurance and legal angle".

"The legal segment should be one to one - like a solicitor-client. In the group too many questions were being fired at the solicitor".

"Insurance and some other segments could be combined".

5.5.6 (cont)

"Not keen on the lawyer".

Two key issues which were raised by participants and which recur in the professionals' evaluation relate to the organisation and control of the program. Participants related that they found the material was repetitive and sometimes poorly organised as a group exercise.

"Segments are repetitive (RACQ, Drink Driving (sic) and other should get together and not tell the same thing".

"There is some overlap between segments, RACQ was done in Insurance".

"Police should take more control of their segments".

"More control should be kept over the group".

"Police did not turn up a couple of nights, needs more organisation".

"Needs to be better organised, problems with Ambulance and Police".

"More thought should go into the organisation - some information could have been better organised (might keep people more interested)".

And of concern regarding supervision,

"Should breach anyone who comes to the course drunk".

The final comments, which were optional, sum up the participants' responses to the course. Clearly, they liked the course and found it meaningful and helpful.

"Course basically a good idea, has some early teething problems".

"Community services were good -treat you like a person with respect".

"Thought it was very worthwhile".

"Was alright. Think they're doing a good job. Needs to be a bit thought provoking".

"Quite enjoyable - not a pressure thing - not inconvenient at all".

"Defensive driving superfluous".

"+++ plus -are constantly reminded of what you are there for".

"Very useful. I've learned a hell of a lot. Good as it is".

"Was bored 1/2 of the time and parts were very good".

"Run very well. Excellent. Worth the energy and time to go in and do it".

"Pretty good really - found out a lot of things but a lot was not really new to me".

5.6 Independent Observation

Four sessions were observed by a member of the research team (See notes in Appendix 5). They included three conducted by the Police Officer and one RACQ session. The impressions gained from these sessions were consistent with the participants' views. These were not well managed or conceptually integrated with the rest of the program. Sessions were not conducted for the full program time; attendance standards were not strictly enforced.

From an educational standpoint the police and RACQ were less than ideal. Presentation was didactic and there were few attempts to actually involve participants in the learning process such as small group work, role play, tasks etc. It may be the active and practical involvement required by the First Aid (QATB) courses that contributed to their popularity.

5.7 Senior Staff Evaluation

As part of the evaluation of the program senior staff in the three relevant departments of Health, Transport and Corrective Services were asked their opinions about the course. Interviews were held at the Health Department with Dr Adrian Reynolds and Mr Ivor Shaw, respectively, Director, Community Alcohol and Drug Services and Senior Psychologist, Alcohol and Drug Dependence Services; at Corrections with Mr Robert Bleakley, Director, Community Corrections; and at Transport with Mr Doug Woodbury, Acting Manager, Road User Safety.

It has to be reported that in all cases, before the issue of outcome goals and measures was discussed, the paramount concern for all representatives of the agencies was the content of the program. All were concerned that it did not have face or content validity.

The senior staff from two of the agencies (Health and Transport) questioned the effectiveness of any program. They interpreted the empirical literature pessimistically and considered that no research as yet unequivocally supports the position that an education or treatment program can affect behaviour change in the form of a cessation of, or decrease in drinking and driving.

Mr Woodbury (Transport) wondered whether in pure road safety terms the Corrective Services Commission rehabilitation program would be cost effective. However, Mr Woodbury also felt that there may be general health benefits accruing to participants from, for example, treatment for alcohol abuse, or stress management.

5.7 (cont)

Mr Robert Bleakley (Corrections) on the other hand, supports the position that there is definitely a need for a suitable rehabilitation program or programs arguing that it gives magistrates and correctional officers another option, and in so doing can keep people out of prison -both important goals to correctional workers.

Overall, the senior staff were pessimistic about the program but were aware of a need to develop interventions and of a need to find useful alternatives to prison sentencing for this group of offenders.

5.8 Interviews with Course Educators

Eight educators, that is, people who are or have been involved in developing and teaching components of the course were interviewed using a flexible interview schedule. The interview was focussed around reasons for teaching such a course, their expectations for short and long term outcomes and the persons who would be most appropriately selected into the program. The educators experience was with the metropolitan Brisbane courses. The following is a summary of the interviews.

The agencies represented are the Police Department, The RACQ, the QATB, the Transport Department, the Private Psychologists Association, the Legal profession and the Insurance Council of Australia - a representative for each segment of the course. It should be stressed that each representative knew only their own segment of the course and their views were formed from experience taking one course segment. They had not had contact with any other segment and usually not with any other educator. It should also be noted that it was with some difficulty that some interviews were arranged. This seemed to be because it was difficult to find out, firstly who to contact for an interview and secondly it was difficult in the case of some agencies to find anyone to own their agency's segment of the course.

5.8.1 Experience of the course

Six of the eight interviewees thought that an education or rehabilitation program is necessary and/or useful for drink-driving offenders while two had reservations. Evaluators believed that jail will not help, where a rehabilitation course might. The most repeated reason given was the need for multiple offenders to be given information on the effects of alcohol on the body and on driving performance. The implication seemed to be that this information would cause behaviour change.

5.8.1 (cont)

People also saw the course as a form of re-education or reversing of an entrenched behaviour pattern and of providing a solution to a problem - all responses that would appear to be looking to the course to take a treatment or therapeutic role as well as an educational one.

5.8.2 Expected outcomes from the course

The majority expected a decrease in drinking and driving behaviour as the outcome although there was some lack of confidence that it would actually happen. Other wished for outcomes were an increased awareness not to combine drinking with driving; changed attitudes; increased information and knowledge; increased awareness of the consequences of drinking and driving and at least the intention to cease drinking and driving.

5.8.3 Course aims

Educators had difficulty understanding what was meant by a question concerning course aims and it seems likely that many of the components were undertaken without any specific educational plan other than the global goal to "reduce drinking and driving". Some mentioned building **up** relationships and engendering a spirit among the group. Maintaining attendance was another repeated response. One illuminating response was that offenders be required to attend, sober.

5.8.4 Problems

The two dissenters among the interviewees who had reservations about the usefulness of the course gave reasons formed **by** their experience taking their segments of the course with the drink-driving offenders. Both felt the course was unlikely to help most participants because they were getting the offenders too late and when they were set in their ways.

This issue was raised by a number of educators and there was a thread (or threads of consensus) in these interviews which favoured instituting the course earlier, that is, after the first **or** second offence, or **for** the young offender with a high blood alcohol content; and that the present course was more likely to help the light drinker.

The impression given was that the course was lacking integration and organisation and what the educators generally did not know much about segments of the course other than their own.

5.8.5 Other

The QATB and the Transport Department representatives (who take respectively the First Aid and Defensive Driving Segments) both related difficult experiences working with the drink-driving offenders. Both agencies had put on special courses for the offenders because they had been too disruptive in the normal community courses run by these agencies. They described some of the offenders as being disruptive, rude, affected by alcohol and unmotivated. These special courses were not successful either and the offenders are once again slotted into the regular community sessions.

5.8.6 Overview

Some interesting points were made by the educators which are consistent with the participants' comments. Firstly, the dual role of a rehabilitation program as both educational (information giving) and treatment oriented was noted. Some offenders clearly need more assistance in one direction than the other, however, a rehabilitation program needs to provide both. Selection criteria for the current program were noted as causing problems for by educators who in the main would prefer to work with less persistent offenders. Whilst it may be the case that first or young offenders would be easier to teach it is not necessarily the case that they are more likely to have a positive outcome from a rehabilitation program. What does seem clear is that the multiple offender samples who are referred to the program are not easy to teach. It is probably also the case that any course designed for persons (be they offenders or not) with limited academic ability or schooling needs to be well organised, coherent and cohesive. It would appear that at this early stage the Corrective Services course is not.

A serious issue concerns the presence of participants at the program who had been drinking relatively heavily before classes. This behaviour contravenes the stated aims of the program and probably should have been closely monitored.

5.9 Interviews with Community Correctional Officers

Twelve Community Correctional Officers (CCO's) were interviewed. One was an area supervisor with twenty years experience, three were senior officers with thirteen years, six years, and two years experience and the remaining eight officers had experience ranging from six years to nine months. All had supervised drink-driving offenders.

5.9.1 Experience of the course

Generally CCOs had not had direct or personal contact with the running of the course but all but two had supervisors or were supervising offenders. All CCO's had been able to attend training courses about this new drink-driving course.

All CCOs were in favour of a rehabilitation course but they believed the particular course might need to be tailored to the particular offender. The most frequently repeated reason given in favour was the need to impart information to combat the pervasive ignorance about the effects of alcohol. Several also thought that there was a need to change attitudes toward drink-driving in particular, and one considered, toward offending in general.

Two CCO's thought that jail did not do much good and that a rehabilitation course could make an impact that jail and other punitive measures could not. One CCO stated that with only the conventional penalties most reoffend.

Most believed that the course was most appropriate for the motivated participant who is acknowledging a problem and wants to rectify it. The next most repeated response favoured the course for less hardened offenders and less hardened drinkers whose behaviour is not entrenched and who have reasonable adjustment (interpret as social morality) and social networks. Other responses tended to favour the course for the young, the first offender, the second offender - in sum for people earlier than third offenders. Again no one justified these particular selection criteria in reference to be the current course.

