A COMMUNITY BASED PREVENTION/REHABILITATION PROGRAMME FOR DRINK DRIVERS IN A RURAL REGION: "UNDER THE LIMIT"

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Abstract

This report describes the development and implementation of a trial drink driving prevention and rehabilitation model in a rural region of Queensland.

The programme, called "Under the Limit", used an intersectoral framework for change which involved coordination and collaboration between all the major agencies who play a role in the management of the issue. It was directed towards the experiences and needs of the 'at risk' persons in the community, including persons convicted of drink driving offences.

Key issues in the development and implementation of the model are discussed, as well as the course content and process, the community change strategies and the evaluation conducted so far.

The report concludes that 'Under the Limit" is an important rehabilitation programme which is acceptable to all major stakeholders. It is well received by magistrates, has very low breach rates and the model for implementation has the potential to promote attitude change in a rural community. Its effectiveness in reducing recidivism and rates of offending is being systematically monitored.

Keywords

DRINK DRIVING, REHABILITATION, RECIDIVISM, COMMUNITY INTERVENTION

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ACKNOWLEDGMENTS

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Ms Beth Leven
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Mr Laurie Lumsden
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Mary Sheehan
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30-6-95

EXECUTIVE SUMMARY

Goal and Rationale

* The goal of this study was to *develop and implement a trial drink driving prevention and rehabilitation model in a rural region.* [Ch. 1]

* In much of rural Australia transport is characterised by a variety of personal and environmental aspects that have been identified as contributing to increased risk of road fatality and injury. These *hazards* are *increased by a prevailing association of recreational activities with alcohol consumption.*

A Community Based Model

* *The model is based on the premise that drink driving occurs within a particular social climate* and potentially can be reduced by manipulations of that context. *The "Under the Limit"* intervention *used an intersectoral framework for change* which involved co-ordination and collaboration between all the involved major agencies It was directed towards all 'at risk' persons in the community. [Ch. 2]

* The intervention region is defined by the statistical divisions of Mackay and Fitzroy and the control region is defined as the Northern statistical division regions of Queensland It focuses on the six provincial and small rural towns in the region which have magistrate's courts attached to them.

* The approach involved a collaborative and dynamic model for change. *Every effort was made to identify and involve agents of change and relevant stakeholders. The model proposed an integrated* rather *than additive intervention.* [Ch 3]

Drink Driving Offenders

* A consistent picture emerges from research that *drink drivers* are *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 traits* (Donovan and Marlatt, 1982; Wells-Parker, Lundrum & Cosby, 1985). These findings are replicated in Australian work (Homel, 1988; Sheehan et al, 1992) [Ch. 3]

Content of Rehabilitation Programmes

* Research indicates that rehabilitation programs can produce an effect over and above that which would result from licence suspension alone if *treatment takes into account:*

  a) a focus on drinking behaviour more than drinking and driving;
  b) the knowledge accumulated in psychotherapy and behaviour modification,
  c) the fact that programmes should be:
    - *organised*

- *systematic*
- *well structured*
- *conducted over a longer [defined as ten weeks or more] period of time*
- *have enforced rules for attendance* [Ch 3].

"Under The Limit" - Process Of Referral

* *All first offenders are given the option of the prescribed fine and licence suspension, or paying the course cost, licence suspension, and attending the rehabilitation programme* (12 x 1½ hrs). For the purpose of monitoring the programme offenders are placed on probation for a period of not less than 6 months.

* Multiple offenders are given the option of undertaking the first offender course together with an additional series of elective modules involving, in all, at least 18 x 1½ hours of content [Ch. 4]

Attendance and Payment

* *A mandatory requirement of the course is that all sessions are to be attended and that the fee for the course should be paid within a defined time.* To date breaches have been extremely low for an offender population and have run at about 6% throughout the eighteen months trial. [Ch. 4]

Educational Strategies

Particular attention needed to be paid to the low literacy levels in participants; maximising active participatory small group work; and the use of local examples and structures.

The following *organisational strategies* were adopted:

- one educator;
- a lesson evaluation sheet for each session;
- a contract completed and signed by each offender and the facilitator;
- the focus, objectives, key activities and expected student outcomes are explicitly defined;
- there are guides for the identification and management of persons with limited literacy and for difficult and disruptive clients;
- a roll is kept for each lesson and breaches are reported. A strict limit is kept on the number of sessions that can be missed.

* A *wide variety of educational activities* are employed and there is virtually *no strictly didactic* teaching.

* A large number of video resources have been developed for the programme and issues raised are actively processed during the lessons

* Much of the content revolves around group work *for groups of 8-10 participants.*

* *The presentation of the programme is strictly formalised* and *standardised* in terms of delivery, general group management and practical issues[Ch 5]

Content

* The content of the course is concerned with:
  - *controlled drinking strategies;*
  - *hazards related to drinking and driving; and*
  - *strategies to avoid drinking and driving.*

* A weekly alcohol consumption diary which includes short, simple 'homework' exercises is included.

* The programme draws, as much as possible, on the experiences of the offenders and the life style situations in which they find themselves. [Ch 5]

Alternate Forms

* There are three alternate forms of the package. These are:

  - Short Form of Programme for Isolated Communities
  - Extension for Aboriginal and Torres Strait Islander Offenders
  - Distance Education Module [Ch 5]

Community agencies

* *TAFE* was a major community player and the programme is taught in the regional colleges.

* All other relevant government agencies were recruited and consulted during development and implementation.

* Some non-government intersectoral participants were crucially relevant. They included: M*edia* including Regional WIN TV; *Regional Politicians; Major Employers and Unions; Driving School Teachers; Hoteliers and Other Liquor Outlet Proprietors; Course Facilitators; School Interventions* [Ch. 6]

Course Facilitators

Course facilitators were located by media advertisements and personal contacts. They came from a diverse range of backgrounds and undertook a day long training session. *They functioned as change agents in their communities in relation to drink driving* [Ch. 6]

Evaluation

Formative Evaluation

* Facilitator evaluation was systematic and on-going. Every lesson was evaluated and workshops were held as the programme developed.
* *Offender feed back* was sought throughout the intervention. They reported:
    - it was quite interesting, helpful and relevant, although somewhat repetitive [repetition is necessary if they are to retain the information];
    - they were impressed with the knowledge they acquired during the course:
    - they appreciated the financial benefits of being able to take the programme option;
    - the course should be an option for all people applying for a driver's licence - but not compulsory;
    - the $350 cost - it was still a lot of money to pay at one time;
    - they wanted the drink driving elements emphasised and were wary of an AA approach;
    - they thought there should be more emphasis on the negative outcomes of drink driving.
    -

Process Evaluation

* Support was provided and advice given by magistrates. Strong differences between magistrates in referring and sentencing are apparent.
* Close personal liaison was maintained with Community Corrections' Officers in the region. This was essential to the development and implementation.

Outcome Evaluation

This has not been completed to date. Preliminary data include the following data:

* Community telephone surveys at key times.
* Baseline estimates of recidivism rates and factors to be controlled in estimates of such rates
* Systematic analyses of these data have been undertaken and examined:
    - the impact of licence loss and disqualification (Siskind 1995) on re-offence rates and time to re-offence;
    - recidivism rates for drink driving offences,
    - the impact of potential confounding variables such as BAC, gender, SES, disqualified driver status and age on time to re-offence and type of re-offences.[Ch. 7]

Conclusion

The "Under the Limit" Programme is an important rehabilitation programme which is acceptable to all major stakeholders. It is well received by magistrates, has very low breach rates and the model for implementation has the potential to promote attitude change in a rural community. [Ch. 8]

1. INTRODUCTION

This report describes a project that was supported by the Federal Office of Road Safety (FORS) under its Road Safety Research Initiative.

The goal of the project was to develop and implement a trial drink driving prevention and rehabilitation model in a Queensland rural region.

The proposed model was to build upon the intersectoral nature of an established Queensland Corrective Services Commission programme, to use input from government and non-government agencies and departments and to be integrated with a prevention programme Findings from earlier research undertaken by the group which included:

a) a longitudinal study of young drink drivers (Sheehan, Schonfeld, Siskind, Schofield, Najman and Ballard, 1995)

b) a community intervention to reduce binge drinking and related accident injuries (Davey, 1991); and

c) a review of the social context of drink driving in Australia (Sheehan, 1994), where possible were to be taken into account in the programme model.

Readers who are interested in the background literature and conceptual model which informed this project are referred to Sheehan (1994).

2. BACKGROUND

2.1 Rural Road Mortality

The differential rates of road fatalities and injuries between rural and urban areas have been a continuing issue in Australian transport safety statistics. A recent analysis by the National Injury Surveillance Unit (NISU) of the motor vehicle related mortality rates, per 100,000 resident population in 1990-1992, provides figures which illustrate this systematic variation (Moller, 1994).

TABLE 2.1: Annual Average Rates of Motor Vehicle Traffic Deaths per 100,000 population by Region, Australia, 1990-1992

Remote and Rural Areas (RaRA) Classification	Rates of Deaths
Capital city	11.4
Other major urban	13.1
Rural major	15.4
Rural other	20.1
Remote major	19.4
Remote other	30.3
All areas	**13.6**

* *Table extracted from Table 4, p.4, Moller, 1994.*

Using the RaRA classification of regions (RaRA Classification, 1994), the study found systematic variations of between 30.3 per 100,000 in remote (other) regions to 11.4 in capital cities. Much higher death rates are seen in rural and remote areas with those living outside major centres having much higher death rates.

Some understanding of this increased risk can be developed by considering the context of rural driving. In much of rural Australia transport is characterised by a variety of personal and environmental aspects that are distinct to, or more marked than, those that exist in urban settings. There is greater likelihood of being injured in situations in which there is less readily available trauma services (Moller, 1995). Long distances need to be travelled for work and recreation Large proportions of the roads travelled are gravel or have unsealed road shoulders. There is either less or minimal availability of alternate public transport. Vehicles are older and impaired by road wear and tear and at least on the Eastern seaboard, many major journeys tend to be east-west, which leads to frequent driving exposure to sunlight hazards. In recent years particularly, though not exclusively, the physical conditions resulting from severe drought have led to drivers having maximal exposure to the hazards of dust, smoke, kangaroos and other animals grazing on roadside margins. (A Tucker, Personal communication, 1992) Long road trains, considerably less visibility of policing and, in particular, more restricted use of Random Breath Testing (RBT) are other potential contributors to increased hazard Related personal driver behaviours including tiredness and fatigue, increased speeding, decreased compliance with seat belt regulations and vehicles overloaded with passengers or freight have also been identified as contributing to the increased risk (Elliott & Shanahan, 1990).

This environment of hazards is increased by the prevailing and relatively long standing association of recreational activities with alcohol consumption (Brady, 1988; Woolcock, 1991) A recent study by Queensland Health examined the levels of liquor licensing and per capita consumption figures by health region throughout the state. A consistent pattern of more availability and higher consumption in rural regions was apparent (Table 2 2). Consumption in the intervention health regions of

Mackay (12.9 ltr) and Central (11.2 ltr) was above the state average (10.24 ltr) (Crook & Kowolski, 1992).

Another recent study examining the role of alcohol in single vehicle, rural, fatal crashes concluded that alcohol was a major risk factor It was estimated to be involved in at least 40% of these crashes (Pettitt et al, 1994).

TABLE 2.2: Alcohol Related Statistics by Queensland Health Regions

Health Regions	Total Liquor Licence	Liquor Licence Population (per 1,000)	Per capita ethanol consumption (litres)
Central West	106	7.11	15.9
South West	70	2.51	15.6
Peninsula	483	2.39	15.1
Mackay	*305*	*2.68*	*12.9*
Northern	407	1.83	11.5
Central	*262*	*1.57*	*11.2*
Brisbane North	435	0.97	10.4
Wide Bay	321	1.92	10.1
Sunshine Coast	374	1.18	9.5
Brisbane South	402	0.66	9.3
Darling Downs	301	1.51	9.0
South Coast	453	1.34	9 0
West Moreton	149	1.02	6.5
State Total	**4068**	**2.05**	**10.24**

* *Table extracted from Crook, G. and Kowalski, E. (1992) Per Capita Consumption of Alcohol across Queensland Health Regions (1989-1990); Alcohol and Drug Branch, Department of Health.*

2.2 A Community Based Model

In recent years there has been considerable growth in the development and testing of community based interventions to increase health related behaviours and to reduce health destructive ones (Lefebvre et al, 1986; Bracht, 1990). These programmes have been promising both in terms of achieving change and in their high level of acceptability to the general public. Interestingly this approach remains a relatively unused strategy in the area of drink driving. In this case a distinction is being drawn between the selective use of a particular preventive strategy such as an advertising campaign, RBT, or drive-home buses and comprehensive programmes which involve an integrated application of a wide range of such strategies and target a defined community.

The fact that drink driving is tied to social and community mores has been long recognised (Sheehan, 1994). However, there has been a comparatively slow introduction of integrated community programmes. This situation may be due to the intersectoral nature of the problem. There is no particular public service or government department which effectively and exclusively 'owns' drink driving in the way, for example, health departments 'own' coronary heart disease. Community intervention for this problem necessarily requires co-operation between different government and non-government groups (Nutbeam, Wise, Bauman, Harris and Leeder, 1993).

One community wide attempt to address the problem was the New Zealand Community Alcohol Action Programme (CAAP) (1988). This involved an intensive law enforcement programme organised by Transport and Police Department personnel and co-ordinated with alcohol education components, run by the local health board and community action groups This intervention was supported by the Alcoholic Liquor Advisory Council. Evaluations

have been mixed (DeJongh and Bailey, 1987; Duignan and Casswell, 1987) but suggest that the intervention encountered organisational difficulties in establishing an effective co-ordination of the involved intersectoral agencies.

The "Under the Limit" intervention was actively intersectoral from its initiation. It grew out of collaborative work undertaken by senior staff at the University of Queensland and from the government departments of Health, Transport, Police and Corrective Services evaluating a Corrective Services Drink Driving Rehabilitation Programme (Sheehan, Siskind, Woodbury and Reynolds, 1992). The project was funded by the Australian Federal Office of Road Safety.

It was innovative in three ways. Firstly, it assumed that drink driving occurs within a particular social climate and is created, maintained and potentially can be reduced by variations in, and manipulations of, that context. Secondly, it used an intersectoral framework for change which involved co-ordination and collaboration between all major agencies who play a role in the management of the issue. That is, it was assumed that the problem of drink driving was not solely a Police or Transport or Health or Education or a Justice problem The model proposed that the intervention should extend beyond traditional departmental territorial boundaries and that drink driving could only be contained or reduced by interdepartmental collaborative effort in liaison with community stakeholders Thirdly, the model accepted that an effective drink driving prevention programme needed to take into account the experiences and needs of the 'at risk' persons in the community, including those who have been convicted of drink driving offences.

The key issues addressed in the project were:

a) *the need for intersectoral collaboration at both the head office and regional levels and*

b) *the reciprocal relationship between community prevention, control and maintenance influences (represented by stakeholders) and the target or recipient 'at risk' groups.*

It was further proposed

c) *that this type of collaborative model has particular relevance to small rural communities with relatively closed networks.*

3. KEY ISSUES IN THE DEVELOPMENT AND IMPLEMENTATION OF THE MODEL

3.1 Selection Criteria for Intervention and Control Regions

The first and major task in the project was identifying appropriate intervention and control regions. The selection was governed by a number of conditions. Firstly, there needed to be a sufficiently large number of drink driving convictions within the region to provide statistical power for outcome analyses. The need for close intersectoral liaison and the long distances involved meant that there also needed to be a maximum degree of overlap in the regional boundaries of the different government departments involved in the programme. Finally, the characteristics of the region needed to be matched by a control region. In the initiation of this project, the selection was additionally complicated by a recent regionalisation of Queensland government departments and a lack of correspondence between departmental boundaries.

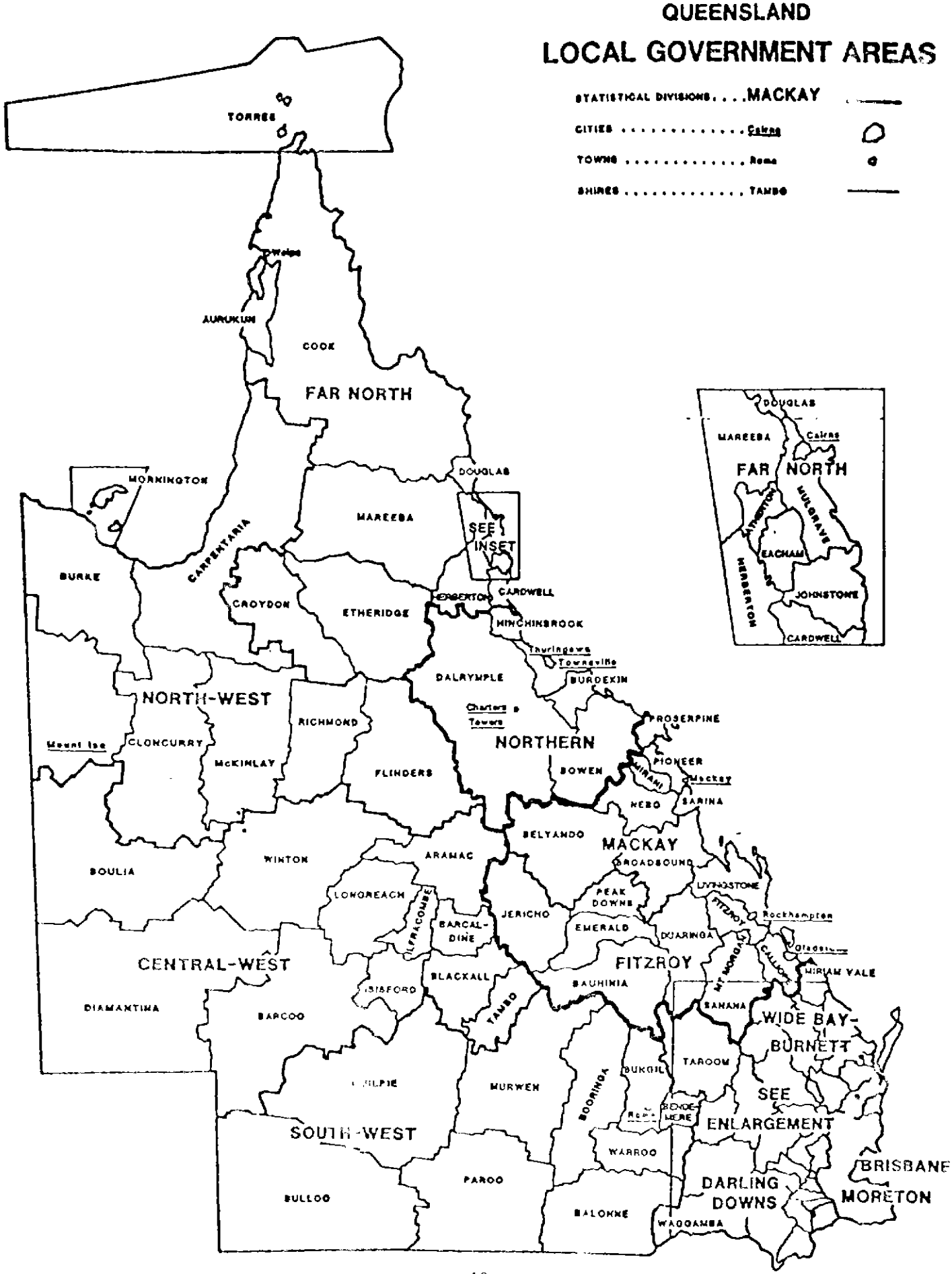
3.2 Identification of Intervention and Control Regions

The intervention region selected is defined by the statistical divisions of Mackay and Fitzroy (drink driving appearances 1989-90 = 2193). The control region is defined as the Northern statistical division regions (drink driving appearances 1989-90 = 1733) (Department of Social and Preventive Medicine, 1993).