Most CCO's favoured the course saying that they thought it appropriate, and that they were optimistic about its effect. Several CCO's stated that it gave offenders a sense of achievement, that it raised self-esteem and that the probationers enjoyed it (although one CCO has probationers who claimed some course segments to be dull). Other positive comments were the fact that it provided an incentive through the early lifting of licence disqualification at successful completion of the course. This earlier licence return was also said to assist offenders to earn a better living.

There were some suggestions for improvement. These included providing individual counselling because alcohol consumption and underlying problems were issues to be addressed.

5.9.2 Expected outcomes

The near unanimous outcome expected from the course was that participants not reoffend. Many CCO's also were looking to the course to heighten awareness of the effects of alcohol, to effect attitudinal change towards drinking and driving, and to impart a greater sense of responsibility to the participants. *CCOs* also hoped that the course might lead to a general improvement in the offenders' lives. In the short term their aims for the program included motivating the participants, educating, examining attitudes, changing behaviour, raising self-esteem, maintaining interest and regular attendance, and getting participants to address their problem.

All CCO's indicated that they were in favour of the course. They either had referred clients to the course already or would use it in their work with offenders.

5.9.3 Overview

Probably because their work gives them considerable experience with offenders and with the multiple problems in their lives the CCO's were both more optimistic about the course and its effects on offenders and more circumspect in what they expected it to achieve than other groups of professionals.

Whilst they all mentioned reduced re-offending as a goal they also noted the need for more personal development outcomes. It gave offenders "a sense of achievement", it raised "self esteem", it provided "an incentive" and it helped offenders to "earn a better living". All, interestingly were goals mentioned by the majority of the participants in their response to the participant questionnaire. They also noted the need to select carefully and to ensure that "motivated offenders" were referred to the program.

6.0 : OVERVIEW AND CONCLUSIONS

In Queensland approximately 25,000 persons are convicted of drink driving annually. Around one-third of these will be apprehended driving dangerously, or will have been in a motor vehicle crash. Overseas and interstate data suggest that approximately 13% of offenders will be reconvicted of drink driving again within three years and the figures for reconviction for criminal offences in the same period are relatively the same. A larger group (one-quarter) will be reconvicted for a traffic offence (including drink driving).

Recidivism increases markedly with the number of previous convictions. One study in the US gave the mean interval between first and second convictions as 25 months decreasing to 16.1 months and 10.7 months respectively for second and third offenders. A second offence is probably the best predictor of third or multiple offences which may be predictors of problem drinking BAC levels but are not particularly strong indicators of drink driving recidivism.

The implications of these factors for developing and evaluating programs are that monitoring reoffence rates is possible but requires large numbers if it is to be undertaken using a strict experimental model and confined to drink driving convictions.

Sentencing patterns are relatively clear in Queensland and the overwhelming majority of offenders are given an extended licence suspension. Fines tend to be relatively low and community service orders and prison used very rarely. At the same time the high cost of the later two and clear evidence that without a rehabilitation program they are ineffective, suggests that they are an expensive way to deal with drink driving.

Recent literature strongly recommends screening applicants for rehabilitation programs. Approaches to such assessment being used overseas and interstate which involve medical and psychological testing to screen offenders into "problem" or "no problem" drinker groups also raise complex questions of validity and reliability. They need to be well evaluated before confidence could be placed in this approach. The most comprehensive use of screening appears to be that used in the Federal Republic of Germany. This is based on number of offences and BAC level followed by medical-psychological assessment to determine whether recidivist offenders should be referred to a rehabilitation program and also to decide the particular program required. At the same time the validity of the measures they are using leave something to be desired.

6.0 (cont)

Rehabilitation programs are many and varied and whilst a sizeable number of the better developed ones have achieved measurable success in reducing recidivism, their success is small. When compared with licence suspension, which is the major effective method of reducing drink driving recidivism, it is difficult to place considerable confidence in rehabilitation programs per se. Furthermore, whilst there is measured success from a number of programs there is no systematic or consistent model underlying the findings which suggest that there is a "best" way to design them. More recently, reviews of this area suggest that well designed and organised rehabilitation programs which are conducted over extended periods of time (ie. two months or longer) with some follow-up seem most likely to be effective. Such programs should optimally use the most recent behaviour change models and be placed within more broadly based community intervention strategies including RBT, media interventions, driver training, personal development etc.

What is clear from the research is that drink drivers are a heterogeneous group and rehabilitation programs need to encompass this variability by providing material within them which will cover a range of problems and problem behaviours.

Consistent with these findings is the recognition that evaluation goals may need to be more broadly framed if they are to fully measure the complexity of the problem addressed. Drink driving is a symptom of a condition rather than necessarily the condition in its own right. It is in this context that the Corrective Services Commission's program has been examined.

The Corrective Services Commission's program is clearly practical and feasible. In the three years since it was proposed it has found high levels of acceptance from magistrates and community corrections officers. Fifteen programs have been established involving at least 450 participants. The achievement and acceptance level involved here should not be underestimated. Each course includes seven government and non-government organisations. The program to date has been conducted primarily with serious multiple offenders, a sizeable proportion of whom are poorly educated, socially disadvantaged and have barely missed receiving prison sentences. The magistrates do seem to be using the program for seriously impaired drink drivers rather than the less impaired for whom the course was designed. Not only magistrates but the community educators and the Corrective Services Commission officers support this program. It is also very well received by participants who report positive benefits from it.

The structural model which involves participants paying for components of the course

6.0 (cont)

and a program extending weekly over 6 months is consistent with recent reviews of affective programs.

Evaluation using a classical experimental model would be extremely difficult in the present case. Negotiations with magistrates would need to be undertaken and given the local dislike of prison sentencing for offenders it could be extremely difficult to establish a viable control group. The use of community service orders could be one method. An informal follow-up of the records of all participants by the Corrective Services Commission however at least should be instituted to provide baseline data. This would not provide an evaluation but would give baseline information and statistics which would be helpful if an evaluation was later mounted.

The present study indicated that there are a number of problems with the program as it stands at this level of implementation which probably would ultimately lead to its demise. It is poorly organised and integrated with minimal information shared between educators who have little knowledge of each others input. There is no basic core of information which is known by all educators. Consequently there is no consistent (or possibly accurate) presentation of information or attitudinal material. Some of the educators are not trained to handle group classes and/or are lacking in educational experience in handling persons with the scholastic limitations of some of the participants. This is not to say that some segments are not very well delivered and very well received and particular note should be made of the outstandingly high ratings given to the First Aid training program and also to a lesser extent to the Responsible Drinking and Drink Driving information components.

Any program of this nature needs a locally designated co-ordinator; to be based on an established knowledge-attitudinal-behaviour change model and some collaborative co-ordination and support for the persons delivering it. In the present case the program also needs much closer supervision of participants and clearer guidelines as to management of the small number of participants who attend the program after heavy drinking.

In its current form it would be very difficult to justify the expense of trying to establish a formal evaluation. However the Corrective Services Commission should follow-up all the participants and monitor all further offences (not only drink driving) over the next two years in order to provide a data base on characteristics of participants in the event that an evaluation could be established.

6.0 (cont)

Because **of** its feasibility and high acceptability to local stakeholders the model does provide a feasible approach to this problem and it would be worthwhile developing it and taking it into a rural region. A serious trial would require further development including a sound alcohol and traffic education core and trainer program and probably an established back-up alcohol and rehabilitation-treatment program for offenders who are suffering from serious alcohol dependency.

BIBLIOGRAPHY

1. Queensland Government (1986) Traffic Act 1949-85. Brisbane Government Printer.
2. Australian Bureau of Statistics 1989-90 Law and Order Queensland, Catalogue No. 4502.3
3. *ibid.*
4. *ibid.*
5. Deborah Wilson Consulting Services Pty. Ltd. (1987) Report on an Examination of Court Imposed Penalties for Drunk Driving, Queensland Department of Transport.
6. *ibid.*
7. Nickel, W. (1990) A Five-Year Follow-Up of Treatment for DWI Recidivists in the Federal Republic of Germany, Alcohol, Drugs and Driving, 6(3-4), 119-132.
8. Au, C.L., Cheung, J., Fuhlbohm-Wylde, Y. and Law, G. (1990) A Descriptive Study of Drink Drivers in Queensland Detected by Random Breath Testing, Unpublished University of Queensland Medical Students' Report.
9. Deborah Wilson, *op. cit.*
10. ABS (1990) *op. cit.*
11. ABS (1990) *op. cit.*
12. Deborah Wilson, *op. cit.*
13. Maisto, S.A., Sobell, L.C., Zelhart, P.F., Connors, G.J. and Cooper, T. (1979) Driving Records of Persons Convicted of Driving under the Influence of Alcohol, Journal of Studies on Alcohol, 42(1), 70-77.
14. Smith, D.I. (1991) Assessment of Drivers Convicted of Having a BAL of 0.15% or Higher, paper prepared for presentation to a Drink-Driving Assessment Workshop, University of N.S.W.
15. Homel, R. (1988) Policing and Punishing the Drinking Driver A Study of General and Specific Deterrence, Springer-Verlag New York Inc.
16. Robinson, C. (1977) The operation of driver licence disqualification as a sanction. Unpublished report, Dept. of Criminology, University of Melbourne.
17. Homel, R. (1988) *op. cit.*
18. Au et al. *op. cit.*
19. Lennie, J. and Sheehan, M. (1990) Unpublished report "The Queensland Corrective Services Commission Drink Driving Programme : Findings of Qualitative Interviews with Participants and Coordinator, Drink Driving Project, Dept. of Social and Preventive Medicine, Uni of Qld.
20. Au et al. *op. cit.*
21. Nickel *op. cit.*

BIBLIOGRAPHY (CONT)

22. Maisto, S.A. (1979) *op. cit.*
23. Homel, R. (1988) *op. cit.*
24. Wells-Parker, E., Landrum, J.W., and Cosby, P.J. (1985) Classifying the DUI Offender: A Cluster Analysis of Arrest Histories, Mississippi Alcohol Safety Education Program, Mississippi State University.
25. McAllister, N. (1992) Queensland Corrective Services Commission (statistics provided).
26. Plastow, R. (1991) Queensland Corrective Services Commission (Personal Communication).
27. Homel, R. (1988) *op. cit.*
28. Road Traffic Crashes Queensland (1990) Queensland Transport Department.
29. Sanson-Fisher, R., Redman, S., Homel, R. and Key, W. (1990) Drink Driver Rehabilitation Programs - An Australian Perspective, *Alcohol, Drugs and Driving*, 6(3-4), 133-145.
30. Smith, I. *op. cit.*
31. Kroj, G. (1989) Perspectives to Improve Driving Behaviour in the Federal Republic of Germany, *Journal of Traffic Medicine* 17(1), 17-25.
32. Smith, I. *op. cit.*
33. Mr Bill Frith (1992) National Director, Road Safety, NZ. (Personal Conversation)
34. Bungy, J. Personal correspondence, Drug and Alcohol Services Council, South Australia.
35. Dunbar, J. (1990) The High-Risk Offender in Britain, *Alcohol, Drugs and Driving*, 6(3-4), 109-117.
36. Homel, P. NSW Transport Department (personal conversation)
37. Sanson-Fisher, R. et al. (1990) *op. cit.*
38. Mortimer, R.G., Filkins, L.D., Kerlan, M.W., and Lower, J.S.(1973) Psychometric Identification of Problem Drinkers, *Quarterly Journal of Studies on Alcohol*, 34, 1332-1335.
39. Wendling, A. and Kolody, B. (1982) An Evaluation of the Mortimer-Filkins Test as a Predictor of Alcohol-Impaired Driving Recidivism, *Journal of Studies on Alcohol*, 43(7), 1982.
40. Dunbar, J. *op. cit.*
41. Selzer, M.L. (1971) The Michigan Alcoholism Screening Test: The Quest for a New Diagnostic Instrument, *American Journal of Psychiatry*, 127:12, 89-94.
42. Ewing, J.A. (1984) Detecting Alcoholism: The CAGE Questionnaire. *Journal of the American Medical Association*, 252(14), 1905-1907.

BIBLIOGRAPHY (CONT)

-

43. Dunbar op. cit.
44. Donovan, D.M. and Marlatt, G.A. (1982) Personality Sub-Types among Driving-While-Intoxicated Offenders: Relationship to Drinking Behaviour and Driving Risk, *Journal of Consulting and Clinical Psychology*, 50(2), 241-9.
45. Homel, R. op. cit.
46. Wells Parker, E. op. cit.
41. Raymond, A. (1980) A Question of Priorities - The Man or The Method, *Community Health Studies*, 1V, 299-302.
48. Pleasant View Centre Victoria (1992) (Personal Communication with staff person Kay Merritt).
49. Nickel, W. (1990) Programs for The Rehabilitation of Drinking-Driving Multiple Offenders in The Federal Republic of Germany, in Wilson R.J. and Mann R.E., *Drinking and Driving: Advances in Research and Prevention*, New York.
50. Kroj, G. op. cit.
51. Foon, A.E. (1988) The effectiveness of Drinking-Driving Treatment Programs : A Critical Review, *The International Journal of the Addictions*, 23(2), 151-174.
52. Sanson-Fisher et al. op. cit.
53. Victorian Social Development Committee, (1988) Second report into The Management of Drink-Drivers Apprehended with High Blood Alcohol Levels . Drink Driver Education and Treatment.
54. Stewart, K. and Ellingstad, V.S. (1988) Rehabilitation Countermeasures for Drinking Drivers: treatment, 234-246 in *The Surgeon-General's Workshop on Drink Driving*, Washington, D.C.
55. ibid.
56. Victorian Social Development Committee op. cit.
57. Stewart, K. and Ellingstad, V.S. op. cit.
58. Allen, D. (1990) Drink Driving Programme Builder, Queensland Corrective Services Commission.
59. ibid.

APPENDICES

APPENDIX 1 : TRAFFIC REGULATIONS

**APPENDIX 2 : DISCUSSION PAPER ON POTENTIAL
OUTCOMES AND GOALS FOR THE
PROGRAM**

APPENDIX 3 : DAVID ALLEN'S PROGRAM DESCRIPTION

APPENDIX 4 : (i) CODEBOOK

**(ii) EXAMPLES OF PARTICIPANTS
QUESTIONNAIRES**

**APPENDIX 5 : PARTICIPANTS' EVALUATIONS OF THE
COURSE**

- 1. PARTICIPANT EVALUATION OF THE
REHABILITATION PROGRAM (1991)**
- 2. THE QUEENSLAND CORRECTIVE
SERVICES COMMISSION DRINK
DRIVING PROGRAMME : FINDINGS OF
QUALITATIVE INTERVIEWS WITH
PARTICIPANTS AND COORDINATOR
(1990).**

APPENDIX 1 : TRAFFIC REGULATIONS

SECTION 16 OF THE TRAFFIC ACT

Subsection 1: Charge

Driving whilst under the influence of liquor or drugs with a prescribed concentration of alcohol in the blood.

Subsection 3 :

Defines 'under the influence of liquor' as a BAC of greater than or equal to .15.

PENALTIES

- (a) for 1st offence - maximum of \$1400 and/or jail for 9 months; disqualification for 6 months.
- (b) for 2nd offence in 5 year ueriod - maximum of \$1700 and/or jail for 18 months; disqualification for 12 months.
(including any offence re the driving of a vehicle or convicted under Section 328A of The Criminal Code)
- (c) for 3rd offence 5 year ueriod - justices shall impose jail as a whole or part of the sentence; disqualification 2 years.
(including any offence re the driving of a vehicle or convicted under Section 328A of The Criminal Code)
- (d) For 2nd offence within 5 years when previous conviction was under subsection 2 (i.e BAC of .05 -<.15 or BAC of 0 for young provisional and commercial drivers).
Penalty - maximum of \$1500 and/or jail for 12 months; disqualification for 9 months
- (e) For a 3rd offence within 5 years when 2 previous were under subsection 2 -
Penalty - maximum of \$1700 and/or jail for 18 months; disqualification for 12 months

Subsection 2 : Charpe

Any person who whilst the concentration of alcohol in his blood ≥ 0.05 - < 0.15 drives.

▪

PENALTIES

(a) (i) for 1st offence - maximum of \$700 and/or **3** months jail; disqualification for at least **1** month and not more than 9 months.

For provisional licence holders, ≤ 25 years etc and for commercial drivers who have more than 0 BAC and drive.

(ii) for 1st offence - maximum of **14** points and/or jail for **3** months; disqualification for not less than **3** months and not more than 9 months.

for 2nd offence - maximum of \$1000 and/or jail for 9 months; disqualification
in 5 year ueriod for **3** to **18** months.

for 3rd offence - maximum of **\$1400** and/or jail for 9 months; disqualification
in 5 year ueriod for **6** months.

for 2nd offence - maximum of \$1500 and/or jail for **12** months; disqualification
in 5 year ueriod for 9 months.
(ie. when previous related to any offence re driving, under Section **328A** of Criminal Code or under Subsection **1**)

for 3rd offence - maximum of \$1700 and/or jail for **18** months; disqualification
in 5 year ueriod for 12 months.
(ie. when previous related to any offence re driving, under Section **328A** of Criminal Code or under Subsection **1**)

Section **16A** (II) Charge

Failing to urovide a specimen of breath or blood for analysis

Penalty -as for an offence against subsection **1**.

UNLICENCED DRIVING

Section **15** (1) & (4)

If driving unlicenced when disqualified.

Penalty -maximum of \$1700 and/or jail for **18** months; absolute disqualification.