The Central region of Queensland (Figure 3.1) has a population of approximately 281,783 (ABS, 1991) and in 1988 approximately 1,040 drink driving offenders with a blood alcohol concentration (BAC) ≥0.15 were convicted (Department of Social and Preventive Medicine, 1993). It is an Australian rural community in microcosm in that it includes both dry inland

and coastal farming areas, a number of very large mines and a mining related industrial centre and port. It has regional offices for Transport, Police, Health, Education and Corrective Services, a University College and an established Technical and Further Education (TAFE) system. It has a relatively small and widely dispersed population, limited professional resources and comparatively high rates of motor vehicle crashes and drink driving convictions (Central Queensland Region Health Board Management Plan, 1992). The intervention focuses on the six provincial and small rural towns which have magistrate's courts attached to them.

FIGURE 3.1: Map of Intervention and Control Regions



A rural region of this size provides an excellent base for the development and evaluation of community interventions. It has a comparatively small population which can be geographically delineated and matched with either an existing rural community or a statistically constructed control group. Its size also means that it is easy to identify social influences, relevant community leaders and stakeholders. There is more likely to be frequent, formal and informal contact between members of relevant government departments. A disadvantage of the small population size is that it can create an evaluation problem by restricting the statistical power to measure outcomes in the short term.

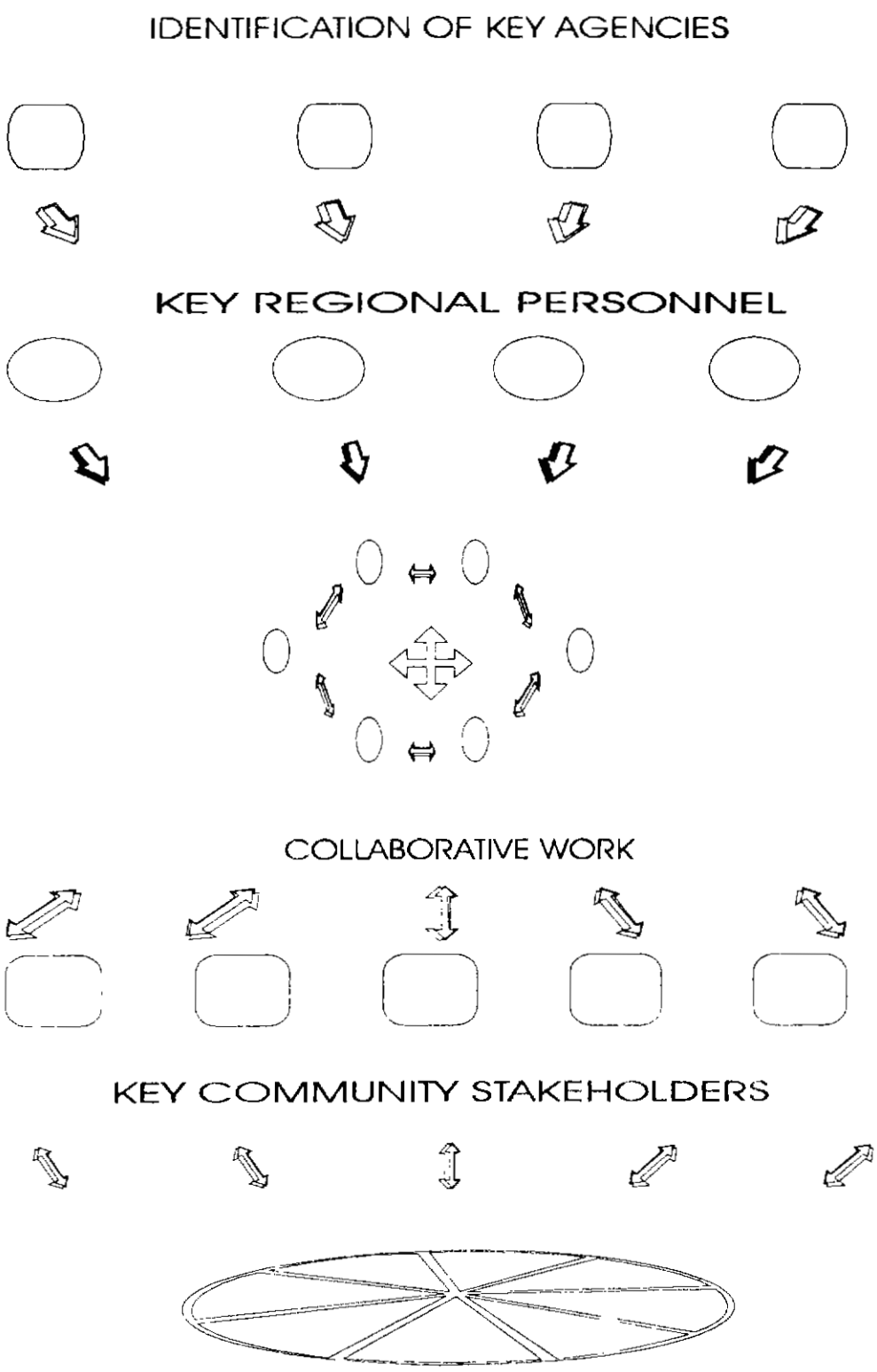
The control area is the adjacent Northern region. It involves similar industrial and farming activities and includes similar University and TAFE systems. It does not include an industrial port similar to Gladstone in Central. Townsville is a major provincial town which includes head offices for regional government authorities

3.3 Defining the Social Context of Drink Driving in the Region

The model for the intervention was designed by drawing on Orlandi's (1986) model for community based organisation, recent work on the social controls of drink driving (Laurence, Snortum and Zimring, 1988; Ross, 1992; Sheehan, 1994) and further development of a model for intersectoral intervention used in the Safe Drinking Project (Davey, 1991) and Roger's (1983) work on the dissemination of innovations

The model for the organisation of the intervention is presented in Figure 3 2

FIGURE 3.2: Collaborative Model



At the first or the organisational level, it is possible to identify the major agencies and personnel who have a stake in, or responsibility for, controlling and managing drink driving. The wide range of government or public service groups who needed to be recruited include staff from Health, Transport, Police and Justice, which comprised Corrective Services, Prisons, Magistrates and private and state legal offices.

The model proposed that the initial co-operation and involvement of these organisations at the head office level would both support and facilitate the participation of the associated relevant personnel at the regional level.

An early objective for the development of the community intervention was to identify the social influences upon drink driving within the targeted community so as to mobilise the relevant persons or institutions for change. A comprehensive perspective of such social influences was obtained by conceptually dividing the issues into a three dimensional framework in which socially located influences were categorised as positive or negative, direct or indirect, and formal or informal (Table 3.1). Direct, formal controls which exerted a positive influence on the incidence of drink driving included, for example, visible and enforced RBT Examples of more indirect, formal influences would be increased policing of liquor licensing laws and local 'responsible drinking' campaigns Indirect and informal positive influences might include police attitudes to enforcement, local taxi drivers' attitudes towards working after midnight and the existence and activities of community pressure groups. The closing of a local movie house and the lack of public transport may be seen as informal, indirect and negative influences on drink driving.

TABLE 3.1: The Social Context of Drink Driving (DD)

Formal		Informal	
Direct	**Indirect**	**Direct**	**Indirect**
Enforcement Laws (DD)	Liquor Laws	Police Attitudes to Enforcement	General Community Attitudes
RBT	Government Pressure Groups	Community Pressure Groups	*Media Advertisements for Alcohol*
Court Appearance	NDS Initiatives	*Peer Pressure to DD*	Media Education
Lowering Legal BAL	Newspaper Court Reports DD	Availability of Options (eg taxis)	*Liquor Associated Entertainment*
Education	Research	*Sporting Clubs*	Church Groups
Media Anti-Drink Driving Advertisements	Treatment (alcohol)	Media Anti-DD Advertisements	Temperance Societies
Rehabilitation Programmes (Drink Driving)	Government Policy (eg crackdowns etc)	Breathalysers in Liquor outlets	Breathalysers
DD Offence Penalties	*Changes to Drinking Age*		Court Reports
DD Alcohol Screening	Insurance re DD Offences		*Lack of Public Transport*
Interlocks			

Negative influences are shaded.

Experience on a previous rural community project which aimed to reduce binge drinking at end of high school celebrations (Gillespie, Davey, Sheehan and Steadson, 1991) led to the identification of the following informal stakeholders who may have a positive or negative direct influence on drink driving in a rural community. Hoteliers, owners and licensees of alcohol sales outlets, liquor manufacturers and sports associations, service clubs, restaurants, discotheques and taxi drivers all influence the environment in which drink driving occurs. Informally and indirectly the media and relevant community action groups such as teetotaller

action groups and Church groups are all potentially influential stakeholders who can be mobilised in a community setting. Other agents of change who may be under-utilised are members of local service clubs, local councils and local politicians. In a rural community, employers, personnel officers, work safety committees and unions may also be mobilised for change. This is particularly the case in areas such as mining towns in which drink driving may have significant economic consequences. An important objective of the intervention was to reorient these and other stakeholders towards becoming a positive influence and functioning as 'controlling contingencies' within the community. It was hypothesised that a potential benefit of this approach in a rural community would be that stakeholder changes take place within a relatively closed network of interpersonal relationships, friendships and acquaintances.

The approach used in "Under the Limit" assumed that the process by which stakeholders can be encouraged to exert a positive influence and to participate in developing strategies for change and control is through a collaborative and dynamic model for change. In the Safe Drinking (Sheehan and Davey, 1990) and Wanganui (CAAP, 1988) projects, an intersectoral model was used in which each key agency worked independently to develop change strategies and co-operated independently with aligned services and stakeholders. In the model developed for "Under the Limit" the process was modified towards collaboration between key agents at all stages in the development of the integrated programme Every effort was made to ensure that agents of change and relevant stakeholders developed an integrated rather than additive initiative

3.4 Drink Driving Rehabilitation

There is a voluminous amount of literature on approaches to rehabilitation of drink drivers. Of particular relevance to the design of rehabilitation programmes are three key issues:

a) classification of offenders;

b) content of the rehabilitation programme; and

c) selection or matching of the rehabilitation programme to the type of offender.

3.4.1 *Classification of Offenders*

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 Blood Alcohol Content (BAC) Whilst variations in the legally prescribed BAC reflect jurisdictions, in general distinctions are drawn between first, second and third offenders and between BAC <0.15 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 most magistrates, include the age of the offender, socio-economic status and the extent of dependency on driving for livelihood (Wilson, (1987)).

A recent development has been the introduction of screening to discriminate between 'problem' and 'social' drinkers and referring (Smith, 1991) or directing (Kroj, 1989) 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 being piloted in New South Wales and South Australia and is undertaken in Victoria and New Zealand where assessment, both at the point of licence loss and before licence renewal, is being used. At the time of the study, it was too early for systematic feedback from either of these interventions.

There are a variety of sound, health related arguments for assessment, most notably the fact that a history of multiple offending with a high BAC is a very strong indicator of alcohol dependency. If such assessments were reliable they would provide an opportunity for a relatively early health based intervention in a career of drinking.

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 (Sheehan, Siskind, Woodbury & Reynolds, 1992) and medical biological tests currently used (Dunbar, 1990) This raises the issue of consistency of assessment both for different drivers and for individual drivers tested on more than one occasion. Sanson-Fisher, Redman, Homel and Key (1990) have also noted that assessment needs to be carefully standardised between different assessment centres, to avoid the possibility of individuals shopping around for a favourable diagnosis Informal feedback on this approach suggested that it is very expensive for the testing agency and requires readily available professional resources.

A major area of literature has explored the characteristics of drink drivers compared with non-drink drivers. There is some evidence from road side surveys

that only a small proportion of those convicted represent 'every person'. A consistent picture emerges that drink drivers can be 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 traits (Donovan and Marlatt, 1982; Wells-Parker, Lundrum & Cosby, 1985). This pattern is clearly replicated in Australian work (Homel, 1988; Sheehan et al, 1992).

In a comprehensive study in the USA, Wells-Parker et al (1985), described a drink driver typology which is similar to that found in Australian work:

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 programme 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 programme should systematically take into account the fit between the characteristics of the particular programme and the characteristics of the particular offender such as arrest history. (p.26)

3.4.2 *Content of Rehabilitation Programmes*

A wide variety of rehabilitation programmes have been introduced and described over an extended period of time. Such programmes 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 programmes have been undertaken in Victoria where magistrates authorise re-licensing and prior attendance at treatment programmes is taken into account (Feben, 1993).

The most well known and long established of these are Anne Raymond's programme run at St Vincent's Hospital (Raymond, 1980) and the Pleasant View programme (Personal communication with staff member Kay Merritt, 1992). The Raymond programme is a 2 hour weekly programme run over 4 weeks for young [under 26 years of age] offenders. At the close of the programme 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 licence (Raymond, 1980). The course includes extensive alcohol and drink driving education components and is concerned with reducing ignorance about alcohol and its effect on the body and on driving. Such ignorance is commented upon almost universally by field workers in drink driving rehabilitation programmes It has been consistently reported by facilitators in the present "Under the Limit" implementation.

The Pleasant View alcohol rehabilitation programme offers a programme tailored to individual drink driver needs. Clients are assessed using a psycho-social history and a medical examination (Personal communication, 1992). In 1991 it offered weekend or evening programmes for drink driving offenders. The weekend programme was designed for offenders with BAC's >0.15, multi-offenders, BAC refusers and DUI's (Driving Under the Influence). Participants

attend all day Saturday and two weeks later all day Sunday [a total of 11-12 hours]. The evening programme is conducted over two consecutive weeks - a total of eight hours The evening groups are divided into programmes for those under 25 years and those over 25 years and target less serious offenders. The content of both types of programme is said to be similar and seems to be oriented towards controlled drinking. The Victorian Health Department sets minimum standards for these programmes and monitors offender characteristics (Feben, 1993)

The Raymond programme has evaluated well over a number of years in terms of follow-up of re-offence figures. Neither of the Victorian programmes however have been evaluated using a random assignment or experimental model of evaluation

A series of systematically implemented and soundly evaluated programmes have been undertaken by the Federal Highway Research Institute, Federal Republic of Germany (FRG) (Nickel, 1990b). The Institute has undertaken a controlled programme to determine the comparative effectiveness of three rehabilitation programmes for repeat offenders :

a) a behaviour modification programme;

b) individual psychological treatment; and

c) a group dynamic approach.

In the long term evaluation no significant differences were found in the effectiveness of the three programmes at 36 or 60 months.

Respondents in all 3 programmes 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 programmes must comply via a contract with the treatment programme and pay an adequate fee Short term programmes involving 14 hours of intervention [and a recontact and booster session after two years] can be equally as effective as programmes including more extended and intensive intervention if they are undertaken under identical conditions

3.4.3 *Matching Rehabilitation Programme to Type of Offender*

The Federal Republic of Germany uses a highly systematic approach to classifying drink drivers and directing them to rehabilitation programmes. Probationary drivers and first time offenders are offered the opportunity to attend a driver improvement programme which will be considered in restoration of licence (Kroj, 1989; Nickel, 1990b) Novice drivers also have to participate in an alcohol safety programme 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 whether 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:

a) fit to drive;

b) unfit to drive;

c) unfit to drive but eligible for a drink driving treatment course.

Reports are sent to the licensing authority who makes 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 commenced with young drinkers being more likely to be involved in multiple offences In their work they identified the following characteristics of the multiple recidivist groups:

- they are much younger when they are observed offending;
- they have at 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 other studies of likely re-offenders is clear and suggests there is a particular type of high risk offender. The needs and

attitudes of this offender must be taken into account in the design of rehabilitation programmes if maximum public health benefits are to be achieved. To date we are unaware of screening programmes which could reliably, efficiently and equitably identify these persons.

3.4.4 *Evaluations*

Since the 1970s there has been a number of methodological reviews of drink driving rehabilitation programmes and their evaluations. There are three relevant Australian reviews by Foon (1988), Sanson-Fisher et al (1990) and the Victorian Social Development Committee (1988). In addition a very comprehensive review was undertaken by Stewart and Ellingstad (1988) for the United States Surgeon General Report on Drink Driving

The consistent theme in the reviews is the problems involved in evaluating programmes 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. The recent Queensland review suggests that the randomly assigned control model may simply not be feasible in this field (Sheehan et al, 1992).

The issue of methodology is closely related to goals and becomes most acute when the goal of a programme is stated to be crash reduction Reid (1981)

quoted in Stewart and Ellingstad (1988) 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%. This might be higher if rural statistics alone were considered. 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 to measure change. In regional studies such as the one reported here, it carries the additional burden of being susceptible to increased enforcement by an involved and interested police force leading to disproportionately high numbers of offenders being picked up in the experimental region.

Randomly assigned control evaluations considering re-offence rates have been virtually non-existent in Australia. However the findings of recent studies conducted in Europe (Nickel, 1990a) and the USA (Texas Commission on Alcohol and Drug Abuse, 1994) have had remarkably consistent outcomes. Participation in well run rehabilitation programmes will produce statistically significant reductions in recidivism if they are:

- organised
- systematic
- well structured
- conducted over a longer [defined as ten weeks or more] rather than shorter period of time
- have enforced rules for attendance.

This effect is over and above that which would result from licence suspension alone Experience working in this field and evaluations over more than a decade have also led to a degree of confidence that structured interventions have a particular benefit for the young offender whether they are referred at their first or multiple offence (Raymond, 1992).