**APPENDIX 2 : DISCUSSION PAPER ON POTENTIAL
OUTCOMES AND GOALS FOR THE
PROGRAM**

**DISCUSSION PAPER ON POTENTIAL OUTCOMES AND
GOALS FOR THE PROGRAM**

CONTENTS

	Page
SUMMARY	3
 REPORTS OF INTERVIEWS WITH :	
SENIOR STAFF	6
COURSE EDUCATORS	7
COMMUNITY CORRECTIONAL OFFICERS	10
 REVIEW OF THE LITERATURE	 13
 REPORT OF CORRESPONDENCE WITH OTHER AUSTRALIAN STATES	 20

SUMMARY FROM THE LITERATURE, INTERSTATE CORRESPONDENCE, AND INTERVIEWS, OF POTENTIAL OUTCOMES AND *GOALS* FOR THE PROGRAM

The following is the list of outcome measures the research process recommends taking:

- * RECONVICTIONS
- * ALCOHOL-RELATED CRASH INVOLVEMENT
- * OCCURRENCE OF DRINK-DRIVING BEHAVIOUR (self-report with corroboration)
- * ALCOHOL CONSUMPTION (self-report with corroboration)
- * ALCOHOL DEPENDENCY
- * LIFESTYLE FACTORS OF EMPLOYMENT, ACCOMMODATION AND FAMILY SITUATION (self-report with corroboration)
- * NUMBER OF PRISON SENTENCES
- * LENGTH OF PRISON SENTENCES
- * COST-EFFECTIVENESS
- * MAGISTRATES USE OF THE COURSE
- * CORRECTIONAL WORKERS USE OF THE COURSE
- * KNOWLEDGE AND ATTITUDES TOWARDS DRINK DRIVING

These measures should be taken in a repeated-measures design with, ideally, subjects allocated randomly to treatment or control conditions. The follow-up period should be for a minimum of three years.

The literature which chronicles other peoples' frankly extensive experience with drink-driver rehabilitation tells us to expect only marginal measurable gains, if any, from the first *six* outcome measures listed above. For program justification the remaining measures of number and length of prison sentences, cost-effectiveness, use *of* the course, and knowledge *of* and attitudes toward drink driving will most realistically be the ones to look to.

Discussions with staff involved at various levels of this rehabilitation course and with supervision *of* repeat offenders suggest it has only mixed acceptance. There is good acceptance from Community Correctional Officers, reasonable from the educators, and not particularly much from the senior staff.

Senior staffs concern focuses on the course content; they consider it inappropriate while the educators query whether or not it has any impact. Some Senior Staff do not think any course will work - those from Health and Transport. Some educators have this view with this group of largely multiple offenders.

Consistently people have an issue with the targeted group. Consensus is that this group of multiple offenders may be too difficult, be too entrenched in a behaviour pattern, and/or have too severe an alcohol problem for the course content, and therefore be unlikely to change behaviour.

If looking for an alternative approach with convicted drink drivers it may be useful to look to what the survey of other Australian States found. It indicates that less confidence is placed in the education and treatment approach, in addition to the usual legal penalties, with the new trend being toward assessment for alcohol dependency. New South Wales, Victoria and South Australia have all recently legislated for mandatory assessment of alcohol dependency for high BAC offenders and second offenders.

The survey also shows that in the three abovenamed states there is a specialised section for co-ordinating the state's favoured countermeasure approach to convicted drink-drivers. In Victoria there is a co-ordinator for the drink-driver rehabilitation programs in the Health Department, in South Australia there is the Driver Assessment Clinic of the Drug and Alcohol Services Council and in New South Wales

it seems that the new Driver Assessment Program is being implemented by the Roads and Traffic **Authority** in conjunction with the Health Department. **The** other states of Western Australian, Tasmania and Northern Territory do not appear to have any advances on our own situation.

INTERVIEWS WITH SENIOR STAFF AT HEALTH, CORRECTIONS, AND TRANSPORT DEPARTMENTS

Interviews were held at the Health Department with Dr Adrian Reynolds and Mr Ivor Shaw, respectively, Acting Deputy Director of Treatment and Senior Psychologist, Alcohol and Drug Dependence Services; at Corrections with Mr Robert Bleakley, Director, Community Corrections; and at Transport with Mr Doug Woodbury, Acting Manager, Road User Safety.

It has to be reported that in all cases, before the issue of outcome goals and measures was discussed, the paramount concern for all representatives of the agencies was the content of this program. All believe that it has problems, that it does not have face or content validity.

Furthermore, two of the agencies (Health and Transport) question the worth of any program. They interpret the empirical literature pessimistically, that nothing known unequivocally supports the position that any education or treatment program affects behaviour change in the form of a cessation of, or decrease in drinking and driving, which are Health's expressed outcome goals.

Transport also believes that in pure road safety terms the rehabilitation program would be unlikely to be cost effective. However, Mr Woodbury representing Transport differed from the Health Department representatives in that he felt there may be general health benefits accruing to participants from, for example, treatment for alcohol abuse, or stress management.

Corrections on the other hand, supports the position that there is definitely a need for a suitable rehabilitation program or programs arguing that it gives magistrates and correctional officers another option, and in so doing can keep people out of prison - both important goals to correctional workers.

REPORT OF INTERVIEWS WITH COURSE EDUCATORS AND CORRECTIONAL OFFICERS

In developing appropriate evaluation goals and relevant measures field workers in the participating agencies were interviewed. (1) Eight educators, that is, people who are or have been involved in developing and teaching components of the course and (2) twelve community correctional officers whose job it is to supervise offenders for the duration of the probation were interviewed using a flexible interview schedule the aim of which was to cover at least the set agenda items and leave scope for interviewees original input. (Appendix 1) The educators experience was with metropolitan Brisbane courses. Corrections Officers were from Brisbane North and Brisbane South Offices. The following is a summary of responses, presented in order of the agenda items, firstly of the course educators and then the community correctional workers.

(1) Interviews with Course Educators

The agencies represented are the Police Department, The RACQ, the QATB, the Transport Department, the Private Psychologists Association, the Legal profession, the Insurance Council of Australia and the Corrections Commission - a representative for each segment of the course. It should be stressed that each representative knew only their own segment of the course - with the exception of the Corrections Commission representative whose role it is to co-ordinate the course. Their views were formed from experience taking one course segment. They had not had contact with any other segment and usually not with any other educator. It should also be noted that it was with some difficulty that some interviews were arranged. This seemed to be because it was difficult to find out, firstly who to contact for an interview and secondly it was difficult in the case of some agencies to find anyone to own their agency's segment of the course.

To the question 1(a) 'Do you think an education or rehabilitation program is necessary and/or useful for drink-driving offenders?' six of the eight interviewees thought so while two had reservations.

(b) Why

The most repeated reason given by those in the course as to why it was necessary was the need for information on the effects of alcohol on the body and on driving performance. The implication seemed to be that this information would cause behaviour change.

People also saw a course as a form of re-education, of reversing an entrenched behaviour pattern and of providing a solution to a problem - all responses that would appear to be looking to a course to take a treatment or therapeutic role.

Another reason given in favour of a course was that jail will not help, where a rehabilitation course might.

The two dissenters among the interviewees who had reservations about the usefulness of a course gave reasons formed by experience (bitter experience) taking a course with these drink-driving offenders. Both felt the course was unlikely to help most participants, that they were getting the offenders too late when they were set in their ways.

2. Who for?

There was a mix of answers. If there was thread (or threads of consensus) it favoured (i) instituting the course earlier, that is, after the first or second offence, or for the young offender with a high blood alcohol content; and (ii) the present course was more likely to help the light drinker.

3. Views specific to the present course

People generally did not know much about segments of the course other than their own. Given this most people nevertheless were prepared to say that it was appropriate and useful (that is six of the eight people as discussed above in question 1). One suggested that it might need some fine tuning.

4. Expected outcomes from the course

A decrease in drinking and driving behaviour was the overwhelming outcome people were looking for although there was some lack of confidence that it would actually happen. Other wished for outcomes were an awareness to not combine drinking with

driving, to change attitudes, to impart information and knowledge, to show an awareness of-what they could inflict on somebody else and what they could do for somebody else, and to display a propensity to survive without drinking and driving.

5. What effect should the proeram have over the six month duration?

There were no clear themes here. It may have been a bad question as people did not seem to understand what it was getting at - which was, expected process goals.

Building up relationships and engendering a spirit among the group were like responses that were given. Maintaining attendance was another repeated response (although this was a prompt given by the interviewer). Perhaps the most illuminating response given was that offenders be required to attend, sober.

Other

The **QATB** and the Transport Department representatives (who take respectively the First Aid and Defensive Driving Segments) both related difficult experiences working with the drink-driving offenders. Both agencies had put on special courses for the offenders because they had been too disruptive in the normal community courses run by these agencies. They described some of the offenders as being disruptive, rude, affected by alcohol and unmotivated. As the writer understands it, these special courses put on for the offenders were a difficult experience for the course leaders, and their agencies are no longer agreeable to continuing them. The offenders will have to once again slot into the regular community courses.

Summary

The educators are looking to a rehabilitation course to change the behaviour of drinking and driving. They are not 'as one' in explaining how to achieve this end whether it be by an education or information giving approach or by providing a therapeutic regimen. They believe a rehabilitation course should be instituted earlier or before a third offence as is currently the case. Some information provided by the educators strongly suggest that expectations should be placed on the behaviour of participants through the course and perhaps some special training and support should be provided to educators who are taking segments of the course.

2. Interviews with Community Correctional Officers

Twelve community correctional officers (CCOs) were interviewed. One was an area supervisor with twenty years experience, three were senior officers with thirteen years, six years, and two years experience and the remaining eight officers have experience ranging from six years to nine months. All had supervised drink-driving offenders.

Generally CCOs had not had direct or personal contact with the running of the course. However all but two had or were supervising offenders on the program and CCOs had been able to attend training courses about this new drink-driving course.

The following is a summary of the CCOs responses to the interview schedule.

1. (a) Is an education or rehabilitation urogram necessary and/or useful for drink-driving offenders?

All CCOs were in favour of a rehabilitation course. There was just one qualification, which was whether or not it was appropriate for all-comers or would help everybody, bringing up once again the issues of course content and type of participant for the course.

1.(b) Why

The most repeated reason given in favour of a course was the need to impart information to combat the pervasive ignorance about the effects of alcohol. Several felt also there was a need to change attitudes toward drink-driving in particular, and one added, toward offending in general.

Two people felt that jail did not do much good and that a rehabilitation course could make an impact that jail and other punitive measures could not. Ominously one person stated that with only the conventional penalties most reoffend.

2. Who for?

There was a range of answers. Most though favoured the course for the motivated participant, the offender who is acknowledging a problem and wants to rectify it. The next most repeated response favoured the course for the less hardened offender and the less hardened drinker whose behaviour is not entrenched and who has reasonable adjustment (interpret as social morality) and social networks. Other responses tended

to favour the course for the young, the first offender, the second offender - in sum for people earlier than a third offence. -

3. Views specific to the present course

Most CCOs did not have a lot of first hand information on the course. What they said came from training courses and from the offenders they supervise who are doing or have completed the course.

Most CCOs gave responses that favoured the course saying that they thought it appropriate, and that they were optimistic of its effect. Several CCOs stated that it gave offenders a sense of achievement, that it raised self-esteem and that the probationers enjoyed it (although one CCO has probationers who claimed some course segments to be dull). Other positive comments were the fact that it provided incentive through the early lifting of licence disqualification at successful completion of the course. This earlier licence return was also said to assist offenders to earn a better living.

There were some suggestions for improvement of the course. One view was that individual counselling should be available as the alcohol consumption and underlying problems were issues to be addressed. Another comment was that it does not change behaviour in the short-term.

4. Expected outcomes from the course

The near unanimous outcome expected from the course was that participants not reoffend.

As well many CCO's were looking to the course to heighten awareness of the effects of alcohol, to effect attitudinal change towards drinking and driving, and to impart a greater sense of responsibility to the participants.

With no reoffending the primary goal of the course, a secondary wished for outcome was a general improvement in the offenders' lives.

5. What effect should the program have over the six months duration?

There was not so **much** consensus here, more a repetition of previous answers. Such answers included motivating the participants, educating, examining attitudes, changing behaviour, raising self-esteem, maintaining interest, regular attendance, **and** getting participants to address their problem.

6. Have you and will you use the course in working with drink-driving offenders?

This question was added to the interview schedule for CCOs. Unanimously they either had used it or would use it in their work with offenders.

Summary

These CCO's clearly look to the rehabilitation course to eliminate reoffending. They are keen to impart information and inculcate suitable attitudes about drinking and driving. They believe it should be available to the motivated person, the less hardened offender, as success is more likely with these people than with a multiple offender who has a long-standing errant behaviour pattern to change. CCO's were generally optimistic about the present course and used it in their work with offenders.

QUEENSLAND CORRECTIVE SERVICES COMMISSION

DRINK DRIVING PROGRAMME

PERSONAL DETAILS

1. Name in full:

2. D.O.B.: 26.9.1939 Age: 50

3. Sex: Male Female

4. Address: Telephone:

5. House (rent/own) Unit (rent/own) Flat Caravan (rent/own) Hostel:

6. Work Address: NIL Telephone:

7. Occupation: Type of Pension: S.B

7. What is the highest level of education you have reached? (Circle one only) ONLY WENT TO GRADE 4

- Less than three years high school.....1
- Three years or more high school.....2
- Obtained School Certificate.....3
- Completed Grade 12.....4
- Completed Trade Qualifications.....5
- Completed Diploma.....6
- Completed University Degree.....7

8. Sport: DARTS Play/Watch Hobby:

9. Married De facto Divorced Separated Single

10. Children: Number..... Ages..... Other Dependents.....

11. List details of Previous Offences:

Date (approx)	Type of offence	How many times	Result	Time in prison
1.....	DRINK DRIVING	8 TIMES	SINCE ABOUT 1972	
2.....		4 TIMES	FINES	
3.....		2 TIMES	C SERVICE	
4.....		1 TIME	WEEKEND JAIL	
5.....		PLUS THIS ONE		
6.....				
7.....				
8.....				
9.....				

QUEENSLAND CORRECTIVE SERVICES COMMISSION

DRINK DRIVING PROGRAMME

DRINKING

12. How long since you last consumed alcohol:

Hours.....Days 2.....weeks.....Months.....

YEARS

13. What do you drink mostly: (Circle one only)

- Beer..... ①
- Spirits..... 2
- Wine (table)..... 3
- Wine (fortified)..... 4
- All the above..... 5

14. Do you mostly drink at: (Circle one only)

- Home..... ①
- Club..... 2
- Hotel..... 3
- Sports Events..... 4
- All of these..... 5

15. Do you drink mostly with: (Circle one only)

- Alone..... 1
- Friends (mixed)..... 2
- Spouse..... ③
- Girlfriend..... 4
- Mates..... 5

16. How often do you usually drink: (Circle one only)

- Less than once a week..... 1
- Once a week..... 2
- Two or three times a week..... ③
- Most days of the week..... 4
- Every day..... 5
- Only on weekends..... 6
- Other (please specify)..... 7

17. What size glass or stubbies: (Circle one only)

- 7oz..... 1
- 10oz..... ②
- Stubbie..... 4
- Long neck..... 5

18. Do you class yourself as a: (Circle one only)

- Binge..... 1
- Light..... 2
- Medium..... ③
- Heavy drinker..... 4

QUEENSLAND CORRECTIVE SERVICES COMMISSION

DRINK DRIVING PROGRAMME

DRINK DRIVING

19. Have you been stopped by the police whilst driving between the previous offence and this offence for a Random Breath Test: (Circle one only)

Yes or No

20. Other than being arrested and charged for this present offence, what other ways have made you aware that drink-driving is an offence: (Circle all the ones you are aware of)

- | | |
|-----------------------------------------------------------|---------------------------------------|
| Press.....1 | Previous..... <u>5</u> |
| Radio.....2 | Police warnings..... <u>5</u> |
| Television.....3 | Prison..... <u>7</u> |
| Conversation.....4 | Friends Convicted of DUI.... <u>3</u> |
| Education Programmes (other than current programme).....9 | |

21. Using a scale from "1" no influence to "5" very strong influence - how much influence do you think the following would have in making you think twice about drinking and driving: (Circle one only on each line)

	No influence at all		Moderate Influence		Very Strong Influence
Random Breath Testing	1	2	3	4	<u>5</u>
Community Based Orders	1	2	3	4	5
Fines	1	2	3	4	5
Prison sentence	1	2	3	4	5
Education Programmes	1	2	3	4	5
Security of Employment	1	2	3	4	5
Family Influence	1	2	3	4	5
Peer Group Pressure	1	2	3	4	5
Community Attitudes to DUI	1	2	3	4	5
Advertisements in the Press	1	2	3	4	5

22. Have any of your friends been randomly breath tested:

No / Yes How many: 2.....

23. Look at the following situation. It is 3.00 p.m., your friend has finished work at Burleigh Heads, he calls into the local hotel and drinks until 5.30 p.m., his BAC is now well over the legal limit and he has to drive to Labrador. His driving is not obviously affected, his car is in good condition and he is abiding by the traffic regulations. What are his chances of getting home without being stopped by the police? (Circle one only)

- Extremely unlikely.....1
 Quite unlikely.....2
 50/50.....3
 Quite likely.....4
 Extremely likely.....5

24. If he was driving a utility instead of a car would it make any difference? Yes / No

Why..... HE WOULD BE OVER THE LIMIT REGARDLESS OF WHAT HE IS DRIVING

QUEENSLAND CORRECTIVE SERVICES COMMISSION

DRINK DRIVING PROGRAMME

25. How many times have you driven with a high BAC and not been stopped by the police? (Circle one only)

- Frequently..... 1
- Fairly frequently..... 2
- Occasionally..... 3
- Never..... 4

26. If confronted with a random breath test now would you be: (Circle one only)

- Not worried..... 1
- Not very worried..... 2
- Quite worried..... 3
- Very worried..... 4

Why..... BECAUSE I HAVE NOT HAD A DRINK

27. Which punishment would you find harder: (Circle one only)

- Imprisonment for 6 months..... 1
- Fine \$2000.00..... 2
- Prison 1 month and Probation 3 years DUI Programme..... 3
- Probation 3 years DUI Programme and 240 hours community work..... 4

28. When you were stopped for drink-driving was it due to: (Circle one only)

- Good police work..... 1
- Stopped for a Random Breath Test..... 2
- Doing a favour for a friend who was too drunk to drive..... 3
- Lack of planning..... 4
- Bad luck..... 5
- Following an argument with your spouse..... 6