The magnitude of such treatment effects is relatively small. The comprehensive FRG (Nickel, 1990a) study monitored drink driving second offenders and found re-offence rates of 13.4% within 3 years and 21.0% at the five year follow-up The corresponding figures for the control group were 18.8% and 26.9% respectively. In the most recently reported Texas State study the four year cumulative recidivism rates for first Driving Whilst Impaired (DWI) (Texas Commission on Alcohol and Drug Abuse, 1994) offenders were 19% of class completers, 30% of class non-completers and 27% of the control group. The comparable figures for multiple offenders in this study were four year reconviction rates of 30% for course completers, 40% for course non-completers and 37% for the control group.

It is therefore the case that whilst it is important from the perspective of involved stakeholders such as victims, offenders, magistrates, police officers, Legal Aid lawyers, and local health workers to be seen to take action to support and change the drink driver, the typical rehabilitation programme is likely to achieve only small reductions in re-offence rates

3.5 Health Outcomes

The impact of these programmes on health and drinking behaviour has not been measured, yet is arguably an important outcome. Raymond (1980) has noted apparent improvements in young offenders' reports about their drinking levels upon completion of the St Vincent's programme. Comparisons with reviews of treatment programmes designed to reduce problem drinking, suggest that the drink driving rehabilitation effects are relatively similar to those of outpatient alcohol programmes which are able to achieve the same levels of attendance compliance. It should be noted that because of the nature of referral, most drink driving rehabilitation programmes probably achieve relatively high levels of attendance. The Texas study achieved full attendance by 85% of first offenders and 76% of multiple offenders whilst the present "Under the Limit" programme over the first 2 years of implementation has had a breach rate [which includes non-attendance and payment default] of only 6%.

3.6 A New Perspective

In spite of the difficulties associated with classic evaluation some systematic work using this method has been completed in the US and is reported in the comprehensive Surgeon Generals Review (Stewart and Ellingstad, 1988). They note that whilst some programmes are effective, in the main, findings regarding particular therapeutic approaches 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 programme. An examination of the findings of the reviews and of the FRG, the USA and Victorian reports leads us to draw the following conclusions about best practice in rehabilitation programmes.

a) Longer programmes [over 2 months or more] appear more likely to change offenders than short interventions.

b) Within the range of well designed standard rehabilitation programmes, no particular model [including skills training] appears to have any advantage over the others.

c) Tailoring different programmes to different levels of offending seems to be most useful.

d) Alcohol treatment programmes 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 programmes.

e) Programmes with 'home study' follow-up elements are as effective as in office follow up methods.

f) An intensive weekend programme, 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 programmes combined with incarceration for multiple offenders.

h) Rehabilitation/treatment programmes 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 programme

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.

More recently we have argued (Sheehan, Steadson, Davey & Schonfeld, 1993) that rehabilitation programmes should be part of more comprehensive interventions that involve the community. This is the model underlying the present intervention in the rural area. Using such an expanded model the evaluation of its effectiveness is concerned with reducing drink driving convictions in the community as a whole, though this could still incur a 'Hawthorne' or net widening police effect.

The Victorian Review (Victorian Social Development Committee, 1988) proposes that drink driving rehabilitation programmes 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.

These findings supported our decision that the programme to be introduced in a rural setting should:

a) be tailored to include material which is useful to a variety of sub-groups of offenders;

b) be extended in length;

c) use follow-up;

d) include a range of community based actions; and

e) involve community 'opinion leaders'.

3.7 Targets for Change

The final stage of the development of the model for intervention required determining potential targets The obvious recipient was the general community, because the goal was to change the incidence of drink driving in the community as a whole by modifying the contextual contingencies which encourage and/or reduce drink driving. The essential underlying objective, however, related to modifying the behaviour of the 'high risk' drink driving sub-groups. The two readily identified high risk groups are:

a) males in the age range 19-35; and

b) those persons within the community who are convicted drink drivers.

As discussed in the previous section, research indicated that the latter group are not 'every man' and 'every woman' but people who may have multiple social disadvantages and problems which, not infrequently, include alcohol dependency (Homel, 1988). It was for this latter group that there was a need to develop a rehabilitation initiative which could be integrated and co-ordinated with a community based prevention programme As the study progressed, however, it was found that the rehabilitation initiative itself became the focal point for a series of ever-widening prevention strategies.

The settings in which prevention interventions can target the broader group of young adult males can be readily identified. They include high schools, Technical and Further Education (TAFE) colleges and the workplace In Queensland there are two systematic prevention programmes already available which have been designed for use in high schools. These are the PASS (1990) drink driving prevention programme for junior high school students and the "Thrills without Spills" (Gillespie, Davey, Sheehan and Steadson, 1991) binge drinking prevention programme for senior high school students. Both programmes have been

evaluated and found to be effective with their target groups (Sheehan et al, 1995). Although there are a wide variety of programmes run by local Health Regions, there are no readily identifiable workplace or occupational health strategies presently available, and there are also no strategies targeting the unemployed.

4. "UNDER THE LIMIT" - MODEL FOR IMPLEMENTATION

4.1 The Process of Referral

The target for the rehabilitation programme was all convicted drink driving offenders in the intervention region. All offenders who attend the court are approached prior to appearance by the attending Community Corrections Officer (CCO) or the liaison officer employed by the team under the auspices of the Queensland Health Department They are advised about the programme and their eligibility to participate in the scheme if they are interested

The programme is designed for three levels of offender. These include first offenders with a BAC <.15; first offenders BAC ≥.15, and second or multiple offenders. All offenders presently receive mandatory fines and licence disqualifications, which vary depending on the BAC. The process of participation is illustrated in Figure 4.1.

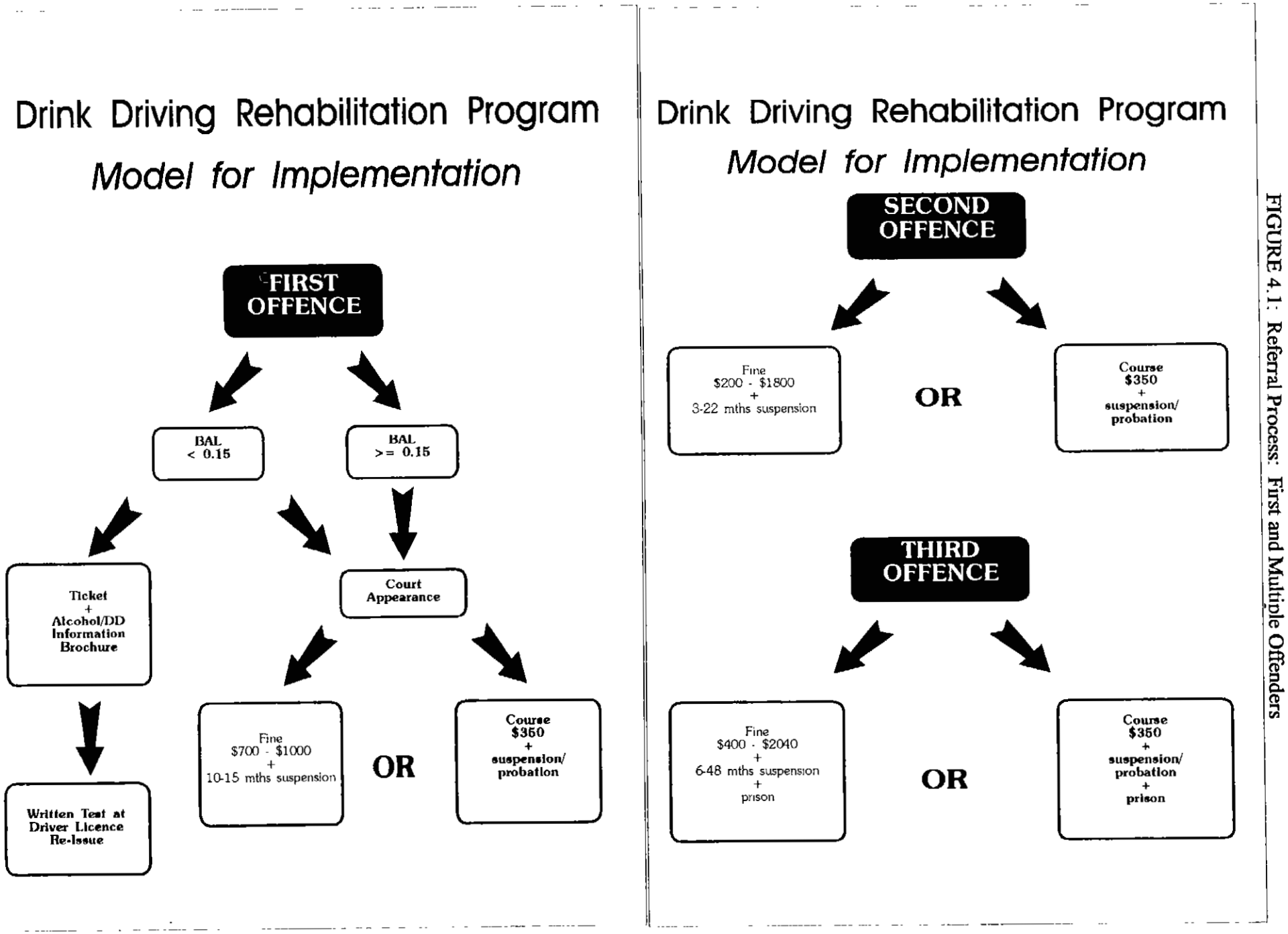


FIGURE 4.1: Referral Process: First and Multiple Offenders

4.2 First Offenders

First offenders with a BAC <0.15 may be ticketed by police at the time of offence and given the option to pay their fine by mail. The intervention for this group is a drink driving information leaflet which presents alternatives to drink driving and is posted to the offender with the receipt for the fine. A test on the information is included and this must be completed and presented to the local Transport Department staff before relicensing.

All other first offenders appearing in court are given the option [at the magistrate's discretion] of choosing between the magistrate's prescribed fine and a licence suspension, or paying the course cost reimbursement ($350), licence suspension, and attending the prescribed drink driving rehabilitation programme (12 x 1½ hrs). For the purpose of monitoring the programme offenders are placed on probation for a period of not less than 6 months.

4.3 Second and Subsequent Multiple Offenders

These offenders are given the option [at the magistrate's discretion] of undertaking the first offender course together with an additional series of elective modules involving, in all, at least 18 x 1½ hours of content. The composition of the additional modules is arranged with the offender by the probation officer to meet the needs of the offender

4.4 Attendance and Payment Records

A mandatory requirement of the course is that all sessions are to be attended (Section 5.1 (f)) and that the fee for the course should be paid within a defined time.

There has been some variation in the ways in which the fee payment scheme is being implemented. In general, approximately one third of clients pay before the course commences, another third pay over the period of the twelve weeks in three or four instalments whilst a small minority arrange with their probation officer to pay in small weekly or fortnightly payments.

A summary of attendance figures and breach rates [which include both payment and attendance defaults] is given for each of the involved courts in Table 4.1.

TABLE 4.1: **Programme Summary Jan 93 - May 95**

Place	Facilitators	Courses	Completed	Clients	Breaches
Biloela	5	6	6	38	2
Emerald	6	10	8	53	4
Gladstone	16	24	20	229	8
Mackay	7	15	12	118	12
Proserpine	6	7	6	29	2
Rockhampton	14	27	26	301	25
Yeppoon	6	6	4	57	1
TOTALS	**60**	**95**	**82**	**825**	**54**

Breaches have been extremely low for an offender population and have run at about 6% throughout the eighteen months trial. The course is now being moved to implementation directly through the TAFE Colleges and facilitators will be paid through

TAFE which will liaise directly with the Community Corrections Officers (CCOs) It will be useful to monitor this modification to see if it changes the breach rates.

In the Central Queensland trial implementation, the fees are paid to the Clerk of the Court who forwards them to the University. During this experimental phase, facilitator's fees, costs incurred by the Corrective Services Officers, costs of manuals and development costs are paid by the University and recovered through the fees

The costs recovered through the fees have not covered the full cost of the implementation, which has been subsidised by the FORS Grant and a Queensland Department of Health Grant. The regional TAFE system has provided rooms and educational facilities at no cost, as part of their community input. In this trial stage, the travel and developmental costs obviously have been extensive We estimate that even without these costs courses which have fewer than eight clients, such as those conducted in small rural centres, would need to be subsidised by fees paid at the larger centres.

The model that was developed for the trial programme is obviously acceptable and viable in the rural context in which it has been implemented. As noted earlier, it built extensively on advice and the ideas of the involved agencies and may well be only applicable in this form within that context. It is likely that implementation in other jurisdictions or in a metropolitan region will require a different implementation process The team is hoping to trial a metropolitan intervention in the near future.

5. "UNDER THE LIMIT" - THE COURSE CONTENT AND PROCESS

5.1 Educational Strategies

Preliminary research with convicted drink drivers indicated that particular attention needed to be paid to the problems faced by low literacy participants, maximising active participatory small group work and the use of local examples and structures. Three evaluations (Au, Cheung, Fuhlbohm-Wylde & Lau, 1990; Lennie & Sheehan, 1990; Sheehan, Siskind, Woodbury & Reynolds, 1992) of a Queensland drink driving rehabilitation programme undertaken as background work indicated:

- Magistrates and CCOs support Drink Driving Rehabilitation interventions. At that time, the rehabilitation interventions were only available in Queensland for multiple offenders and as a sentencing alternative to imprisonment;
- CCOs were much more likely to nominate positive lifestyle outcomes from such courses than reviewers in the evaluation literature. Their goals for such programmes were personal development outcomes such as 'a sense of achievement', 'raising their self esteem', providing an 'incentive' and possibly 'increasing employment opportunities';
- all CCOs noted the need to impart information to combat the pervasive ignorance of such clients about the effects of alcohol;
- facilitators in these evaluations of the earlier programmes noted that the programmes have a dual role. They need to be both educational [defined as information giving] and treatment oriented. Whilst some offenders need more help with the latter than others, a rehabilitation programme clearly needs to provide both;
- facilitators were strongly of the opinion that such courses should be provided to persons at an early [first offence] stage of their potential offending career;

- facilitators also reported that working with a class of committed and persistent offenders was difficult and discouraging;
- facilitators and clients both commented on the need to take active steps to control the behaviour of participants who had been drinking before the session.

Some comments made in an earlier evaluation (Sheehan et al, 1992) included:

should breach anyone who comes to the course drunk (client) (p38);

had put on special courses for the offenders because some offenders had been disruptive, rude, affected by alcohol and unmotivated (First Aid Educator) (p42)

A general finding of these pilot evaluations was that any course designed for persons [be they offenders or not] who have limited academic ability or schooling, entrenched negative attitudes towards previous didactic teaching experiences and difficulty concentrating over extended periods of time [more than half an hour] needs to be well organised, coherent and cohesive. The course also needs to be active and involve participants in discussion and activities rather than place them in a passive learning role. It was also clear from the process of interviewing participants that many offenders are chain smokers and that confining them to a "no-smoking" classroom setting for any extended period of time is both stressful and counter-productive.

Based on these findings and drawing closely on the literature reviewed in the previous section, the following educational strategies were adopted.

a) One educator (facilitator) conducts all sessions of the programme. A visiting speaker and the driving instructor attend sessions, but the facilitator maintains control of these visits
b) A lesson evaluation sheet is completed at the end of each session and monitored to

ensure consistency in programme content and delivery.

c) At the beginning of the course a contract (Fig 5.1) is completed and signed by each offender and the facilitator in which it is agreed that the offender will come to all sessions on time; all homework will be completed; the offender will not drive to or from the course and will come to the session free of alcohol (BAC - .00).

FIGURE 5.1: Course Contract

Under the Limit

DRINK DRIVING

EDUCATION PROGRAM

CONTRACT

I _____ *have agreed to complete this course.*

I also agree to:

- coming to *all* sessions and *on time*
- doing *all* required work
- *never* driving *to or from* the course
- coming to sessions with *no alcohol* in my system (BAC - .00)

Signed _____

Date _____

Instructor _____ ©

d) All lessons are designed with the focus, objectives, key activities and expected student outcomes explicitly defined. The objectives of each lesson are clearly discussed with participants at the beginning of each session. Facilitators are also provided with explicit instructions as to what they will require for each lesson and the materials and equipment that they will need to set up before the session commences (Figure 5.2).

FIGURE 5.2: Extract from the Summary Sheet for Session 2

FOCUS

2 **Standard Drinks** There are recommended safe levels of alcohol consumption which prevent alcohol related social and dependency problems.	*The meaning of a standard drink and its relationship to safe drinking levels is established. Personal alcohol use is examined in light of issues relating to dependence, consumption and life problems. Drink driving is identified as a key social problem.*

KEY ACTIVITIES

- 2.1 Session Overview
- 2.2 Revision on Negative Outcomes of Drink Driving
- 2.3 Effect on Police
- 2.4 Standard Drinks
- 2.5 Drinking Survey
- 2.6 Process Survey Results
- 2.7 Safe Drinking Levels
- 2.8 Goal Setting
- 2.9 Support Person / Diary
- 2.10 Summary - Standard Drinks
-

OUTCOMES

By the end of the session participants will:

- understand the concept of a standard drink
- have completed *Drinking Survey*
- be able to state the safe drinking levels for men and women
- have set a personal goal/s for their drinking behaviour during the course
- have identified a support person
- be familiar with the use of the weekly diary

BEFORE YOU BEGIN

( ) Venue: - locate and set up equipment required
- arrange chairs in semicircle
- place roll and pen for sign on

( ) Video - cue video to Part 2 - Police Video

( ) Photocopy. - *Drinking Survey* (1 per person)
- *Standard Drinks Cards* - **cut up** (1 set)
- *Week 2 Diary* (1 per person)
- *Alcohol Content* (1 per person)

EQUIPMENT REQUIRED

( ) Overhead projector
( ) Video Player
( ) Video Cassette
( ) OHTs 2.1 - 2.10 (from package)
( ) Pens (1 per person)
( ) Roll
( ) *Week 2 Diary* (1 per person)
( ) *Standard Drinks Cards* (1 set)
( ) *BP Standard Drinks Cards* (1 per person)
( ) *Alcohol Content* (1 per person)
( ) *Drinking Survey* (1 per person) ©

e) In addition to training sessions and assessment prior to selection to direct the programme, all facilitators are provided with explicit guides for the identification and management of persons with limited literacy; group management skills and directions for the handling of difficult and disruptive clients. Some examples of these are given in Table 5.1.