29. What do you expect to gain from completing the Drink Driving Programme: (Circle one only)

- Self awareness..... 1
- The ability to plan my drinking and driving in future..... 2
- Self-esteem..... 3
- Get my driving licence back..... 4

30. What do you think will happen if you fail the Drink Driving Programme

..... DONT KNOW

QUEENSLAND CORRECTIVE SERVICES COMMISSION

DRINK DRIVING PROGRAMME

PERSONAL DETAILS:

- 1. Name in full,
- 2. Date of Birth 2/11/1970
Age: 19
- 3. Sex: Male ~~Female~~
- 4. Address:
Telephone:
- 5. House (rent ~~own~~) ~~Unit (rent/own)~~ Elat ~~Hostel~~
~~Caravan (rent/own)~~
- 6. Employed Yes No
Name of employer: Wal. Parker's Body Shop
Address: 34 Store St. Clontarf 4019
Telephone: 423 4163
Occupation: Panel Beater
- 7. Type of pension:
- 8. What is the highest level of education you have reached:
(Circle one only)

Less than three years high school	1
Three years or more high school	2
Obtained School Certificate	3
Completed Grade 12	4
Completed Trade Qualifications	5
Completed Diploma	6
Completed University Degree	7
- 9. Sport: Karate (zen do kai) (Play/Watch)
- 10. Hobbies:
- 11. Marital Status:
Married De Facto Divorced Separated
Widowed
- 12. Children: How many? —
Ages
- 13. Other Dependents: —

14. List details of previous offences:

Date Type/offence BAC Reading Result: Fine/Prison

1.....

2.....

3.....

4.....

QUEENSLAND CORRECTIVE SERVICES COMMISSION
DRINK DRIVING PROGRAMME

NOTE: IN THE FOLLOWING QUESTIONS YOU ARE REQUIRED TO CIRCLE
ONE ANSWER PER QUESTION

DRINKING

15. How long since you last consumed alcohol
Hours Days 1 Weeks Months
16. What do you drink mostly:
Beer 1
Spirits 2
Wine (table) 3
Wine (fortified) 4
All of the above 5
17. Do you mostly drink at:
Home 1
Club 2
Hotel 3
Sports Events 4
All of these 5
18. Do you drink mostly with:
Alone 1
Friends (mixed) 2
Spouse 3
Girlfriend 4
Mate 5
19. How often do you usually drink:
~~Less~~ than once a week 1
Once a week 2
~~Two~~ or three times a week 3
Most days of the week 4
Everyday 5
Only on weekends .. most of the time 6
Other (please specify) 7
20. What size glass or stubbies:
702 1
1002 2
Stubbie 3
Long Neck 4
21. Do you class yourself as a:
Light Drinker 1
Medium 2
Heavy 3
Binge 4

**QUEENSLAND CORRECTIVE SERVICES COMMISSION
DRINK DRIVING PROGRAMME**

DRINK DRIVING

22. Have you been stopped for a Random Breath Test since your previous offence. ~~YES~~/NO ✓

23. Following your arrest and charge for this present offence, what else has made you aware that drink-driving is an offence:

- | | | | |
|---------------------------|---|--------------------------|---|
| Press | 1 | Previous | 5 |
| Radio | 2 | Police Warning | 6 |
| Television | 3 | Prison | 7 |
| Conversation | | Friends Convicted of DUI | 8 |
| Education Programme | | | 9 |

24. Using a scale from '1' no influence to '5' very strong influence, how much influence would the following have in making YOU think twice about drinking and driving:

	No Influence SI all		Moderate Influence		Very Strong Influence
Random Breath Testing	1	2	3	4	5
Community Based Orders	1	2	3	4	5
finer	1	2	3	4	5
Prim Sentence	1	2	3	4	5
Education Programmes	1	2	3	4	5
Security of Employment	1	2	3	4	5
family Influence	1	2	3	4	5
Peer Group Preswre	1	2	3	4	5
Community Attitudes	1	2	3	4	5
Press Advertisements	1	2	3	4	5

25. Have any of your friends been randomly breath tested.

~~YES/NO~~ How many three.

26. Look at the following situation. It is 3.00 pm and your friend has finished work. He calls into the local hotel and drinks until 5.30 pm. His BAC is now over the legal limit and he has to drive home. His driving is not obviously affected, his car is in good condition and he is abiding by the traffic regulations. What are his chances of getting home without being stopped by the police. (CIRCLE ONE ONLY)

- | | |
|--------------------------|---|
| Extremely unlikely | 1 |
| Quite unlikely | 2 |
| 50/50 | 3 |
| Quite likely | 4 |
| Extremely likely | 5 |

27. If he is driving a utility instead of a car would it make any difference. ~~YES~~/NO ✓

WHY? Utility not or why would it

QUEENSLAND CORRECTIVE SERVICES COMMISSION
DRINK DRIVING

28. How often have you driven with a high BAC and not been stopped by the police:
- | | |
|-------------------------|---|
| Frequently | 1 |
| Fairly Frequently | 2 |
| Occasionally | 3 |
| Never | 4 |
29. If confronted with a random breath test how would you be:
- | | |
|------------------------|---|
| Not worried | 1 |
| Not very worried | 2 |
| Quite worried | 3 |
| Very worried | 4 |
- Why *drink drinking just not on*
30. Which punishment would you find harder:
- | | |
|---------------------------------------------------------|---|
| Imprisonment for 6 months | 1 |
| Fine \$2,000 | 2 |
| Prison 1 month & Probation 3 years DUI Program | 3 |
| Probation 3 yrs DUI Program & 240 Hours Community | 4 |
31. When you were stopped for drink driving, was it due to:
- | | |
|--------------------------------------------------------------|---|
| Good Police Work | 1 |
| Random Breath Test | 2 |
| Doing a favour for a friend who was too drunk to drive | 3 |
| Lack of Planning | 4 |
| Bad Luck | 5 |
| Following an argument with spouse | 6 |
32. What do you expect to gain most from completing the Drink Driving Program:
- | | |
|----------------------------------------------------------|---|
| Self awareness | 1 |
| The ability to plan drinking and driving in future | 2 |
| Self-esteem | 3 |
| Get Driver's Licence back | 4 |
33. What do you think will happen if you fail the Drink Driving Programme: *lose licence extra year*

APPENDIX 5 : PARTICIPANTS' EVALUATIONS OF THE COURSE

- 1. PARTICIPANT EVALUATION OF THE REHABILITATION PROGRAM (1991)**
- 2. THE QUEENSLAND CORRECTIVE SERVICES COMMISSION DRINK DRIVING PROGRAMME : FINDINGS OF QUALITATIVE INTERVIEWS WITH PARTICIPANTS AND COORDINATOR (1990).**

PARTICIPANT EVALUATION OF THE REHABILITATION PROGRAM

This section reports on an evaluation of the rehabilitation course by 25 participants. All had completed the course held in central Brisbane (a few exceptions missed some segments of the course and were to be made up).

All subjects were convicted drink-drivers, said to be multiple-offenders (there may have been some who were second offenders). Twenty-four subjects were male and one was female. All but one were attending as a condition of the court order made by the magistrate. The exception was a volunteer who was a convicted multiple drink-driver at the end of his probation period who had not had the course available to him at the time of his conviction.

Subjects were contacted by telephone and asked (1) to rate on a 5-point scale 17 items that represented individual segments of the course (see appendix), and (2) to respond to the following five questions. (Brown, 1979)

1. Are there ways in which you think the course might be improved?
2. Are there any other comments you would like to make about the course?
3. Do you think you have learned anything new about yourself or your drinking through the course?
4. Do you think your drinking habits have changed in any way?
5. Since you started on the program have you become aware of any alternatives to drink driving that you had not thought of before?

They could be answered yes or no. Additional comments were invited.

RESULTS

Table 1 sets out descriptive statistics from the ratings of the 17 course segments.

TABLE 1

	MEAN	ST. DEV.	RANGE	N
* INFORMATION ABOUT ALCOHOL EFFECTS	3.88	.93	2-5	25
* ALCOHOL SCREENING TEST	2.71	1.27	1-5	24
* STRESS MANAGEMENT	3.26	1.36	1-5	23
* ASSERTION TRAINING	3.24	1.30	1-5	21
* RESPONSIBLE DRINKING	3.64	1.22	1-5	25
* FIRST AID	4.86	.53	3-5	14
* DEFENSIVE DRIVING VIDEOS	3.28	1.67	1-5	18
* DEFENSIVE DRIVING LECTURES	3.06	1.63	1-5	18
* RACQ	2.83	1.27	1-5	24
* POLICE ARREST PROCEDURES	2.92	1.41	1-5	25
* POLICE AND OFFENDER ATTITUDES	3.16	1.31	1-5	25
* ACCIDENT APPRECIATION VIDEO	4.09	1.22	2-5	11
* BREATHALYZER EXPLANATION	3.84	1.11	1-5	25
* INSURANCE ADVICE	2.43	1.24	1-5	23
* LEGALADVICE	2.19	1.40	1-5	21
* DEBRIEFING	3.25	1.36	1-5	24
* OVERALL	3.88	.88	2-5	25

It shows the mean, standard deviation, range of scores and the number of participants who completed each segment of the course. Overall the participants rated the course at a mean score of 3.88 with a standard deviation of .88 or between moderately useful and useful. The highest rating segment was First Aid at 4.86 with the lowest standard deviation of .53. The next highest rating segments was the Accident Appreciation Video at 4.09 (1.22), followed by information About Alcohol Effects at 3.88 (.93), the Breathalyser Explanation at 3.84 (1.11), and the Discussion About Responsible Drinking at 3.64 (1.22).

The lowest rating segment was Legal Advice at 2.19 (1.40), followed by Insurance Advice at **2.43** (1.24), and the Alcohol Screening Test at 2.71 (1.27).

Eleven of the seventeen items were rated as moderately useful, 3, or above.

Responses to the five questions showed that the majority (22 of 25) thought that the course had taught them something new about themselves or their drinking; 21 of 25 reported that their drinking habits had changed in the direction of greater moderation. Of those, 8 attributed the change to the effect of the course combined with some other event like membership of A.A., the effect of family, or the conviction. All of the participants thought the course could be improved in some way, and 16 made constructive comments about the nature of the running of the course. Only 8 thought that the program had made them aware of alternatives to drink driving that they had not thought of before. Sixteen reported that they already knew them.

REFERENCE

Brown, **R.A.** (1979) Participant Evaluation of Two Alcohol Education Courses, Perceptual and Motor Skills, 48, 577-578.

F. DRINK DRIVING PROGRAM EVALUATION

AGE (In years)

SEX (Circle one number) Male 1

Female 2

Present occupation

(If not working at the moment)

Previous occupation

We are interested in finding out how useful the various parts of the education program were. As these items are read out please circle the number from 1 to 5 which indicates how useful you found each part in helping you avoid drink driving. If you have not yet completed that part circle the zero (0).

	Not useful	1	2	Moderately useful	3	4	5	Very useful	Not completed yet
Information about alcohol effects	1		2		3	4	5		0
Alcohol screening test	1		2		3	4	5		0
Stress management	1		2		3	4	5		0
Assertion training	1		2		3	4	5		0
Discussion about responsible drinking	1		2		3	4	5		0
First Aid Course	1		2		3	4	5		0
Defensive Driving videos	1		2		3	4	5		0
Defensive Driving lectures	1		2		3	4	5		0
RACQ Road Safety course	1		2		3	4	5		0
Police arrest procedures	1		2		3	4	5		0
Discussion on police and offender attitudes	1		2		3	4	5		0
Accident appreciation video	1		2		3	4	5		0
Breathalyzer explanation	1		2		3	4	5		0
Insurance advice	1		2		3	4	5		0
Legal advice	1		2		3	4	5		0
Debriefing session	1		2		3	4	5		0
THE PROGRAM AS A WHOLE	1		2		3	4	5		0

1. Are there ways in which you think the course might **be** improved?

2. Are there any other comments you would like to make about the course?

3. Do you think you have learned anything new about yourself or your drinking through the course?

4. Do you think your drinking habits have changed in any way?

5. Since you started on the program have you become aware of any alternatives to drink driving that you had not thought of before?

**THE QUEENSLAND CORRECTIVE SERVICES COMMISSION DRINK
DRIVING PROGRAMME : FINDINGS OF QUALITATIVE INTERVIEWS
WITH PARTICIPANTS AND COORDINATOR.**

BY

June Lennie and Mary Sheehan

Drink Driving Project
Department of Social and Preventive Medicine
University of Queensland
Medical School
Herston

January 1990

INTRODUCTION

This report summarises the results of the qualitative interviews and a brief questionnaire and discussions completed by 22 convicted offenders involved with the Queensland Corrective Services Commission Drink Driving Programme at Burleigh Heads on the Gold Coast. The interview session was held on July 5, 1989.

The report is divided into three parts : part 1 provides a description of the programme's, objectives, structure, content and development. Part 2 is a summary of the qualitative interviews held with two groups of convicted drink drivers concerning the context of the offense, their drinking behaviour and their attitudes towards deterrents. Part 3 reports on the results of a brief questionnaire and discussion with participants on the usefulness or otherwise of each component of the programme.

PROGRAMME DESCRIPTION

The Queensland Corrective Services Commission Drink Driving Programme has been conducted at Burleigh Heads on the Gold Coast since May 1985. It is undertaken by third offenders who are placed on probation for three years with a Special Condition attached to the probation order and are disqualified from driving for three years or life or absolutely. The probation order can be accompanied with either a prison sentence or a Community Service order.

If the offender completes the programme successfully, the Community Correctional Officer will support their application for the lifting of their driving disqualification after two years. The offender remains under probation while they are driving for a further twelve months and they can be charged with the original offence if they re-offend during this time.

The programme takes approximately six and a half months to complete, attending one night per week at various courses, some of which are open to the general public and some which have been developed specifically for the programme.

The objectives of the programme are :

- * To change social attitudes towards drinking and driving.
- * To make the offender aware of the need for road safety and the danger of driving a motor vehicle whilst affected by alcohol.
- * To enable offenders to prove to the Court, through their Community Correctional Officer, that their conduct and character are now such that they now value the privilege of holding a drivers licence.
- * Identify offenders who are not suitable to hold a drivers licence and return them to the Court to be dealt with.

- * Reduce the length of prison sentences of offenders convicted on the third occasion for a major drink driving offence (0.15 plus) and related offences such as disqualified driving.
- * On successful completion of the programme, to have the offender's driving disqualification lifted after a period of two years. (Allen, 1989)

The structure and content of the programme is as follows :

Content	Time
1. Health Department Course Group counselling conducted by the Alcohol and Drug Dependence Service.	6 weeks
2. Queensland Ambulance Transport Brigade First Aid Course	9 weeks
3. Defensive Driving Course	4 weeks
4. Royal Automobile Club of Queensland Road Safety Course	2 weeks
5. Queensland Police Traffic Branch Course	4 weeks
6. Insurance Council of Australia Course Cost of road trauma to the community.	2 weeks
7. Legal advice from a solicitor on how to apply for the lifting of the driving disqualification.	1 week
8. Corrective Services Commission and Health Department Debriefing.	2 weeks

PROGRAMME DEVELOPMENT

An interview was held with Mr Dave Allen, the programme coordinator about its development. He indicated that the idea for the programme emerged from the frustration expressed by magistrates concerning the inadequacy of fines, prison or licence disqualification to provide a deterrent effect. The programme coordinator felt that an educational programme was necessary and contacted other personnel involved with road safety programmes to support his idea.

Senior personnel in the Police and Transport Departments, and the R.A.C.Q. were contacted initially, along with local magistrates. Local organisations such as the Ambulance Transport Brigade, the Health Department and road safety organisations were then approached to explain the programme concept. Nearly all of the agencies approached were

extremely supportive. Apart from those organisations with established courses, agencies were given the opportunity to develop and conduct a course which they considered most appropriate. Programme instructors are required to monitor attendance and behaviour and provide support to the Corrective Services if a person does not attend, is disruptive or has an unsatisfactory attitude, or if legal action is required.

Program participants are selected on the basis of previous history of drug and alcohol addiction problems and their willingness to undertake the programme. The magistrates at Southport on the Gold Coast had some reservations at first but are now very supportive of the programme. All programme participants had a special condition attached to their probation order which can be accompanied with either a prison sentence or a Community Service order.

The initial induction course involves completing a questionnaire on drinking behaviour, previous offences and other personal details which is forwarded to the Health Department. Offenders then receive a folder which outlines the programme content and structure. No contact takes place between the programme participant and the Community Corrections Officer until the debriefing session (a six month period).

The successful coordination and implementation of the programme depends on the mutual respect which personnel from the Corrective Services Commission and staff from participating agencies hold for their respective roles. Compliance with programme attendance and participation is strictly enforced to maintain the credibility of the programme.

SAMPLE AND METHOD

Two groups were involved in the discussions held at Burleigh Heads Corrective Services Office on 5th July, 1989. The first group was made up of eight males who had completed the programme and two males and one female who had completed half the programme. The second group was made up of eleven males who had either just started the programme or were waiting to start the programme.

The age range of the offenders was 18-55 years with a mean age of 31 years. The majority of them were employed in the building industry as tradesmen (n = 10) or labourers (n = 3), while a few worked in sales (n = 5) and 4 people were unemployed.

The session was conducted over a period of two hours and the initial discussions covered the circumstances in which their offence occurred, driving and outcomes of the offence; their drinking behaviour and any changes they have made; alternatives to drink driving and deterrents. Next, they were all asked to complete a questionnaire rating (on a 1-5 scale), how useful they found, or would find (for those who had not started the programme) each component of the programme in helping them avoid drink driving. A total of 18 completed questionnaires were obtained. They were finally asked to discuss what they found helpful or otherwise in the various courses.

SUMMARY OF DISCUSSIONS

Circumstances of last offence

Most said that the situation in which their last offence occurred was fairly typical and 5 people were picked up close to their homes. Unusual situations included : drinking at a birthday party, having to drive home after losing money gambling, and being involved in collisions with other cars.

The usual situations involved drinking in public bars with work mates after work or at parties with wives and girlfriends. The majority were picked up in work vehicles. One group thought that facilities in hotels where they drink were important and preferred places with pool tables, live bands and dance floors. They drank in pubs for relaxation and to socialize and regarded this as part of the builder's tradition. They preferred drinking close to home and, while some drank everyday, most drank on weekends.