TABLE 5.1: Hints for Facilitators (extract)

3. Make sure you are totally prepared for each session. Use the checklist at the beginning of each session to make sure you have everything.
7. Make use of name tags to help you become familiar with individuals first names. Hand them out each week. Sticky labels are suitable to use. Call people by their first names as often as possible.
8. Your role is that of facilitator rather than expert. Remember that the group has a lot to offer from their own personal experiences and knowledge. If in doubt don't be afraid to ask the group.
13. If you are experiencing repetitive behaviour problems from individuals, keep a written record of incidents and make contact with your Community Corrections Officer/s.
14. The level of individual's skills within the group may be extremely varied. Make sure that you always keep concepts at an adult level, however, you may need to drop the level of oral language used. Make use of skilled members in the group to lead activities and discussions. Value all members' contributions. ©

f) A roll is kept for each lesson and breaches are reported to the relevant CCO for action. A strict limit is kept on the number of sessions that can be missed, even with 'gold edged' excuses and anyone missing more than two sessions is required to commence the programme again, from the first session. Late arrival of more than 15 minutes is deemed to be a non-attendance and admission to the session is refused. Offenders cannot transfer between groups after the first 2 sessions and

transfer is strongly discouraged.

The contract provision which requires BAC of 0.00 is difficult if not impossible to enforce in a group of clients who have problem drinking patterns and who are basically learning strategies for controlled drinking. Some breaches have occurred, and both clients and facilitators have strongly recommended the introduction of random breath testing at some time during the course as a way to assist the participants with controlling their drinking Currently, any client who has behaviour which indicates they have consumed alcohol is required to leave the lesson. Two breaches of this condition leads to cancellation from the course and referral back to the CCO and possibly to court for re-sentencing.

Informal communication with the directors of the FRG programme, which also uses similar contract requirements, indicates that the FRG facilitators also experience difficulty with some clients being apparently unable to fully comply with the abstinence requirement However "If they could control their drinking when they want to they wouldn't need to do this course" (W Nickel, Personal communication, 1993). The instructors in the German programme also follow the strategy of ensuring that no obvious breaches go unnoticed and recommend the introduction of a random breath test as part of each course. These programmes also reported problems of offenders driving to the courses. We are not aware of this occurring in the Central Region though some offenders have been booked for riding bicycles to the course without wearing helmets.

The main thrust of the educational strategies employed in the programme involve active learning. A very wide variety of educational activities are employed and there is

virtually no strictly didactic teaching. A large number of video resources have been developed for the programme and these are also actively processed during the lessons.

"Under the Limit" contains detailed lessons for 11 sessions, each of 1½ hours. A session break of 10 minutes is routinely scheduled into each lesson. The twelfth session consists of a driver assessment, organised through local driving schools. There have been modifications to some of the lessons, but the timing and number of lessons is unaltered. Details of the development of the package are given in Section 5.4. The package is written for groups of 8-10 participants and much of the content revolves around group work requiring at least this number of participants. Formal assessments of each lesson are obtained from each facilitator routinely during the presentation of the course. Their criticisms of both individual lessons, sequencing of lessons and the general format of the package have been used to develop the final draft of the 12-lesson package. The final version of the package is ready for publication.

5.2 Course Content

The development of the content of the programme was based on a number of primary sources. The alcohol control segments drew on the materials provided in the brief interventions for harmful drinking designed by Professor John Saunders and his group at the Prince Alfred Hospital in Sydney (Saunders et al, 1991; The Self Help Plan, 1986). In general, in this case, strategies and organisation were followed, but actual content and presentation were re-written to meet the needs of rural people and to take account of the possible limited literary skills of the clients. The programme also included some of the materials and educational strategies designed for the PASS (1987) package. This educational intervention had evaluated well in both short term and longitudinal follow-up. It

is an application of the Ajzen and Madden (1986) theoretical model of planned behaviour to an educational strategy and this theory also informed the design of "Under the Limit".

A brief summary of the content of each lesson in the course is provided in Table 5.2. Controlled drinking strategies, information on the hazards related to drinking and driving and strategies to avoid drinking and driving in the future, form the core elements in the programme. Following respondent criticism of the design of an earlier draft, these areas are interwoven throughout the programme rather than being covered in discrete blocks.

TABLE 5.2: Session Overview

1 **Consequences of Drink Driving** There are many negative outcomes of drink driving including loss of freedom, death and injury, financial costs, emotional effects and legal outcomes.	*An overview of the course program is presented, guidelines are established and course conditions set. Real life case studies focus the participants on the negative consequences of drink driving. The financial, physical, social, legal and emotional costs to the individual and the community are examined.*
2 **Standard Drinks** There are recommended safe levels of alcohol consumption which prevent alcohol related social and dependency problems.	*The meaning of a standard drink and its relationship to safe drinking levels is established. Personal alcohol use is examined in light of issues relating to dependence, consumption and life problems. Drink driving is identified as a key social problem.*
3 **Driving Safely** Safe driving is the responsibility of the individual and requires the driver to be in full control.	*Many things can affect drivers and their ability to drive safely including a range of external and internal factors. The ability to recognise hazards is developed.*
4 **Blood Alcohol Content And Driving** BAC is a measure of the amount of alcohol in a person's blood	*Information regarding BAC, the law and the effects of alcohol on driving is explored. Light Beer is considered as a technique for reducing BAC. A take home pamphlet is distributed on alcohol and driving.*
5 **Good Reasons to Cut Back** The individual benefits from using strategies to reduce or stop drinking.	*Diary analysis is used to build an understanding of the context of alcohol in the individual's life. Focus is drawn to the 'who, where, when and how much?'. The benefits associated with changing drinking patterns to reduce alcohol consumption are highlighted.*

TABLE 5.2: Session Overview (contd)

6 **3 Key Alternatives** The three key alternatives to drinking and driving are: If drinking - don't drive If driving - don't drink - stay under the legal limit (.00/.05)	*The pressures on individuals to drink and drive are investigated. Three key alternatives to drink driving are presented and the concept of the need to plan ahead is presented.*
7 **High Risk Situations** A range of strategies exist to assist individuals to avoid/cope with high risk drink driving situations.	*High risk situations for drink driving are identified. Strategies to assist individuals to avoid/cope with these situations are addressed. The factors which may help or hinder a personal decision to stay under the legal limit are examined.*
8 **Ways To Stay Under The Legal Limit** Strategies exist which assist drivers to stay under the legal limit for driving.	*Information relating to BAC, safe drinking levels and the effects of alcohol on driving is reinforced. The 3 key alternatives to avoid drinking and driving are expanded to include the development of practical strategies to stay under the legal limit.*
9 **Stresses And Strains** Many people resort to using alcohol and other drugs to help them cope with difficult times.	*Participants identify feelings associated with high risk times for drinking. These high risk times for drinking are also high risk times for drink driving.*
10 **Coping Strategies** Strategies to manage those feelings that can lead people to drink are discussed.	*Strategies which help people to cope with feelings that lead people to drink are explored. Ways to handle the high risk times are examined and alternative activities to drinking are discussed. Local support agencies which can assist in these high risk times are promoted through a guest speaker.*
11 **Review** Safe drinking and driving practices provide benefits for the individual and society.	*Major course concepts are reviewed with participants choosing those of personal benefit. Positive behaviour changes which have occurred since the initial drink driving survey are highlighted. Emphasis is drawn to the 3 key alternatives to drink driving and the need to plan ahead to avoid drink driving situations.*
12 **Driver Appraisal** Many accidents can be avoided if safety precautions are taken and the traffic laws are obeyed.	*Correct driver attitudes to road usage and compliance with traffic laws often prevent accidents. Participants individually complete a practical Driver Appraisal to check individual skills and knowledge.* ©

One private "take home" task is included throughout the programme. This is the completion and review of a weekly alcohol consumption diary. The diary also includes

short, simple 'homework' exercises which build upon the content of the previous session.

No material or exercises are repeated but the message that there are only three alternatives to drink driving is covered in a wide variety of ways with strategies to assist in using them The programme is written to draw, as much as possible, on the experiences of the offenders and the life style situations in which they find themselves. Examples in all lessons are supplemented by information and ideas provided in the group discussions. The circumstances of the group are so varied [mine workers, workers in the fish industry, farming hands] that there are no particular strategies or alternatives which are useful or applicable to all participants.

A wide variety of resource materials and information pamphlets etc., are provided to take home These materials are supplemented where appropriate with information requested by the group or particular members as personal interests

5.3 Session Process

The presentation of the programme is strictly formalised. The method used to design such sessions had been developed for the PASS (1987) programme and had been uniformly reviewed positively by experienced teachers. As noted earlier, recent evaluations of drink driving rehabilitation programmes and those of interventions for problem drinking (Mattick and Jervis, 1993; Health and Welfare Canada, 1992), had also drawn attention to the need for these programmes to be well structured and standardised in both content and delivery The "Under the Limit" programmes are

completely standardised in terms of delivery, general group management and practical issues.

Facilitators are provided with guidance as to the amount of time to be spent in each exercise; how to cope with particular questions or management issues that may arise at different stages, as well as the specific content to be covered. Prior to each session, an instruction sheet summarises the material to be covered and provides an aide-memoir as to the materials, overheads, equipment etc, that will be required in order to teach the session. Minor problems of timing and management have been revised in the earlier drafts of the programme. Facilitator feedback is still required and formal evaluations are completed by facilitators at the end of each session Comments from one of these sessions are given in section 7.1.2.

In order to clarify this approach the first sixteen minutes of Session 2 are presented in Table 5.3

TABLE 5.3: Sample Lesson - Session 2

2.1 - SESSION OVERVIEW (5 mins)	*(Please start 5 minutes after set starting time. Do not wait any longer for late arrivals.)* 1. Welcome participants and call the roll. Check that everyone present has signed on. If not, then ask them to sign on now. 2. Show oht 2.1 - *session 2.* Briefly explain overview for session 2 including these key areas: • standard drinks • survey • safe drinking levels • support person • diary 3. Check to see if everyone has a pen/pencil. If not, distribute.
2.2 - REVISION ON NEGATIVE OUTCOMES OF DRINK DRIVING (1 min)	1. Ask participants to recall the video about the negative outcomes of drink driving that they watched last week. 2. Explain that the outcomes shown in the 5 scenarios were all related to the effects on the offenders themselves or their families and friends. 3. Point out that drink driving affects many more people in the community as well, particularly when a drink driver has caused a road crash.
2.3 - EFFECT ON POLICE (10 MINS) ©	1. Explain that you understand that many offenders who have been booked for drink driving may resent the police [the police pick on them, the police enjoy booking people] However, the outcomes of drink driving are something the police are genuinely concerned about, and you'd like to show them a video giving their point of view. 2. Show video part 2 - police video. 3. Tell the group to quietly think about any of the outcomes which may have followed from their own drink driving, and how this has affected their life [This information is not shared with the whole group.] 4. Discuss with the group how many people apart from the police are affected by these drink driving crashes. Make a list of their suggestions on the board with 'police' as the first on the list. When they have finished their list, check to see if all of the following are included. • ambulance workers • state emergency service (SES) which now includes firemen • hospital doctors / nurses • family /friends of the killed or injured • local residents who may be called on to help at the scene of the accident • morgue attendant • funeral director 5. Add any extras from the above list to the list on the board and discuss how all these different groups of people might be affected.

5.4 Development of the Main Educational Package

The educational package has been developed over a two year period. The basic content has remained the same, but as new drafts of the package were written, lessons were altered and the order of the lessons rearranged.

The first major changes were to the two lessons concerning feelings and stress and how to cope with these without increased alcohol use. These have always been the most difficult lessons to present, partly because the subject matter is difficult to explain to a population which in the main has had limited schooling. It is also the case that many clients are often reluctant to concede that they might have a problem with their use of alcohol as a solution to many life situations.

Following a workshop with all the facilitators after the first six months of teaching the package, a further draft was written which incorporated many suggested changes from the facilitators. One major change was the reordering of the lessons so that the lesson on safe driving and awareness of hazards of driving was brought forward to become Session 3 instead of being situated at the end of the package. This made the package more relevant for the client group as it placed more emphasis on the driving component rather than the drinking component, and was also much better accepted as it presents what the clients see as more practical concepts.

Other major modifications to the package have been the result of video production A new set of case histories has been produced for the introductory session, a police video has been written and produced for Session 2, and the set of slides in the hazard recognition segment have been replaced by a similar sequence on video. Finally, all these video segments have

been compiled on to a single tape for ease of management for facilitators. Lesson content has been altered at each of these stages, resulting in new drafts of the total package As each new draft was being produced the opportunity arose to incorporate any suggested improvements, most of which were initiated by facilitator comments on the lesson assessment sheets.

5.5 Video Materials

There have been considerable costs involved in the inclusion of video components in the package. The time and money involved in negotiating with production companies to buy already established videos has been far greater than originally anticipated

The videos acquired from outside organisations were:

- "Licensed to Drive" from Seven Dimensions (Ash, 1986) - the story of a young man who has lost his licence once and who now has to use various strategies to avoid drink driving again;
- "Road Whys - How Much is too Much" which had to be tracked down through Film Australia and the Road Traffic Authority of New South Wales - interesting practical demonstration of how alcohol affects driving skills, particularly braking distance in an emergency;
- a cartoon sequence originally produced as part of Drinking, Driving and Surviving and also used in the PASS (1987) programme - a good demonstration of what is meant by a standard drink, how quickly alcohol can be absorbed by the body and how long the effects of alcohol last.

The problems of copyright and concern regarding the misuse of this type of video resource are acknowledged. The research team has been particularly stringent in their determination to satisfy all the requirements of copyright legislation. Meeting these requirements can be very difficult and since the costs of re-making these materials is very high, some alternative ways of facilitating the use of educational materials needs to be developed.

The other major cost has been in the new productions specifically designed for the package. The first of these was the four scenarios presented in the introductory lesson. These were written and produced by the research team with assistance from the University of Queensland Television Unit. Fortunately, since that first production, costs have been minimised because of the collaboration with WIN Television in Rockhampton, who offered to produce the police video at minimal cost as part of their commitment to the promotion of the programme in the community.

- The police video, actually titled "Under the Limit", was developed in response to the often aggressive attitude of the offenders in the programme towards the police. This bitterness was counter-productive in the early lessons, and the facilitators often commented on it. At the same time, the role of the police in the anti-drink driving campaign in the community was one that needed to be addressed in terms of the impact that dealing with the often devastating outcomes of drink driving crashes had on police personnel. The impact on police and all other rescue personnel such as fire service officers, ambulance officers and other State Emergency Service (SES) personnel needed to be recognised as yet another serious outcome of drink driving. The idea for producing such a video came from viewing a segment on the television programme "Australia's Most Wanted" which dealt with the Victorian Traffic Accident Squad. Enquiries about obtaining a copy of this segment for use in the

"Under the Limit" programme were met with numerous obstacles, mostly concerned with complex copyright and other legal negotiations. With an offer from WIN Television to produce a more appropriate video specifically targeted at this programme's needs, it was decided to invest the time and money to that end

- WIN also produced some new segments for the case histories [now expanded to five instead of four]. The case histories are all a maximum of 60 seconds duration and present a range of negative outcomes of drink driving. a young single mother who no longer has the use of the car because her drink driving offence invalidated her insurance cover, the death of a young footballer after celebrating with too much alcohol; the prospect of facing an appearance in court before a magistrate, the loss of licence [and therefore a job] for a truck driver; and the frustration for a family man who can no longer provide transport for his children and who is dependent on his wife for his own transport

- Another video segment produced by WIN is the conversion of hazard recognition slides provided by Queensland Transport to video tape. These (five) slides present a series of situations, filmed in the intervention area, depicting various traffic hazards in city and rural settings, such as factors which affect safety when overtaking [curves in the road, oncoming vehicles, traffic turning ahead], narrow bridges, pedestrians and other roadside dangers, poor visibility of traffic lights, etc. The class members are asked to name any hazards they detect in each scene, and then are asked how alcohol affects the perception of and response to these traffic hazards.

Finally, the University of Queensland Television Unit made the compilation master tape with all six video segments on a single tape

5.6 Short Form of Programme for Isolated Communities

During the implementation of the intervention, it has become necessary to cater for the very small groups of clients that are sometimes referred to the course in the smaller rural courts such as Proserpine and Biloela. In rural settings with small populations, it is possible that only one or two clients go through the courts and opt to take the programme during a three month period. Because the trial programme must be run in time for them to complete it within their six month probationary period, it becomes necessary to run the course with smaller groups. Consequently, a second version was written to cater for small numbers. "Under the Limit For Small Groups" is shorter but more intensive. It comprises six 2-hour sessions with the instructor, with the 7th session being the driver assessment, as before. The content of the short version is the same, but because it is covered in a different format with less group interaction, the amount of time taken to complete the course is less [12 hours with the instructor compared with 16½ hours for the full package].

It should be noted that, on the basis of the previous research into rehabilitation programmes, it is considered that the short form is a less than optimal approach to rehabilitation and should only be used as a last resort in small court districts, where fewer than three offenders are referred in a three month period.

5.7 Extension for Aboriginal and Torres Strait Islander Offenders

An important extension of the programme is to cater for the cultural needs of Aboriginal and Torres Strait Islander offenders. This has led to the development of a third version of the package. The Community Corrections Commission seconded one of their CCOs to undertake background research for this programme. Based on this information and drawing from programmes already available for the needs of this community, a senior project officer has been working part-time on the development of this package.

One of these workers was the CCO on Palm Island and she met with Aboriginal groups to ascertain the particular needs of Aboriginal people in the area of drink driver education She was also in-serviced in the use of the original package, which was trialed with Aboriginal people in her community as part of the needs assessment. Six Aboriginal people in the Rockhampton region were recruited and trained to teach "Under the Limit". Their evaluations of this teaching experience were used to draft the new version The needs and social pressures experienced by Aboriginal and Islander people in rural communities are considerably different from the group of people for which the prototype package was designed It is planned that the new package will be appropriate both in content and language style for these offenders At this stage, the draft programme has been completed and is being trialed with Aboriginal and Torres Strait Islander people in TAFE colleges and in the regional gaol.

It is of considerable interest that the Aboriginal and Torres Strait Islander offenders who have participated in these trials and development work readily accept that they have a problem with drinking. At their request, the focus of this package is explicitly on controlling drinking and secondarily on the problem of drink driving. This contrasts markedly with the non-indigenous offenders who have major problems accepting that they may have a drinking problem (Section 7.1.2 Facilitator Evaluation - Ongoing)

5.8 Distance Education Module

Finally, to enable the rehabilitation component of the programme to be available as an option to all residents in the intervention region, there was a need for a distance education course. This course could be used by people living in remote areas or who were otherwise unable to attend a series of lessons in one of the centres where the programme was being implemented The package has now been written and is at present being trialed It has a strong video base and a

minimum of written work so that client literacy does not become a problem in the implementation of the package It was written in close co-operation with a senior staff member from the University of Southern Queensland (USQ) distance learning education unit. The development of this course was funded through the Drugs and Alcohol Research and Education Advisory Committee (DAREAC).