Changes to drinking situations

The groups were asked whether they had made any changes to the situation in which they *drink*. Of those who had started or completed the programme, one group thought they drank more because they were not driving now and were drinking at home more. Another group were now drinking light beer and were making a conscious effort to drink less daily. Their friends were also supporting their effort to avoid drink driving more this time than previously.

Of those who had not yet started the programme, all had tried to modify the situation by arranging transport, drinking at home and decreasing the amount they drank.

Driving behaviour

Most were driving work vehicles (including utility trucks and sedans) when they were picked up and claimed that police tended to watch out for builder's trucks and pull them over. A few were driving unlicensed.

Outcomes of the offence

Financial loss was a major problem and insurance cover was a concern with most of them; however one group suggested that insurance was no longer relevant to them now. Some participants lost their job as it involved driving and transport was another problem - having to rely on public transport or asking their family to drive them.

The majority of one group thought that employing a solicitor did not help you much and that the duty solicitor would achieve the best you could hope for.

Drinking behaviour

The majority drank beer and those who had started the programme said they drank light beer combined with spirits and ordinary beer. They said that women were likely to drink

rum and bourbon and more 'trendy' women drink wine coolers, Kahlua and Tia Maria.

Of those who had started or completed the programme there were two groups - the majority, who drank everyday and drink more over the weekend; and those who drank **only on weekends**. Of the group who had not yet started the programme, most said they **drank over the weekend**. The concept of a 'drinking session' was irrelevant to most of them - **they drank on Friday night then at regular intervals all weekend until Sunday night**.

In terms of quantities drunk, they said that they would probably drink seven pots (10oz) of beer in the first hour then seven pots in the second hour and would probably slow down after that. Shouting was one of the key issues - it creates a pace for drinking and was a problem for younger people who did not have the experience of older drinkers and could not keep up with the shout. One hotel on the Gold Coast put on a 'sick parade' on Sunday mornings : for the first two hours a pot of beer costs 20 cents. After drinking cheaply for these two hours most people stayed on for the rest of the day.

Changes to drinking behaviour

Of those who had started or completed the programme the main changes were drinking light beer and drinking at home.

Most agreed that they would have liked to have attended individual sessions to discuss why they were such heavy drinkers, as part of the programme.* They all recognised that they were heavy drinkers and that their pattern of drinking was more unusual and more intense than other people's.

Alternatives to drink driving

Those who had started or completed the programme had used a number of alternatives :

- ask someone sober to drive
- ~~mix~~ light beer with ordinary beer
- attempt to pace your drinking
- drink at home
- take a taxi home
- sell your car
- catch a booze bus

The alternatives used most were taking a taxi, having another person drive them home and drinking at home. After their last conviction they had all looked at alternatives more, in part because they were 'sick to death of losing their licence.

The group who had not started the programme had nearly all become aware of alternatives to drink driving which they had not thought of before. They had carried out these

* Each programme participant was given the opportunity to attend individual counselling sessions as part of the initial Health Department Course but none of the participants took up this offer. It may be useful to bring this up systematically throughout the programme and again at the end.

alternatives and regarded them as useful. They thought more about the outcomes of a drink driving conviction such as solicitors' fees, fines, loss of licence and attending the programme; and use of the breathalyzer. The majority thought they would try not to get over the limit in future.

Deterrents

Some knew they would be going to jail for drink driving before their last conviction, however they believed that 'they won't catch me'. They said that they believed imprisonment was the most serious penalty but did not consider it to be an effective deterrent. They knew they would lose their licence and did not believe that the Police RID scheme had any impact on their thinking about drinking and driving.

They found the loss of their licence extremely inconvenient and time consuming and hated having to rely on others and the loss of independence. This was considered the most effective deterrent with the group who had started the programme. Some people in the other group considered fines to be the most effective deterrent and would rather go to prison than pay a heavy fine.

Community Service Orders

Most of the group who had started the programme said they disliked doing community service and would prefer to pay their way out. They all commented that one of the problems was that they were working for voluntary or charitable organizations which have few resources and poor quality equipment such as paint brushes and lawn mowers. However the woman liked her community service work at a Surf Club and was offered a better job as a result of this work.

Overview of points raised in general discussion

The majority of those interviewed were very heavy beer drinkers who recognised that they had a drinking problem. Several of them drank everyday, in public bars after work with workmates, but many drank only on weekends. They were mostly all employed in the building industry and regarded their drinking behaviour as part of the 'builder's tradition'.

Although many of them realised they would go to jail for a third offence, they adopted a fatalistic attitude and believed that 'they won't catch me'.

As a result of their last conviction and/or doing the Drink Driving programme most claimed to be drinking more light beer, drinking less, or drinking at home more, although some were drinking more because they were no longer driving.

The alternatives to drink driving which were most often used were taking a taxi, having someone else drive home and drinking at home. Regarding deterrents, they did not believe prison to be effective and considered that the loss of their driving licence was a major inconvenience and was an effective deterrent. Community service orders were unpopular with all but one of the respondents and many preferred to pay a fine instead.

EVALUATION OF COURSE COMPONENTS

This section reports on the results of 18 completed questionnaires and group discussion by 11 participants who had completed all or part of the programme and 11 people who had not started or completed the programme. The questionnaire asked them to rate how useful they found, or would find each programme component in helping them avoid drink driving.

Health Department Course

Of the 10 participants who had completed this course, most found the information about alcohol effects and the discussion about responsible drinking very useful, the alcohol screening test and the assertion training moderately - very useful and the stress management session moderately useful.

Most of the participants enjoyed this course, liked the instructor's approach, thought the video used was very good and liked open discussions. They would have liked individual attention concerning why they drank and disliked being treated as alcoholics, a title they rejected.

All of the group who had not completed the course thought that the information about alcohol effects would be very useful and nearly all thought the other components would be useful.

First Aid Course

Every participant ($n = 10$) indicated that this course was very useful. There was no criticism - they all enjoyed it, wanted to do something like this and got a lot out of it.

The majority of those who had not completed the course thought it would be very useful.

Defensive Driving Course

Most of the 10 participants who had completed this course found the videos moderately to very useful but there was no consensus of opinion on the lectures. In the discussion the course was uniformly panned, apart from one person who said perhaps the idea was good. They found the course boring and too repetitive and said the two hour sessions could be done in one hour. Suggestions for improvement were : the use of simulators, not having to listen so much, more on how to deal with difficult situations, and it needs to be simplified.

RACQ Road Safety Course

Only a small number had completed this course ($n = 5$) and most found it moderately to very useful. It was fairly positively received, it told them a lot, and the videos were good. Most thought the session on the history of the RACQ was most interesting.

Most of those who had not completed this course thought this would be very useful.

Police Traffic Instruction Course

Nearly all of the seven participants who had completed this course found the discussion and the video very useful and most found the sections on arrest procedures and the breathalyzer moderately to very useful. They thought the pictures of accidents were good. However, some doubt was expressed about police attitudes outside of the course.

Most who had not completed the course thought it would be useful, especially the accident appreciation video. There was no consensus of opinion about how useful the police arrest procedures or the breathalyzer explanation would be.

Insurance Council Talk

Only a small number had completed this course ($n = 5$) and there were a range of opinions about it, but most found it useful. During the discussion many questions were raised. No one knew whether the insurance companies checked Transport records before insuring. There was no consensus of knowledge.

The majority who had not completed this course thought it would be very useful.

Legal Advice

All but one of the seven participants who had completed this course found this very useful. It told them what they already knew about going to court but this was still useful.

All of *the* group who had not completed the course thought this would be very useful.

Debriefing Session

Most of the seven participants who had completed the course found this very useful. They said it was excellent and they found the general discussions very enjoyable.

Those who had not completed the course thought it would be moderately to very useful.

Program as a whole

Eight participants rated it as very useful, and one rated it as moderately to very useful.

All of those who had not completed the programme thought it would be very useful.

OVERVIEW

Most of the participants found the programme very useful and they particularly enjoyed the First Aid course, watching videos, the discussions about drinking and police and offender attitudes and the debriefing session.

The major criticism was of the Defensive Driving Course which was seen as boring,

especially the lectures. They would like to have undertaken individual counselling at the Health Department to gain an understanding of why they are heavy drinkers. There was some confusion or lack of knowledge about insurance indicating some problems with this segment.

Everyone thought the sessions were too long each night, particularly the Defensive Driving course. They suggested that this be one hour rather than two and be done at the end of the course.

They had a very high fear of killing someone as a result of drink driving indicating that this outcome had been impressed upon them during the programme . They also felt that the community was becoming increasingly less tolerant of drink driving.

The group who had not yet started the programme held great expectations from the course, particularly the legal advice section. They suggested that the programme be held during their last *six* months of probation to ensure that the information obtained was fresh in their minds when they were licenced drivers again.

REFERENCE

Allen, D. Report on the Queensland Corrective Services Commission Drink Driving Programme, October 1989.

Acknowledgements :

The assistance of Ms G. Lau and Ms J. Cheung in interviewing participants who had not yet completed the programme is gratefully acknowledged.