6. "UNDER THE LIMIT" - COMMUNITY CHANGE STRATEGIES

There are a number of assumptions that underlie the development of the community base of the programme which are derived from the work of Rogers (1983) on innovation and change and on recent developments in the primary health care field (Glanz, Lewis and Rimer, 1990). The goal is to extend the rehabilitation programme from a strategy to reduce drink driving by the convicted offenders to being a primary prevention intervention (Australian Health Ministers' Advisory Council, 1988). Consequently, the design aimed to involve co-ordination and collaboration between all major agencies, liaison with community stakeholders and to broaden the perceived responsibility for rehabilitation [and ultimately prevention] to the broad range of groups, agencies and people representing the key elements of social context in the community

6.1 Identification of Key Intersectoral Agencies and Persons

Drink driving is, without question, an intersectoral problem The following core government agencies and associated staff have particular 'hands on' responsibility for its management, impact and control.

Corrective Services	Police
Health	Transport and Justice

In the process of development and implementation of the "Under the Limit" programme senior staff from the head offices of these government departments were involved as co-investigators. They took responsibility for overseeing, directing, facilitating and advising on all phases of the development of the programme. At the regional level, all concerned staff from these departments and services at both the administrative-executive level and at

the client contact base were consulted and involved in the design and the implementation of the model.

6.2 Other Government and Non-Government Agencies

Particular emphasis at the development stage was given to involving all identifiable intersectoral stakeholders in resolving potential problems that might arise from the proposed design and model. Individual consultations were held with relevant staff and numerous group sessions conducted with government department and community based persons from the following agencies.

State Emergency Service	National Parks and Wildlife Service
Fire Service	Ambulance Service
Regional Law Society	Legal Aid
Aboriginal Health Service	

Some examples of these meetings include:

- an intersectoral meeting which was held to describe the programme and to enlist support for community change in the area of drink driving. The occasion was also used to recruit interested persons to become facilitators or visitors to the rehabilitation programme. This meeting was hosted by the Regional Director of Health and attended by representatives from the Alcohol and Drug Services (Health), Police, Corrective Services, State Emergency Service, the Environmental Officer from the National Parks and Wildlife Service [drink driving is a serious problem in parks such as Fraser Island], Fire Service, Ambulance Service, TAFE, Education and Transport;

- a luncheon meeting was held with members of the regional Law Society and the Legal Aid solicitors;
- two consultative meetings were hosted by Corrective Services and held with Staff from the Aboriginal Health Service agencies in the region;
- a day long meeting was held with a selected group of regional operational police officers to trial the draft lessons;
- numerous meetings were held with individual magistrates and two meetings were held with all regional magistrates in Brisbane at their annual conference. The latter were arranged and supported by the Chief Stipendiary Magistrate.

6.3 Queensland Transport

Part of the intervention aimed at the wider community was the requirement for all offenders who came to Queensland Transport to apply for a driver's licence to complete a questionnaire on alcohol and driving. They were given the questionnaire with a brief explanatory letter, plus a copy of the pamphlet "Facts About Alcohol and Driving". The aim was to make all licence applicants read the pamphlet so that they would be exposed to the basic information on this issue

Although these procedures were explained and materials supplied to all the offices of Queensland Transport in the region, there have been some difficulties with having them reliably implemented in some localities

6.4 TAFE

In the trial stage, TAFE provided accommodation and facilities for the course as a community service initiative In the context of the model being developed, TAFE was seen as a major community player in developing community based prevention of the behaviour.

TAFE colleges have the brief to meet the training needs of major employers in the region in which they are located. In the Central region this involves providing educational programmes which train apprentices and staff who will be, or are already, working in jobs associated with mining and mineral processing and the associated occupations that develop around such industries. The need for staff working on heavy machinery, etc, to be educated about the potential impairment to performance related to residual BAC could be met by the involvement of TAFE and the development of drink driving awareness in TAFE teachers.

An additional more focussed benefit arises from the location of the course in the TAFE colleges. In these situations offenders are exposed to students attending other courses who may be people they know personally or who are ex-school or work associates Students attending regular TAFE courses are exposed to the posters, course materials, notices and the existence of the drink driving programme. As the programme becomes established, TAFE teachers will become involved as facilitators and this development will be fostered and established as the programme expands.

6.5 Other Key Participants

Whilst there are a very wide range of agencies and organisations involved in the programme some non-government intersectoral participants were crucially relevant. They included:

Media	Teachers in the Local Driving Schools
Local Political Representatives	Hotel and Other Liquor Outlet Proprietors
Major Employers	

Persons who were members of these groups were visited, consulted and kept informed about the project throughout its duration. They became participants and supporters of the project to varying degrees

6.5.1 *Media*

The newspaper and television media took a very close and interested view of the programme. They were aware of the new rehabilitation initiative through court hearings which are attended by reporters and sentencing, which is fully reported by rural newspapers In addition, a major segment of the intervention was designed to raise the profile and knowledge of drink driving in the community by using media releases. All relevant media outlets/people were visited frequently by the local liaison person and news releases were provided at four stages of the project, which included the two major launchings of the key video materials developed for the project.

The media coverage was positive and frequent. Some of this was no doubt boosted by the fact that the launchings were made by the State Minister for Police and Corrective Services who was also the member of State Parliament for the area. Regional TV coverage was very high. This interest and promotion also reflected the fact that the WIN TV staff undertook the production of the two specially designed video resources and made a substantial donation of time and equipment to the development of the school videos (See sections 5.5 and 6.8 for more detail). The involvement of regional TV in these prevention strategies is strongly advocated as a way of developing positive local media messages.

6.5.2 *Regional Politicians*

All the locally elected representatives were visited in the first stages of the project and told about the aims of the intervention. Advice was sought on relevant stakeholders who could or should be involved in the community change prevention strategy. All were very helpful and supportive of the project and readily provided introductions to relevant workplaces and clubs. Mr Paul Braddy, MHR, who was the Minister for Police and Corrective Services at the time, was particularly interested in the rehabilitation programme. He was very supportive of this initiative and undertook the media launches of the two major media strategies (See section 7.4 for more details).

6.5 3 *Major Employers and Unions*

The Central region of Queensland is one of Australia's major mining and mineral processing areas. It also has large sugar processing plants and meat works as well as a variety of established educational and health related institutions. As part of the project all identifiable Unions were determined and a mailing list of regional Union Officers established. They were advised about the programme and sent up-dates as it progressed.

In another initiative all the major Employers in the Gladstone area were contacted and interviews held with the personnel officers, occupational health and safety staff and the shift managers. The companies involved are indicated.

Queensland Electricity Commission	Queensland Alumina Limited
Boyne Smelter Limited	Queensland Cement and Lime
MINPROC	

These contacts were intended to raise the issue of drink driving as a regional and occupational risk problem. They were also used to obtain company support for workers who were undertaking the programme and who needed to modify their shift schedules to attend the sessions.

In all cases the project was well received and the relevant senior staff readily accepted that alcohol associated risk behaviour was a problem for the workers. Shift schedule changes were approved as an outcome of requirements to undertake the project

6.5 4 *Driving School Teachers*

There is little information available on the extent to which any messages regarding drink driving and its hazards are given to learners by driving instructors Anecdotal evidence suggests such comments or advice are rare and that driving training focuses almost exclusively on the functional aspects of learning to drive. At the same time driving schools and instructors are important people in the creation of attitudes towards traffic safety.

In the present intervention, all the driving schools in the region were recruited to participate in the rehabilitation programme. At the final lesson all offenders are provided with vouchers which can be used to pay instructors for a lesson in advanced driving skills or a driving diagnostic session. Driving instructors attend the last formal session of each course, introduce themselves to the class and, if requested, give appointments to the clients. This final driving session is voluntary for offenders and the costs are paid out of the offender's fee

The main aim of this lesson is to raise the instructor's awareness of drink driving as an important community driving issue which needs attention in their every day work. In this case, they are being enlisted as prevention agents.

6.5.5 *Hoteliers and Other Liquor Outlet Proprietors*

The main focus of the intervention with these stakeholders was directed towards introducing breathalysers into liquor outlets in the region. This is discussed more fully in Section 6.7.

An unexpected but fortunate outcome which involved the liquor outlets came to our attention as the project continued. As noted earlier, most drink driving offenders are heavy, problem drinkers and a sizeable amount of their time is spent in liquor outlets. At the feedback sessions it was not uncommon for clients to report that all their drinking mates and the bar attendants were very familiar with the course and the fact that they attended it . All reported sympathetic responses and one mentioned that his barman insisted that he should drink only orange juice on the day of the course. He customarily returned to the pub after the lesson for something "a little stronger".

6.6 Course Facilitators

Course facilitators were located by media advertisements and personal contacts They came from a diverse range of backgrounds (Table 6.1) and undertook a day long training session. They functioned as change agents in their communities in relation to drink driving.

TABLE 6.1: Occupational Backgrounds of Facilitators

Community Health Nurse	Driving School Proprietor	Defensive Driver Trainer
TAFE Teacher	Director - Day Care Centre	Physical Education Teacher
Principal Secondary School	Secondary School Teacher	Physical Therapist
Retired Police Officer	Primary School Teacher	Community Development Officer
Taxi Driver	University Lecturer	Computer Programmer
Family Services Officer	Youth Worker	Drug and Alcohol Counsellor
Proprietor - Small Business	Tax Officer	

6.7 The Alcohol Breath Testing Machine

The research team sought information and support from the manufacturers of the alcohol breath testing machine that is now being produced to an Australian Standard (the 'Alcolizer'), with the aim of promoting their introduction into many of the hotels and clubs in the intervention region. There had been some bad publicity regarding the use of alcohol breath testing machines in the Queensland press during the intervention period and the research team identified the need for accurate information as a key issue. In order to develop a database to respond to these issues, information was sought from FORS, the machine suppliers and from proprietors in Queensland and New South Wales who were using the machines

On the basis of this information, the following strategies were developed.

- a programme to encourage installation of alcohol breath testing machines in local hotels and clubs;

- press coverage of accurate information about these machines aimed at correcting the many myths associated with the machines;
- a programme of public education [the general public as well as proprietors of hotels and clubs, health workers, CCOs and magistrates] in the accuracy of these machines and the correct use of them.

All major hotel and nightclub proprietors in the two major towns of Mackay and Rockhampton were interviewed about their attitudes to providing alcohol breath testing machines for their patrons (Appendix 1). Two nightclubs already had machines installed. The others were not particularly enthusiastic about the idea and indicated a variety of reasons why they were not thought to be a useful addition. The major reasons given are listed below:

- possible liability;
- accuracy;
- cost and maintenance of the machine;
- doubts about value in preventing drink driving.

The team interviewed proprietors of hotels and clubs, in the Brisbane and near metropolitan area, [as well as some telephone interviews in New South Wales], who had already had experience with these machines. The interview was aimed at obtaining their views on the success of the venture, the practical issues involved with having these machines on their premises, ways to promote their use by patrons and ways to better educate the patrons in their correct use. Many of the proprietors interviewed were enthusiastic about the introduction of the machines and saw themselves as having a responsibility to the public to make this service available for their patrons.

It's every publican's responsibility to promote a responsible attitude.

It's a worthwhile thing and makes the public aware of their responsibilities.

Drink driving restrictions are affecting business more than ever. Hotel owners and managers are becoming more aware of their responsibilities to the public. They are concerned about the heavy fines for irresponsible practices.

However, many of their comments and experiences highlighted the need for an educational programme in the correct use of these machines.

- Some proprietors felt that the machine was used inappropriately at certain times. For example, *competitive game playing* was thought to be a problem. Also, many patrons were unsure of how to use the machine correctly, or interpret results. Proprietors were frequently asked about the correct use and accuracy of the machine by patrons. Unfortunately, many owners did not know enough about the device to answer informatively.
- Many of the proprietors interviewed offered useful suggestions for ways to promote correct use. Most felt that education posters would not be well received, but thought that appropriate messages on coasters, tent cards, menus and publications, such as "Time Out", would be useful.

In order to challenge the misinformation, the team contacted local and state newspaper editors, presented information on regional TV programmes and a letter was published in "The Courier Mail" on 30th March 1994 (Appendix 2) to counteract some of the claims.

Any education campaign would need to be targeted at the public as well as proprietors to dispel the myths and overcome the reservations that have evolved about these machines. It appears that some magistrates are also acting under incorrect information and they should also be included in the target group. The scope of such an educational campaign is beyond the resources of the research team at present. It is strongly recommended that funding be provided to continue with this work. The team has written to the Queensland Hotels Association and the Registered and Licensed Clubs Association including a brief, (Appendix 3) regarding the issues involved. These organisations have expressed their willingness to support the initiative by including information in their newsletters to members and discussing the issues within their organisation. An article based on this material appeared in the "QHA Review" in the November 1994 issue. The information contained in Appendix 3 was also sent to all clubs and motels in the region (294), as a "Facts Sheet".

Sponsorship from a non-alcoholic beverage company was also investigated as one means of financially supporting the installation of these machines in hotels and clubs. Initial consultation with a major soft drink manufacturer elicited an enthusiastic response and a formal submission is now being prepared to initiate sponsorship of promotions concerning the use of breath analysis testing machines in the intervention region.

6.8 School Interventions

Three strategies were used to raise the awareness of the regional school students to the issue of drink driving.

The first involved liaison with the Regional Education Department senior staff concerned with programmes and alcohol and drug education. The staff were very supportive and

recognised the need for developing strategies in this area. A major problem for education on this issue had been created in the region by the closing of the State Alcohol and Drug Program unit at the time of regionalisation. Whereas Queensland had maintained an excellent education profile and had employed regional teachers and programme developers this expertise had now disappeared. With the support of Regional Education Office the team undertook a survey of all regional High Schools to determine what, if any, relevant education programmes were still being conducted

The results were disappointing but expected. Very few schools were teaching any systematic programmes and curriculum and timetabling demands had virtually excluded them. The team could only use this exercise to point out deficiencies and the need to re-establish initiatives.

The second initiative had been used previously in the Safe Drinking Project with a degree of success in terms of school and community acceptance and knowledge. This was the design and production of relevant video advertising clips by the drama students in the schools With assistance from the Regional TV station producers and the relevant staff, students from one of the schools completed three advertisements to final presentation stage. In these clips local students wrote the scenario and script and starred in the production. The advertisements presented an anti-drink driving message through a catchy theme such as for example " Who suffers most" The student themes were also used in the local media releases.

The student videos were launched by the local minister, Mr Paul Braddy. The local TV network (WIN) which had produced them gave [and continues to give] considerable

viewing time to them. As with the Safe Drinking programme experience, there is enormous local good will and ownership of this type of media material when it is locally owned and local students clearly are seen to have contributed to it.

Finally, the Transport Department licence intervention targeted persons obtaining a licence and aimed to increase awareness of alcohol impairment. This strategy was primarily directed towards school aged young people seeking a licence for the first time (See section 6.3 for more details of this intervention).

6.9 Publicity

6.9.1 *Information for the Offenders*

Leaflets were designed to publicise the programme to offenders and also to those who were likely to be information givers to offenders when they were to appear in court. Clerks of the court were given these leaflets to distribute around the court so that offenders might see them when they appeared in court. All the local solicitors were also given the leaflets so that they would be reminded of the possibility of having their clients taking the "Under the Limit" option.

Large poster versions of the same leaflets were also printed and distributed to courts, police stations throughout the region and CCOs so that they could be displayed on the walls.

6.9.2 *General*

At the end of the second year of the programme, a booklet was written which gave an outline of the rationale behind the programme, including crash statistics and offence rates for drink driving in rural areas. It described the aim of the intervention and the strategies which were being implemented to achieve this. Progress statistics on the implementation of the programme and a summary of work done in the community were also included. The text of this booklet is presented in Appendix 5 Copies of the booklet were sent to all relevant involved government and non-government staff and interested persons within the region and in Brisbane It has been extremely useful for disseminating information about the programme to the general community, as well as providing a background document for new stakeholders, committee members, administrators and researchers.

7. EVALUATION

Three levels of evaluation are being used in the development and assessment of the "Under the Limit" programme. Formative evaluation was extensive. It involved specifically targeted and on-going facilitator feedback and interviews with offender/participants on the content and process of the programme. The implementation was reviewed continually through feedback from Magistrates and Corrective Services staff. Finally, a programme of outcome evaluation has been designed to examine the impact of the programme on drink driving in the community and on the likelihood of offender recidivism.

7.1 Course Evaluation

7.1.1 *Facilitator Evaluation Workshop*

After the programme was running for 6 months, a workshop was organised for all the facilitators. Attendance was exceptionally good and participation in the discussion was very positive. Apart from finding solutions to some problems that had arisen, the facilitators benefited from the exchange of ideas and experiences. They also gave the researchers invaluable input into restructuring the package. The issues discussed at this workshop were:

- content of the individual sessions;
- sequencing of the sessions;
- variability of the intellectual level and social competency of clients and how to adapt the sessions accordingly;
- the variable success of the group activities dependent on the size and composition of each group;

- how they dealt with literacy problems;
- how they dealt with difficult/alcohol impaired clients;
- when they needed the support of the CCO to deal with intoxicated clients;
- how effective the contract was - how to improve the wording,
- the expectations of the clients;
- the need for the CCO to attend the first session to make the contract meaningful;
- the need for the CCO to attend the last session and present/withhold certificates when appropriate

Specific comments made by facilitators on the elements of the programme are given in Section 7.1.3.

7.1.2 *Facilitator Evaluation - On-going*

As part of the process evaluation, course facilitators are asked to complete a lesson assessment sheet at the end of each lesson This covers specific questions regarding the resource materials used in the lesson, particular segments that have or could cause problems, and responsiveness of the group to each segment of the lesson. Facilitators are also asked to rate on the effectiveness of the lesson in terms of achieving the stated objectives for the lesson. They also complete a general assessment sheet that applies to the whole course and this covers the facilitator's remarks on class composition, participation, attendance, problems with literacy, disruptive behaviour, and any other comments the facilitator wishes to make about the group as a whole. Fig 7 1 shows a general assessment sheet and Figure 7.2 is an example of an individual lesson assessment sheet.

FIGURE 7.1: General Assessment Sheet

General Group Information

As with the session assessments, please feel free to give any information that you think might be relevant/useful either for improvements to the programme or as support/guidance for other instructors.

Number of males _____ Approximate ages _____

Number of females _____ Approximate ages _____

Were there any literacy problems in this group?

_____

Did activities involving small group work [discussions, making lists and reporting back to the whole group] cause any difficulties?

_____

How many clients in this group were:

a) active/noisy/dominating _____ d) persistently late _____

b) quiet/passive/uninvolved _____ e) possibly drinking before group _____

c) attention seeking/disruptive _____

Generally have there been any problems with roll procedures or punctuality?

_____

Has the group generally seemed interested/positive in the programme?

_____

Throughout the programme, did you need to refer any of the clients to any help agencies? Did you do this via the CCO?

_____

Any other comments?

_____

NAME OF FACILITATOR: _____

7.1.3 *Facilitator Reactions*

This section includes excerpts from facilitators' reports on the process of the course.

Group Evaluation, Attitude and Responsiveness

Facilitators made these comments about group behaviour, attitude and responsiveness:

Clients worked well together and all approached topics with a fairly positive attitude.

Difficult group - I wonder if they are having problems in acknowledging that they (some) in fact do have a serious drinking problem.

Better to concentrate on more practical part of session [eg practicing responses] rather than 'sharing experiences'.

Most felt emphasis should be on drink driving rather than drinking.

One of the female members has expressed an interest in facilitating a DD programme and becoming a counsellor.

More detailed legal information would be useful. Clients are keen to know more statistics eg number of DD offences in the state, number of accidents caused by DD, etc. They would also like to know more about penalties eg how long the suspension is for which offence. Some claimed the problem was not as bad as it was made out to be - one claim was the typical misuse of statistics - a couple believe their only crime was to get caught [something that I have encountered before] - one in particular believes that DD is rampant in the community and that detection is simply a revenue raiser.

Have come to realisation that they won't drink and drive again in the future. Have revisited strategies over and over.

Most have commented tonight that the course at this stage has broadened their awareness about getting into a car after drinking. Whereas in the past it was "the only thing I gave thought to was 'I've had too much and I hope I don't see a cop tonight.' "

Clients always happy to discuss diary, drinking "sessions" and one did say he's always tempted but knows these sessions have helped him avoid it.

Group interested/positive until week 9, then when uncomfortable feelings were introduced, I lost them.

There were two "difficult" clients in the group - one dominating and argumentative, who kept other clients fairly quiet at times - the disruptive one seemed emotionally unstable at times.

Sessions more positive when concentrating on strategies to avoid DD or to cut down on drinking [feelings sessions not so good].

I had to be very careful using some material that tended to focus on excessive drinking without relating it to driving. None of the group was ready to admit to having a problem with ***drinking****.*

Many of the participants revealed they are drinking ***more*** *since losing the responsibility for a vehicle.*

This is a very reluctant group and getting a response is like pulling teeth! Therefore it is very difficult to gauge whether any segment is boring or not, or if the outcomes have been successfully achieved.

The slide segment (hazard recognition) had more responses and one commented that it was useful, but could not say any more on it - heavy going!! It seems that most clients in this group feel they do not have regular drinking patterns or habits and are not in danger of developing or having developed a drinking problem. THEN ABOUT HALF WAY THROUGH THE COURSE *This appeared to be quite a good session compared to the previous ones in terms of group participation and interest. Perhaps the message is starting to take effect. Apart from a couple who joke a lot, the rest are now participating quite seriously (wonderful!)* - LATER AGAIN (SESSION 10) - *this was one of the most difficult and unpleasant sessions ever. The resistance was enormous. My impressions was now that they were nearly there they just wouldn't bother! They simply refused to participate.*

(AFTER TAKING OVER FROM ANOTHER (SICK) INSTRUCTOR) *I was apprehensive of the responses from these total strangers. However the changeover was quite quickly accepted and group responded most enthusiastically to all the activities. In fact enthusiasm was so great I had to stop one segment to go on with the next.*

Interest/positive? - Not so much in first few weeks, but yes in later weeks. Also, group probably felt it was too repetitive and some more info could have been given on health problems rather than on alcohol.

Activities

	DID THIS SEEM BORING?		APPROPRIATE LEVEL FOR CLIENTELE		GENERATED WORTHWHILE DISCUSSION		DID MOST MEMBERS PARTICIPATE?		WAS THIS SEGMENT TOO LONG?		WAS THE MESSAGE CLEAR?	
	Yes	*No*	*Yes*	*No*	*Yes*	*No*	*Yes*	*No*	*Yes*	*No*	*Yes*	*No*
Police Video	1	2	1	2	1	2	1	2	1	2	1	2
Standard Drinks	1	2	1	2	1	2	1	2	1	2	1	2
Drinking Survey	1	2	1	2	1	2	1	2	1	2	1	2
Safe Drinking Levels	1	2	1	2	1	2	1	2	1	2	1	2
Goal Setting	1	2	1	2	1	2	1	2	1	2	1	2

Resources

	STIMULATED CLASS INTEREST		CONVEYED THE INFORMATION EFFECTIVELY	
	Yes	*No*	*Yes*	*No*
Overheads - *Standard Drinks*	1	2	1	2
Video Part 2 -Police	1	2	1	2
Drinking Survey	1	2	1	2
BP Standard Drink Cards	1	2	1	2

What was the reaction to the Police video?

Did you think any of the activities could be deleted from this lesson? *Specify which and why.*

Did the Drinking Survey seem to cause embarrassment for any clients?

Did the discussion of male/female differences in safe drinking levels trigger undesirable sexist comments?

Did any client show reluctance / have difficulty / refused to take seriously, the goal setting activity?

Did any clients think they would have difficulty choosing a support person? In what way?

Was there any reluctance to complete the diary "homework"?

FIGURE 7.2: Lesson Assessment Session 2

The following outcomes were defined at the beginning of this session

Please indicate on the 5 point scale how successfully you think these outcomes were achieved

Participants	Not achieved at all				Achieved very successfully
Understand the concept of a standard drink	1	2	3	4	5
Have completed the Drinking Survey	1	2	3	4	5
Are able to state the Safe Drinking Levels for men and women	1	2	3	4	5
Have set a personal goal for their drinking behaviour during the course	1	2	3	4	5
Have identified a support person	1	2	3	4	5
Are familiar with the use of the weekly diary	1	2	3	4	5

Any other comments about this session?

FIGURE 7.2: Lesson Assessment Session 2 (contd)

The following comments give an insight into some specific issues/segments presented in the various lessons.

Ruler test

No problems with the ruler test, some unhappiness re their score from the older members of the group who were scoring 10 cm+ more than the younger members.

BAC/Accident graph

Not sceptical, but one client asked for information on speed as a cause of accidents. He thought this a bigger problem than alcohol.

Not really sceptical - some speculation that figures may not be accurate - source?

Didn't believe all information. Wanted to find out statistics in relation to city vs country accidents/young vs older drivers' accidents.

One stated that with the BAC he had, the graph went well off the page. Another said that being tired plus alcohol increased the risk.

"Where do they get these figures? They must have made them up!" "It depends on how much you drink." "Seasoned drinkers can handle drinking better." "Almost all non-drinkers are hopeless even after one drink."

Health

Some surprised at health implications stated on pamphlet - said they weren't aware of this.

One client disputes the need for alcohol free days. He stated that in France people drink from an early age and don't suffer health problems; also some doctors recommend a daily drink.

One client continually disputes the effects of alcohol on health - "doctors don't know everything."

Uncomfortable feelings

Group members identified causes of uncomfortable feelings, discussed the use of alcohol to mask feelings and accepted the need to look at how they react to situations/events in a sensible manner. No one seemed to feel threatened by the discussion.

One suggested that everyone had stress in life and having a drink helped. We just don't need to drive.

This segment and the next one not well received. Clients take some time to believe that there is a cause/effect with drinking. Others say "so what", alcohol makes me feel relaxed - why not use it? - others reported that alcohol use was a least legal and better than resorting to other substances.

Uncomfortable feelings a difficult topic - I think this particular group needed more time at the beginning to help them identify feelings. Most are not into self awareness and this made the material very confusing for them. Almost all the group denied that they ever use alcohol to deal with uncomfortable feelings. 3 participants argued that this session was only for people who had a 'drinking' problem.

Common feeling is that the course assumes they all have a drinking problem, or use drink to overcome problems. They don't believe this is the case with most of them.

Strategies to stay under the limit

They decided the only way to stay under the limit was not to drink at all.

Guest speaker

Reacted well - yes to useful information - Q & A session.

Speaker was better than course material for this evening.

Very well received - an informative speaker who was well received.

Quite positive. Not a waste of time. Information good. Stimulated good discussion. Enjoyed guest speaker - seemed to have come to the realisation that to drink and drive is irresponsible and not something they want to do again.

Final session

Some very happy chappies turned up to this one!!

All seemed very positive and determined "it won't happen again".

Lots of positive comments about the course and how it has changed their attitude to DD.

Confusion .00/.05

I think I've now clarified this. There was lot of confusion earlier in the course.

Yes, confusion. They would like figures that relate to limit and age and type of licence.

Yes there is uncertainty about limits.

The Course as a Whole

The following comments summarize views on the course as a whole.

Offender's general lack of acceptance that they have a problem usually changes as the course progresses and clients start to recognise that they may have a problem and the content really does apply to them. This certainly doesn't happen with all groups. Even one of our best facilitators has great difficulty with some groups.

Literacy doesn't seem to be a problem for conducting the sessions. When the classes do have illiterate or poor readers, the facilitators seem to be able to handle it very easily with a range of strategies - the suggestions at the beginning of the manual seem to work quite well.

The more 'active' segments of sessions seem to work well.

'Feelings' sessions seem to bring out the worst or best [in both facilitators and clients]. The facilitators write more extensively in the comments section for this session than any other. Many clients react as though threatened - they can't handle any 'self analysis' - they turn off rather than participate, etc. Sometimes they become quite verbally negative. Some facilitators would like to remove these sessions, but the fact that it does raise unresolved issues is a good argument for making sure it stays. One client commented that this session should be run by a psychologist [he was already receiving counselling and was fairly disruptive]. This could be a useful modification in an urban setting where a visiting psychologist existed and could be employed.

There were varied comments on diaries throughout, generally not being completed too well, but no suggestion that they should be deleted from the course. The

facilitators accept that they will not be done properly, but are a useful stimulus to the clients to think about how much they are drinking.

7.1.4 *Offender Evaluation*

A number of strategies were used to obtain offender feedback over and above that built into the 'within programme' evaluation. CCOs discussed the programme with clients at their probation visits and reported comments back to the researchers. Two independent meetings were set up by the research team in which offenders living within a reasonable distance of Rockhampton were asked to participate in a review session.

On the first of these, invitations were sent to all clients who had already completed or who were close to completing a course, but none responded or turned up for an interview.

Some months later, invitations were again sent out and on this occasion a fee of $50 was offered to cover travel and associated costs. Using this strategy 25 of the 78 invited offenders attended. The focus group interviews with these 25 clients brought out the following points:

- most thought it was quite interesting, helpful and relevant, although somewhat repetitive [repetition is necessary if they are to retain the information];
- there were advantages and disadvantages to having bigger groups (approx. 10) rather than smaller groups [only 3 or 4 in a course];

- they were generally impressed with the knowledge they acquired during the course:

  Taught us how many drinks you can have and a lot of information we hadn't had before.

  What it could do to your brain really bugged me.

  Everyone should do the course and be aware of their limits.

- they appreciated the financial benefits of being able to take the programme option;

- they weren't very positive about the use of interlocks but they thought they might be useful in terms of being able to keep jobs.

- they thought the course should be an option for all people applying for a driver's licence - but not compulsory. *It is good to make it your choice to do it.*

- although the $350 option was much better than a normal fine, it was still a lot of money to pay at one time, and it was a much more viable option if they could pay as they went through the course [the regularity of small payments by some offenders reflected a commendable commitment to the course];

- they wanted the drink driving elements emphasised - were very wary of any hint of an AA approach;

- they thought there should be more emphasis on the negative outcomes of drink driving.

It seems that personal interview/group session work is going to be the only viable means of obtaining independent offender feedback As part of the evaluation of the

project, a number of offenders living in remote areas were contacted by mail and given a very brief questionnaire. Of the 50 letters sent out, 16 were returned as "not known at this address" and there were 2 poorly completed questionnaires returned. The remaining 32 have to be considered "no response".

7.2 Process Evaluation

7.2.1 *Magistrate Evaluation*

Close written and personal liaison was maintained with the individual magistrates in the region throughout the development and implementation of the programme. In addition, formal process evaluation sessions were held with these stakeholders.

Two meetings were held with all regional magistrates as a group. These were organised to coincide with the annual conference of magistrates held in Brisbane each year and were supported and organized by the Queensland Chief Stipendiary Magistrate.

On both occasions, this meeting was attended by all magistrates from the Central Queensland area where the programme is operating. Individual court statistics on the implementation and feedback were reviewed.

Issues discussed at these meetings included:

- numbers of courses currently running in each centre;
- numbers of courses already completed in each centre;

- age and sex distributions of all clients;
- previous offences of all clients,
- BAC levels of all clients;
- comparative data for offenders attending the different courts [and magistrates] in the region (court data).

Support was provided and advice given. Strong differences between magistrates in referring and sentencing are apparent. This is consistent with all literature on this issue Magistrates attribute sentencing differences to variations in client characteristics

7.2.2 *Community Corrections' Officers*

Close personal liaison was maintained with CCOs in the region throughout the development and implementation period.

The regional co-ordinator was provided with office accommodation and phone access in the Rockhampton regional office, which enabled a continuous flow of evaluation feedback to be provided. In addition, all CCOs involved with the programme were invited to attend a workshop in Rockhampton. The purpose of this workshop was to find solutions to practical problems that had arisen in the early stages of implementation This included problems they had found with directing their clients and also, problems that the research team had found in monitoring the programme.

Points that were discussed were:

- possibility of attending courses when requested by facilitators to test clients for BAC,
- problems with availability of CCOs to attend first and last sessions of each course in their centre;
- cost to Community Corrections for the time their officers spend administering the course.

Since this meeting, the Regional CCOs have drawn up a plan of action to enable their officers to take a more active role in the programme implementation. The consensus is that the involvement required to standardise the programme involved additional work and costs which were subsequently funded from the offenders' fees. However, there still seems to be major attitudinal resistance to attending the first night of the course and to carrying out random breath testing on an occasional or regular basis.

An additional problem with achieving the programme requirements concerns the elective modules for second and more frequent multiple offenders. These elective modules provided an opportunity for offenders to complete some training that would have contributed to increasing their self esteem and, possibly, job opportunities. Although the CCOs were supplied with a list of suggested options for these modules, very few arranged for their clients to complete this segment. The researchers consider it very disappointing that these modules were not completed. In any further implementation of this programme, it is strongly recommended that alternate ways to achieve this component be tried.

7.3 Outcome Evaluation

The analyses of the outcome data is still at a preliminary stage It will be developed in a later study This section gives a general overview of the strategies being employed.

7.3.1 *Community Change Evaluation*

Community telephone surveys have been carried out on three occasions: December 1992 immediately prior to the implementation of the rehabilitation programme; in June 1993 immediately prior to the formal community phase of the programme being commenced; and in July 1994 after the programme was established. (A copy of the telephone questionnaire is provided in Appendix 6.)

The telephone surveys were conducted in the intervention, coastal central Queensland (STD code 079), and the control, near north Townsville/Mt Isa region (STD code 077). The first two surveys aimed to assess attitudes, self-reported drinking and drink driving behaviour and knowledge about drinking and driving. The questionnaires consisted mainly of multiple choice questions and took approximately 15 minutes to administer. Respondent households were selected randomly from the local telephone book and, within households, a stratified sample was obtained which directly reflected the age composition of the regions in census data.

The third community survey was run from the Rockhampton Community Corrections Office, under the supervision of the Regional Co-Ordinator. This implementation was more cost efficient than the earlier surveys which were from Brisbane and also promoted local involvement in the project. In all surveys, University students were

employed as interviewers during their mid-year holidays and were supervised by a project research officer. The results of the third survey are currently being processed Subject to funding being available, there will be a further community telephone survey conducted in July 1995 The third and fourth surveys include additional questions concerning awareness of:

a) other intervention strategies (breathalysers);

b) educational programmes; and

c) media campaigns.

The Epidemiology and Health Information Branch of Queensland Health also conducted a survey in August/September 1993 in the region which included data on attitudes to alcohol use. We have negotiated with Queensland Health for results from this survey that are relevant to our study, to be made available.

7.4 Reductions in Recidivism

An integral component of the planning for the "Under the Limit" programme was the design of a systematic evaluation method that would enable estimates of the programme's effectiveness in reducing drink driving offending and recidivism to be made. This evaluation model includes a number of strategies which are described briefly in the following sections

7.4.1 *Baseline Data*

Baseline estimates of recidivism rates and factors to be controlled in estimates of such rates have been developed. In order to do this, the Transport records of all persons

committing a drink driving offence in Queensland during 1988 have been extracted and followed through four years to 1992. These analyses have examined the traffic related outcomes of first, second, third and fourth re-offenders over this period.

Systematic analyses of these data have been undertaken and have examined:

- the impact of licence loss and disqualification (Siskind 1995) on re-offence rates and time to re-offence

  A review was conducted of the subsequent driving records of over 25,000 Queensland drivers cited for a drink driving offence in 1988 who received at least one subsequent licence restriction. The interval of follow-up was over 3 years in all cases, averaging 3.9 years. From these records, periods of driving disqualification were identified Ratios of crash and offence rates during these periods to rates during the remainder of the study interval were calculated in the three categories of drink driving offences: traffic offences unassociated with drink driving; and any offence involving driving. Since only 12% of the offenders and 9% of the re-offenders were female, at this stage detailed analyses are reported for men only; results for women were little different Statistical inference assumed a Poisson model.

  Rate ratios, aggregated across state defined by number of drink driving offences, ranged from 0.25 for unassociated offences to 0.32 for crashes and drink driving and 0.35 for any driving offence There were only minor differences between metropolitan, provincial city and rural regions of the State. Older drivers were apprehended relatively more often while under suspension

than younger drivers, although not for drink driving Drivers were apprehended more frequently early in the disqualification period than later, and more often between initial drink driving offence and consequent court appearance and disqualification than after subsequent relicensing (Siskind, 1995).

- Recidivism rates for drink driving offences, other traffic offences and for reported accidents (at fault) (Buchanan, 1995).
- The impact of potential confounding variables such as BAC, gender, SES, disqualified driver status and age on time to re-offence and type of re-offences has also been explored (Buchanan, 1995).
- Attempts to develop separate regional estimates of these variables have been hampered by the absence of residential postcodes on a large minority of records.

These analyses have indicated that there have been major changes in drink driving behaviour over the period since the baseline cohort was identified in 1988. Marked reductions in re-offence rates have occurred and it remains to be determined whether these changes have been systematic across all types of offenders or whether there are time related variations between first and multiple offenders in their likelihood of re-offending. These data will have major implications for estimating the effectiveness of the programme

7.4.2 *Estimates of Changes in Rates of Recidivism*

Comparisons will be drawn between changes in the rates of drink driving offences in the intervention and control regions based on the aggregate ABS statistics for such offences when they are available.

7.4.3 *Impact of the Programme on Other Types of Offences*

The transport and police records of all drink driving offenders in the intervention region will be examined to determine whether there are differences between the criminal and traffic records of those persons who elected to do the programme and those who elected not to participate. These comparisons will be drawn both before and after their targeted court appearance

8. CONCLUSION

The "Under the Limit" drink driving initiative sought to reduce drink driving in a rural region by:

- undertaking a comprehensive review of current literature and thinking in Australia about alcohol controls, the social context and drink driving;
- using this background knowledge base to:
    a) develop a community prevention intervention which used local community members and regional state and federal resources;
    b) develop materials for use in such community interventions,
    c) develop and trial a comprehensive targeted drink driving rehabilitation programme which used local community resources and personnel and was integrated with a community prevention programme;
    d) evaluate the effectiveness of the combined rehabilitation and community prevention programme;
    e) evaluate the perceived effectiveness of the programme by community members;
    f) evaluate the impact of the combined programme on the region's official drink driving statistics.

To date all these objectives except the final evaluation statistics have been successfully completed. The "Under the Limit" program and model is available for use in the Australian community.

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APPENDIX 1

Alcohol Breath Testers for Public Use - Summary Of Major Issues

KEY RESERVATIONS- ALCOHOL BREATH TESTING MACHINES

- Doubts about value in preventing drink driving
- Liability
- Accuracy of machine
- Other issues, for example game playing/ blowing the highest reading competitions and profit loss on alcohol sales/ reduction in bar sales.

BACKGROUND

- In recent years the role of alcohol breath testing machines in the prevention of drink driving has been recognized. The introduction of R.B.T. and stricter penalties for drink driving, coupled with changing attitudes to alcohol related accidents, has lead to greater public demand for information on determining blood alcohol concentration. Estimating B.A.C accurately without direct measurement is difficult due to the varying size and alcohol content of drinks, and individual differences in metabolism. However, alcohol breath testing machines can accurately measure B A.C and therefore act as a education device for the drinker, helping him or her learn their own individual limit Studies have indicated that the use of these devices is effective in persuading some drivers over the limit to arrange alternative transportation home, thereby resulting in a positive behavioural change Consequently, the introduction of these machines into Australian venues is encouraged.

- Increased public awareness of drink driving and alcohol related issues has resulted in greater pressure on the hospitality industry to take an active role in responsible alcohol practices. The subsequent support from these industries is evidenced by the following quotes.

  (1) Australian Hotels Association - Code of Practice
  "Members should promote a healthy approach to the use of alcohol"
  "Members should participate in appropriate road safety campaigns which encourage responsible use of alcohol such as drinking sensibly and driving safely"

  (2) Responsible Beverage Service Council - Model House Policies
  "Council members work together to establish a system that balances the economic needs of the hospitality industry with public concern about risks associated with the inappropriate use of beverage alcohol"
  "Management will refuse entry to any intoxicated person and will assist the person in gaining access to safe transportation"
  "Menus, promotions, and specials include a wide range of alcohol-free beers, wines, mixed drinks, and other non-alcoholic products such a coffee and milk"
  "Discounts, drink specials, happy hours or other pricing practices that encourage over consumption are prohibited."
  "In order to prevent injury to guests and others, alternative transportation options are available, including arranging a ride with a friend or relative or calling a taxi "
  "The primary goal of the responsible beverage service program is to protect the health and safety of all guests"

(3) Responsible Hospitality Practices - a Source Document
"Responsible Hospitality Practices, which include the service of alcoholic beverages, create an environment that encourages responsible drinking decisions and reduces the risk of inappropriate and illegal service of alcoholic beverages"

LIABILITY

- There is no legislation in Queensland specifically to protect the owner from the possibility of liability if the device gives a false reading or is inaccurate. In Victoria appropriate provision was added to the Victorian Road Safety Act in 1991, and reads as follows.

  "Evidence of the taking of a test indicating the presence or concentration of alcohol in the blood of a person by a breath analysing instrument installed in any licensed premises under the Liquor Control Act 1987, or of the results of that test, is inadmissible in any court or tribunal in any proceedings, whether civil or criminal"

- Despite the lack of specific legislation in states other than Victoria, there have been no reported problems with liability after widespread use of the devices in premises all over Australia.

- Queensland Traffic Act - Section 16 and 16A. The only B.A.C admissible in court is the reading obtained in accordance to the act. The road side reading or others measures are not admissible.

- Each Alcolizer unit carries a disclaimer regarding liability.

- For the purposes of this project the breath tester is being promoted as an education tool ("Know Your Limit"), NOT as a means protecting oneself from prosecution for drink driving.

ACCURACY

- The problem of variable accuracy of alcohol breath testing machines for personal use was addressed by the development of an Australian Standard in 1988, which was later revised in 1993. This standard leads the world in accuracy and is now compulsory for all alcohol breath testing devices installed in Victoria. The only device currently on the market that meets these requirements is the "Alcolizer". It comes in two models, one which automatically calibrates itself daily, and one which requires manual calibration and turns itself off after 30 days or 300 uses if this isn't done. The model which automatically calibrates itself is suited to areas where regular service would be difficult, such as rural regions. This device has been in widespread use in N S.W. and Victoria for some time. Its life expectancy is 15-20 years with a fuel cell life of 3-5 years.

- To obtain an accurate measure of B A.C. the specimen must include "deep lung air" and 10 minutes must have elapsed after the last drink to allow mouth alcohol

to disperse. Poor knowledge of these and other factors has resulted in the inappropriate use of devices and subsequent misleading readings However, the requirements of the Australian Standard, and the instructions on these machines have been designed to counteract these confounding factors.

OTHER ISSUES

There are a number of other reservations commonly raised in objection to the installation of alcohol breath testing devices. For example, doubts about their value in preventing drink driving, concern that they would result in competitions to see who could blow the highest figure, reductions in bar trade, and so on These and other concerns were addressed in a study for the Road Traffic Authority in Victoria, 1988(Mackiewicz, G.). This six month trial involved the installation of 30 breath testing devices in establishments where alcohol was served or consumed in Melbourne and Victorian rural areas. A summary of results is given below:

- drivers who had previously used a device were better at estimating their blood alcohol concentration than drivers who had not.

- about a third of the drivers who had intended to drive home, and who tested themselves and found that they were over .05 stated that they would change their plans, and make some other arrangement

- users were generally the group most at risk of drink driving accidents(83% were male, 69% under 30 years of age, 63% were single, 90% were Australian born) and the times of highest usage corresponded with the peak times for alcohol related accidents.

- competitive game playing to see who could blow the highest reading was NOT a serious problem. About 6% of use fitted into this category, and was generally limited to user's initial experience with the device.

- usage rate was highly variable, with some premises generating enough use for the devices to pay for themselves. Usage was highest in the hotels and the larger licensed clubs, with much lower rates of use at restaurants. The usage rates were high initially, and settled to a lower consistent rate after a few weeks It was estimated that on average 14% of patrons in the hotels involved in the trial used the device The precise location within the premises had a big effect on usage rate.

- only 30% of users actually waited 10 minutes or more after drinking before blowing. Many of those who blew too soon obtained a reading that was clearly absurdly high, and they tended to conclude that the device did not work properly. This is clearly the major problem

- coin operated breath testers were of educative value in providing drinkers with feedback which was difficult to gain in other ways, and the machines assisted those who wished to remain within the legal limit to do so.

- support for the concept from users was high, and the feedback from proprietors during the trial was generally positive. There was no obvious reduction in bar trade. Note: Lyttle, J. and South, D. state in a 1993 conference paper "Public Breath Testing" that " A number of unreported studies have shown that the installation of public breath testing devices in licensed premises does not decrease bar takings."

Other relevant comments from the report are as follows:

- the need for public breath testers was evidenced by the generally high readings recorded - the majority (64%) were readings over .05% BAC. Breath testers at country locations tended to record higher average readings, and a greater proportion over .05 BAC.

- acceptance amongst users was very high, with 91% believing breath testers should be more widely available.....also showed a high acceptance by proprietors.

- suggested the success of introduction of these devices would be enhanced by a concurrent media campaign.

APPENDIX 2

Letter to Editor "Courier Mail" published 28 March 1994

LETTER TO THE EDITOR (care of TERRY QUINN)

GIVE ALCOHOL BREATH TESTING MACHINES A 'FAIR BLOW'

I have been deeply concerned to see the battering breath testing machines have been receiving in the media lately. It is a shame that a more balanced perspective on the role of breath testers in drink driving prevention has not been presented. Unfortunately, the majority of the community still sees breath testing machines as unreliable devices that have more novelty appeal than real value. In reality, many of these reservations have been addressed, and research shows that appropriate use of these machines as an education tool has a definite impact on drinker's knowledge and behaviour.

It is time to dispel many of the myths being propagated to discredit breath testing machines For example, the issue of technical inaccuracy of machines is a problem of the past, because there now breath testers available in the community that meet the stringent requirements of the Australian Standard drawn up in 1988. However, this doesn't counteract problems associated with inappropriate use of the machine by drinkers and poor understanding of how to interpret the reading when deciding whether to drive after drinking.

The main role of breath testers is as an education device to help the drinker learn their own individual limit by direct measurement of the amount of alcohol in their blood. This is likely to be a lot more accurate than trying to estimate blood alcohol content by counting drinks, which may be impossible given the enormous variation in size and alcohol content of different drinks, and differences in the rate individuals break down alcohol. Hopefully, proper education of the community about the use of these machines and greater availability of accurate breath testers will help decrease some of the horrific injuries and fatalities associated with drink driving. Breath testers are there to educate well meaning drivers and not to protect risk takers against prosecution.

Dr. Caitlin O'Brien
Drink Driving Prevention Programme
Department of Social and Preventive Medicine
University of Queensland

APPENDIX 3

a) Brief to QHA and Registered and Licensed Clubs Association (also sent as 'Facts Sheet' to clubs and motels)

b) QHA Review Article

New role for alcohol breath testing machines

A University of Queensland research team has recently been looking at the role of alcohol breath testing machines in preventing drink driving. Their research and interviews with hotel and club owners has uncovered some interesting facts.

the introduction of random breath testing and stricter penalties for drink driving has lead to greater public demand for information on how to estimate blood alcohol levels. This is where alcohol breath testing machines can play an invaluable role. Research has shown that if these machines are used properly they have a definite impact on drink driving. This is important news because drink driving still kills alarming numbers of Australians on the roads every year. This article looks at some of the ideas and reservations about alcohol breath testing machines, and talks about the views of some hotel and club owners in Queensland and N.S.W.

Why are alcohol breath testing machines useful ?

Alcohol breath testing machines are useful because they give the patron a direct reading of the amount of alcohol in their blood. This is much more accurate than trying to estimate blood alcohol by counting standard drinks, which can be almost impossible given the enormous variation in size and alcohol content of drinks, and individual differences in the rate alcohol is broken down. However, both the patrons and proprietors need to know how to use the machine properly. Alcohol breath testing machines should be used by the drinker as an education device to help them learn their own individual limit, so with practice they have a much better idea of what their blood alcohol is after a certain number of drinks. People also need to know how to use the breath tester properly so they don't get false readings from doing things like blowing in the machine with alcohol in their mouth.

Are alcohol breath testing machines accurate?

Highly accurate machines have been available in Australia for years. These machines have been designed and manufactured to meet the strict requirements of the Australian Standard for accuracy, drawn up in 1988. If the patron uses an Australian Standard machine properly, it is extremely unlikely that the reading will be incorrect. Proprietors considering installing a machine should opt for an Australian Standard one, because it is likely that legislation will change in the future to try and encourage the use of accurate machines.

Are owners liable if they install an alcohol breath testing machine?

Despite widespread use of these machines there has been no known case of an owner being taken to court for liability in Australia. Proprietors are not likely to be liable if a patron uses the machine on their premises and then gets picked up by the police at a higher alcohol level, because the only admissible blood alcohol reading in court is the one taken at the police station. Hopefully in the future other states will follow Victoria's lead, where the government has actually taken the step of changing the legislation to totally protect owners who have installed an alcohol breath testing machine.

Do alcohol breath testing machines really help to prevent drink driving?

Numerous research studies in Australia and overseas have shown that if alcohol breath testing machines are used properly they can definitely change people's drink driving behaviour. For example, a study done in Victoria found that a lot of people did change their minds about driving home after blowing in the machine. The researchers also found that drivers who had used the machine a few times were better at estimating their blood alcohol content than drivers who had not.

Are alcohol breath testing machines expensive and difficult to maintain?

Australian Standard breath testing machines are available to buy, rent, or install on a profit sharing agreement. Most of the local Queensland premises who have an Australian Standard machine had it installed at no cost, and the owner receives a certain percentage of the takings. So, this arrangement is cheap for the owner, and they may even make a profit if the machine is used a lot. Furthermore, the Australian Standard machines are generally easy to maintain. Some types will reset themselves regularly and others need to be reset when the takings are collected by the machine owner.

What do club and hotel owners think about alcohol breath testing machines?

Members of the University of Queensland research team interviewed a number of club and hotel owners in Queensland and N.S.W. All the owners interviewed had an Australian Standard machine installed on the premises, and they were asked to comment on what they thought its advantages and disadvantages were. Most of the responses were the same from the various owners. The main ideas and comments are given below.

- Most owners didn't mind having an alcohol breath testing machine on their premises Almost all of them felt it was their responsibility to provide this service to their patrons Many also felt that the machine was a useful way to help prevent drink driving.

  "It's a worthwhile thing and makes the public aware of their responsibilities"

  "It's a service you've got to provide. They're a guide and that's why we have them here - a yardstick really"

  "It changes people's minds about driving. I've seen people leave, test themselves, come back and drink water, then re-test themselves half an hour later"

- None of the owners thought that liability was a problem. Most felt that the machine was supposed to be used as a guide, and that the disclaimer on the front gave some protection to the owner.

  "It's there as more of a guide than anything else. Most people realize that"

  "We cannot be responsible for a police testing as everybody knows that the final say is in court"

  "There's no problem with liability"

- Most owners thought that all alcohol breath testing machines were inaccurate. Very few knew that Australian Standard machines were extremely accurate.
- Most of the owners were very happy with both the maintenance of the machine and the leasing arrangements. There was a lot of difference in profits between premises depending on how often the machine was used.

  "It's a source of revenue - we receive 12% commission"

  "Service contract is good as we never have to worry about the machine, they're calibrated, gas is checked and the machine is always accurate"
- None of the owners interviewed thought that alcohol breath testing machines had any effect on bar trade.

  "Has no effect on bar trade"

  "It has no effect on bar trade, it will take more than a breath tester to stop people drinking"
- Some of the owners felt that the machine was not used properly at certain times. For example, some patrons used the machine for competitive game playing, and others didn't read the instructions fully before blowing

It was clear from these interviews that almost all the hotel and club owners were very accepting of alcohol breath testing machines and felt they provided an important service to patrons. However, it was obvious that there is an enormous need for education of owners and the public about correct use of these machines, and about other issues such as accuracy.

Where do we go from here?

The findings of the University of Queensland research team show that Australian Standard alcohol breath testing machines could go a long way to help reduce drink driving in this country What is needed now is more widespread installation of these machines on premises, and more education of owners and the public about their proper use. Breath testers are there to educate well-meaning drivers and not to protect risk-takers from police prosecution.

Registered and Licensed Clubs of Queensland and Q.H.A strongly supports the installation and use of Australian Standard alcohol breath testing machines.

If you have any further enquiries about this article, please contact DR. CAITLIN O'BRIEN at the Department of Social and Preventive Medicine, University of Queensland - ph. (07) 240 5811.
Contact for Australian Standard machines in Queensland: Richard Morse - ph. (07) 397 1968 or 018 981 419

New role for alcohol breath testing machines

A University of Queensland research team has recently been looking at the role of alcohol breath testing machines in preventing drink driving. Their research and interviews with hotelkeepers has uncovered some interesting facts.

This article looks at some of the ideas and reservations about alcohol breath testing machines, and talks about the views of some hotelkeepers in Queensland and NSW.

Why are they useful?

Alcohol breath testing machines are useful because they give the patron a direct reading of the amount of alcohol in their blood. This is much more accurate than trying to estimate blood alcohol by counting standard drinks, which can be almost impossible given the enormous variation in size and alcohol content of drinks, and individual differences in the rate alcohol is broken down. However, both the patrons and proprietors need to know how to use the machine properly.

Alcohol breath testing machines should be used by the drinker as an education device to help them learn their own individual limit, so with practice they have a better idea of their blood alcohol after a certain number of drinks.

People also need to know how to use the breath tester properly so they don't get false readings from doing things like blowing in the machine with alcohol in their mouth.

Are the machines accurate?

Highly accurate machines have been available in Australian for some time. These machines have been designed and manufactured to meet the strict requirements of the Australian Standard for accuracy, drawn up in 1988. If the patron uses an Australian Standard machine properly, it is unlikely that the reading will be incorrect.

Proprietors considering installing a machine should opt for an Australian Standard one, because it is likely legislation will change in the future to encourage the use of accurate machines.

Are owners liable?

Despite widespread use of these machines there has been no known case of an owner being taken to court for liability in Australia. Proprietors are not likely to be liable if a patron uses their machine and then gets picked up by the police at a higher alcohol level, because the only admissible blood alcohol reading in court is the one taken at the police station.

Queensland in the near future, will follow Victoria's lead, where the government has changed the legislation to totally protect owners who have installed an alcohol breath testing machine. The Queensland Department of Transport is currently pushing to have this legislation changed. *(Please see Editor's note at the bottom of this page).*

Do alcohol breath testing machines really help to prevent drink driving?

Numerous research studies in Australia and overseas have shown that if alcohol breath testing machines are used properly they can definitely change people's drink driving behaviour. For example, a study done in Victoria found that a lot of people did change their minds about driving home after blowing in the machine. The researchers also found that drivers who had used the machine a few times were better at estimating their blood alcohol content than drivers who had not.

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Australian standard breath testing machines are available to buy, rent, or install on a profit sharing agreement. Most of the local Queensland premises who have an Australian Standard machine had it installed at no cost, and the owner receives a certain percentage of the takings. So, this arrangement is cheap for the owner, and they may even make a profit if the machine is used a lot.

Furthermore, the Australian Standard machines are generally easy to maintain. Some types will reset themselves regularly and others need to be reset when the takings are collected by the machine owner.

What do hotel owners think about alcohol breath testing machines?

Members of the University of Queensland research team interviewed a number of hotelkeepers in Queensland and NSW. All the owners interviewed had an Australian Standard machine installed on the premises, and they were asked to comment on what they thought its advantages and disadvantages were. Most of the responses were the same from the various owners.

The main ideas and comments are given below.

- Most owners didn't mind having an alcohol breath testing machine on their premises. Almost all of them felt it was their responsibility to provide this service to their patrons. Many also felt that the machine was a useful way to help prevent drink driving.

"It's a worthwhile thing and makes the public aware of their responsibilities."

"It's a service you've got to provide. They're a guide and that's why we have them here - a yardstick really."

"It changes people's minds about driving. I've seen people leave, test themselves, come back and drink water, then re-test themselves half an hour later."

- None of the owners thought that liability was a problem. Most felt that the machine was supposed to be used as a guide, and that the disclaimer on the front gave some protection to the owner.

"It's there as more a guide than anything else. Most people realise that."

"We cannot be responsible for a police testing as everybody knows that the final say is in court."

- Most owners thought that all alcohol breath testing machines were inaccurate. Very few knew that Australian Standard machines were extremely accurate.
- Most of the owners were very happy with both the maintenance of the machine and the leasing arrangements. There was a lot of difference in profits between premises depending on how often the machine was used.

"It's a source of revenue - we receive 12 per cent commission."

"Service contract is good as we never have to worry about the machine, they're calibrated, gas is checked and the machine is always accurate."

- None of the owners interviewed thought that alcohol breath testing machines had any effect on bar trade.

"Has no effect on bar trade."

"It has no effect on bar trade, it will take more than a breath tester to stop people drinking."

- Some of the owners felt that the machine was not used properly at certain times. For example, some patrons used the machine for competitive game playing, and others didn't read the instructions fully before blowing.

It was clear from these interviews that almost all the hotelkeepers were very accepting of alcohol breath testing machines and felt they provided an important service to patrons.

However, it was obvious that there is an enormous need for education of owners and the public about correct use of these machines, and about other issues such as accuracy.

Where do we go from here?

The findings of the University of Queensland research team show that Australian Standard alcohol breath testing machines could go a long way to help reduce drink driving in this country.

What is needed now is more widespread installation of these machines on premises, and more education of owners and the public about their proper use. Breath testers are there to educate well-meaning drivers and not to protect risk-takers from police prosecution. ■

Editor's note:

The QHA is not opposed to breath testing machines being installed in hotels but has major reservations regarding the legal liability which would attach to a hotelkeeper in the event of a patron relying on a faulty reading and suffering injury, loss of earnings or some other similar circumstance. For this reason the Association advises those who promote the use of the machines that the industry is very cautious about installing breath testing machines unless appropriate indemnity insurance can be taken out, or until the Queensland Government passes similar legislation to that enacted by the Victorian and New South Wales Governments which protect hotelkeepers if their breath testing machines are inaccurate.

APPENDIX 4

"Under the Limit" Information Pamphlet

DRINK DRIVING PREVENTION PROGRAMME in CENTRAL QUEENSLAND

INFORMATION PAMPHLET

Research Project Funded by FEDERAL OFFICE of ROAD SAFETY

INTRODUCTION

This pamphlet has been put together to provide information to people involved in running the drink driving prevention programme currently being conducted in **Central Queensland**. An overview of the background and strategies of the drink driving intervention, with current statistics, will be presented.

OVERVIEW

Drink driving is a significant and longstanding problem within Australian communities. Because alcohol is such an established part of our culture and society, it has become easy to be complacent about the extent and impact of drink driving on people and resources. In reality it is a major cause of injury and death. For example, **alcohol** is a contributing factor in up to **40%** of **road fatalities**, and road crashes are the largest cause of death for people aged up to 45 years. In **young adults** (17-25 years), alcohol is a factor in almost **half** of the **road fatalities**. Furthermore, even though young adults represent only about 13% of Queensland's population, they account for approximately **one in three** of all **road crash deaths**. Australians living in **rural** areas also represent a higher risk group for road accidents, nationally accounting for **45%** of **all road fatalities** and **31%** of **total serious injuries**.

Over a twelve month period in 1992-93, there were over **18 000 drink driving offences** in Queensland, and repeat offenders accounted for a significant proportion of these. Despite improved community attitudes, there has been little change in the number of drink driving **repeat offenders** in recent years. In fact, just over **20%** of people convicted of drink driving in Queensland in 1988 **re-offended at least once within four years**. In addition, up to half of those who re-offended within this time had at least one previous drink driving conviction prior to 1988.

Repeat offenders within the community appear to have remained largely resistant to the impact of drink driving prevention/rehabilitation programmes. Consequently, the effectiveness of many of these interventions has been questioned. In the past, the focus of most intervention programmes has been on the individual offender, and minimal attention was directed towards the surrounding community. It is now thought that more successful programmes should aim at not only

initiating a behavioural change in the individual, but should also modify the cultural and social context in which the offender's behaviour occurs. In addition, programmes should build upon and work in conjunction with the many government and non-government agencies which affect drink driving behaviours. This integrated approach involving intervention strategies targeted at both the individual and the community may be more successful in maintaining appropriate behaviours in the long term, particularly with re-offenders.

This approach formed the basis of an innovative **drink driving prevention/rehabilitation programme** in **rural Queensland**. This drink driving intervention has two main strategies, one aimed at **rehabilitation** of the individual offender, and the other designed to modify **community** attitudes and knowledge. The intervention has also been developed to function co-operatively with the existing agencies already working in the area of drink driving and alcohol related issues. This intervention will result in major savings of both resources and time within the community. Details of this new drink driving intervention are presented below.

DRINK DRIVING INTERVENTION

AIM

To **develop**, **implement** and **evaluate** a trial drink driving **prevention/rehabilitation programme** in a **Queensland rural region**. For this purpose two areas were chosen in rural Queensland, an *intervention* region (Mackay and Fitzroy statistical divisions), and a *control* region (Northern statistical division). In the *intervention* region strategies have been implemented to attempt to reduce drink driving, including a drink driver rehabilitation programme and community initiatives. These strategies have not been undertaken in the *control* region. Base-line statistics on each region have been obtained from local police collections and Queensland Transport Department data on drink driving offences and reconviction rates between 1988 and 1992. These statistics will be compared before and after the study to see if there are any changes which occurred in the intervention area but not in the control region. This will enable evaluation of the impact of the strategies on the intervention region and help develop a better understanding of ways to prevent drink driving. If this programme is successful, it will help form the basis of a statewide initiative to prevent drink driving.

STRATEGIES

The drink driving intervention consists of two main strategies. First, the **drink driver rehabilitation programme** targeting individual drink driving offenders, and second, **community interventions** aimed at changing drink driving attitudes and behaviour within the whole region. A more detailed description of each strategy is given below.

(1) DRINK DRIVER REHABILITATION PROGRAMME

The key component of the **rehabilitation** programme is an education package, *Under the Limit*, which was developed by the University of Queensland research team in consultation with other professionals. With the assistance of the **Magistrates**, and staff and professionals from the **Queensland Corrective Services Commission, Queensland Transport, TAFE, Queensland Health, and Queensland Police Service,** drink driving offenders have been offered the option of participating in the rehabilitation programme as an alternative to fines. The offender must pay for the cost of the course ($350) and attend weekly classes if they choose to enrol. The rehabilitation programme required to be completed by the offender consists of the education package *Under the Limit*, together with elective components which are tailored on the basis of offence history and severity of current offence. *Under the Limit* is designed to be conducted with a group of 8-10 participants, and consists of eleven one and a half hour lessons and one twenty minute driving appraisal session with a local driving school. In addition to this, multiple offenders are required to complete a personal development programme in an elective defined by the client's Community Corrections Officer.

The education package itself is in the process of being modified to be accessible to offenders living in *small rural* and *remote regions*, and to meet the needs of *Aborigines* and *Torres Strait Islanders*. This has involved the development of a shorter but more intensive version of *Under the Limit* for small groups of 2-3 clients in small rural regions, and the design of a video and audio tape *correspondence course* for offenders in remote regions. The adapted course for Aborigines and Torres Strait Islanders in the programme was designed in consultation with representatives from these groups to meet their particular needs in the area of drink driver education.

TAFE colleges have co-operated in providing the necessary facilities to run the courses in the region. **Course facilitators** with a wide variety of vocational and personal backgrounds, have been chosen from the **local communities** to teach the package. A **Regional Co-ordinator**, stationed at Rockhampton, administers the programme at a local level. The entire programme is designed to be **self funding** through payment of fees by offenders.

The effectiveness of the drink driver rehabilitation programme will be evaluated by follow-up interviews of offenders, monitoring of reconviction rates, and assessment of changes in community knowledge and attitudes about drink driving.

(2) COMMUNITY INTERVENTION

The **community intervention** involves two approaches, both aimed at changing drink driving attitudes and behaviour within the region. The first approach relies on the presence of community members who are actively involved and interested in the prevention of drink driving to positively influence local attitudes and behaviour. The majority of these people are facilitators and personnel from the region who conduct and co-ordinate the drink driver rehabilitation programme.

The second approach involves ***specific initiatives*** implemented within the community to attempt to reduce drink driving. Some examples of initiatives currently being conducted in the intervention area are detailed below.

- Teaching of school and TAFE alcohol and drink driving programmes.

- Installation of Australian standard alcohol breath testing machines in all liquor outlets in the region.

- The dissemination of 20 000 Smart Cards (safe drinking limits) through all liquor outlets in the region.

- The development and media screening through WIN TV of anti-drink driving advertisements designed by high school children in the region.

- Provision of drink driving information and a drink driving pre-licensing questionnaire to all drink drivers at the stage of charging for the offence in all police watchhouses in the region.

- All persons attending for licence tests or for licence renewal being given a drink driving information leaflet and questionnaire to be completed before licensing.

- Support for local initiatives by the Aboriginal and Torres Strait Islander communities to develop driver licensing education programmes.

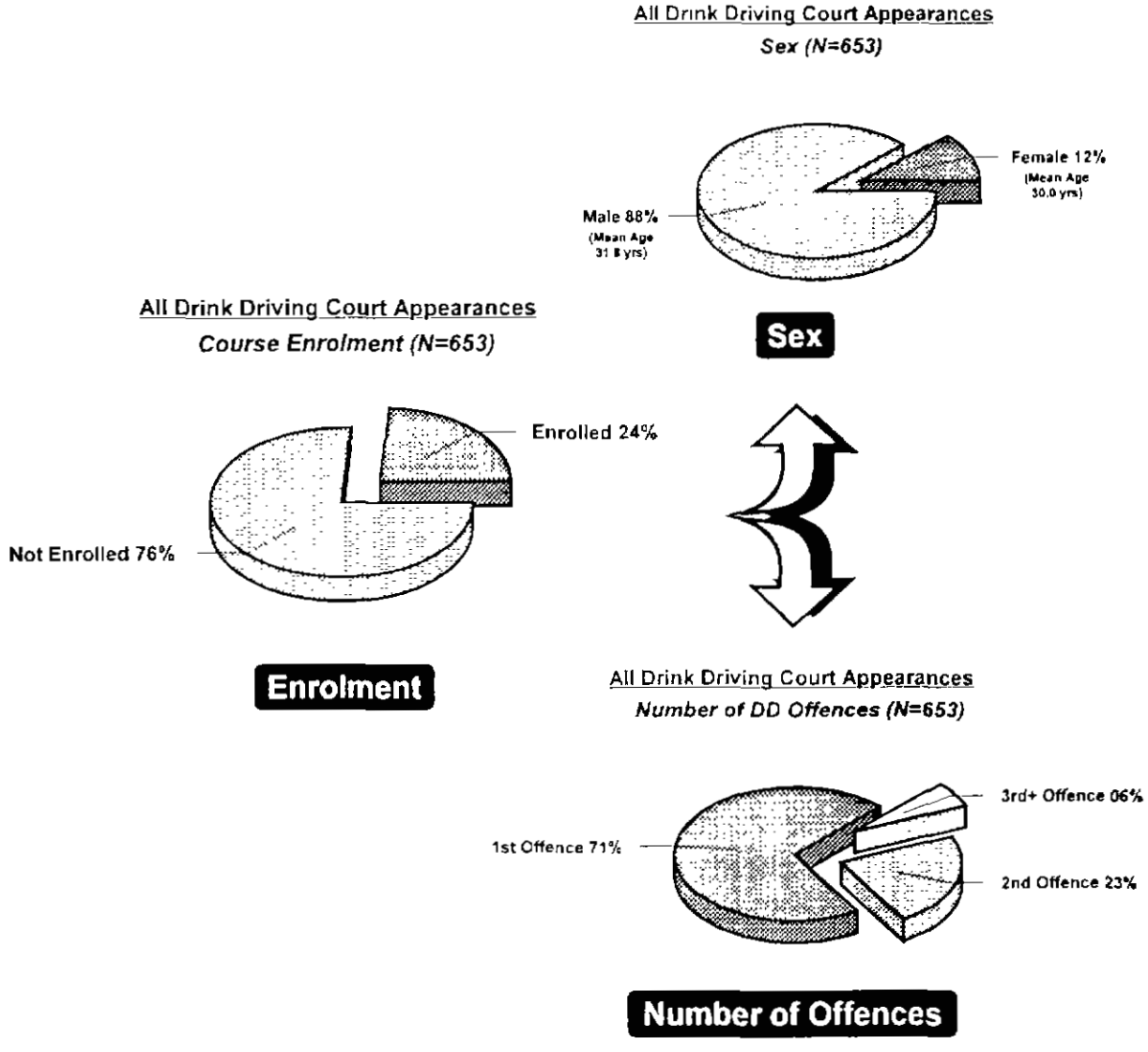
EVALUATION

The drink driver **rehabilitation** programme will be evaluated by *follow-up interviews of offenders*, and *monitoring of reconviction rates* within the regions. The impact of **community interventions** will be assessed by *telephone surveys* of peoples attitudes and knowledge about alcohol and drink driving both before, during, and after the drink driving intervention.

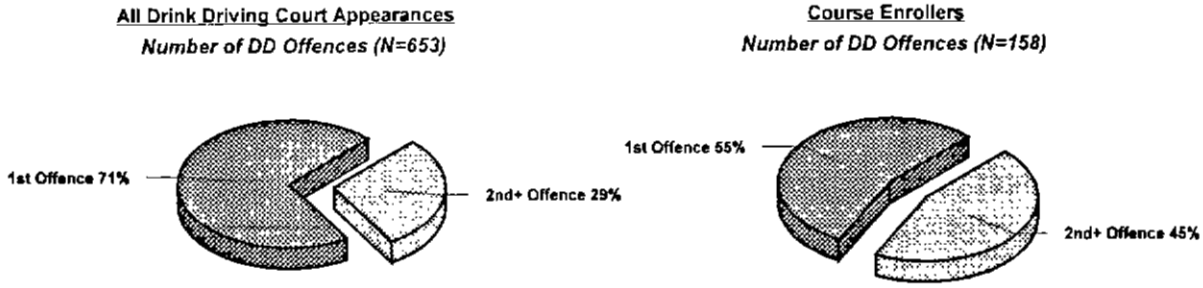
STATISTICS

DRINK DRIVING IN THE INTERVENTION REGION - COURT APPEARANCES

The drink driver rehabilitation programme was commenced in January, 1993. Within the first six months there were 653 drink driving court appearances in the *intervention* region (88% males and 12% females). First offenders accounted for 71% of drink driving court appearances, and the remainder (29%) were multiple offenders. Over this period, 158 drink drivers (89% males and 11% females) elected to enrol in the education package, *Under the Limit*, representing approximately 24% of all drink driving court appearances. Fifty-five percent of course enrollers were first offenders, and 45% were multiple offenders.



Proportionally more **multiple offenders** chose to enrol in the programme than **first offenders**. Multiple offenders accounted for only **29%** of *all drink driving court appearances* but represented **45%** of *course enrollers*.



UNDER THE LIMIT - THE EDUCATION COURSE TO DATE

By the end of January, 1994, **53 courses** of *Under the Limit* had been or were in the process of being conducted in the *intervention* region. These courses involved a total of **380 clients** and were based at **Rockhampton, Mackay, Gladstone, Biloela, Emerald, Proserpine, and Yeppoon**. To conduct the courses **thirty-six facilitators** from the local communities had been recruited and trained, including six people from the Aboriginal and Torres Strait Islander communities. A summary of programme statistics for each centre is presented below.

Place	Facilitators	Courses	Completed	Clients	Breaches
Biloela	3	4	2	21	0
Emerald	5	6	3	30	4
Gladstone	8	11	7	101	6
Mackay	5	9	6	66	9
Proserpine	4	5	3	17	1
Rockhampton	8	14	11	128	1
Yeppoon	3	4	1	17	0
TOTALS	36	53	33	380	21

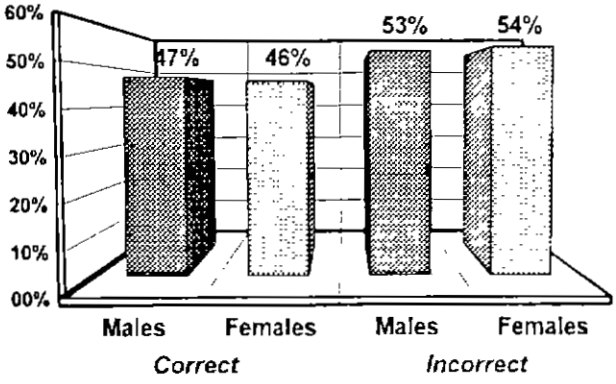
Under the Limit is designed to be self funding from fees paid by offenders. The client may pay the full cost upfront, or make regular payments for the duration of the course. It is expected that all payments are finalised by the end of the course, unless arrangements are made with the Community Corrections Officer in the case of financial difficulties. Approximately **75%** of clients who completed *Under the Limit* in 1993 had paid fully by the end of the course, leaving only **25%** with fees outstanding. The majority of these completed payment shortly afterwards.

In most cases, failure to meet course fees is grounds for breach of the conditions of the programme. In the first year of the course, approximately 6% of offenders had breached, due predominantly to *failure of payment* or *inappropriate behaviour*. This rate is lower than initially expected and may in part be attributed to the supportive role Community Corrections Officers play in attending to problems which arise with clients during the courses. However, it may also be that in some centres offenders who are believed to be more likely to breach may not be given the option of enrolling, even though it is preferable that the rehabilitation programme be offered to all offenders.

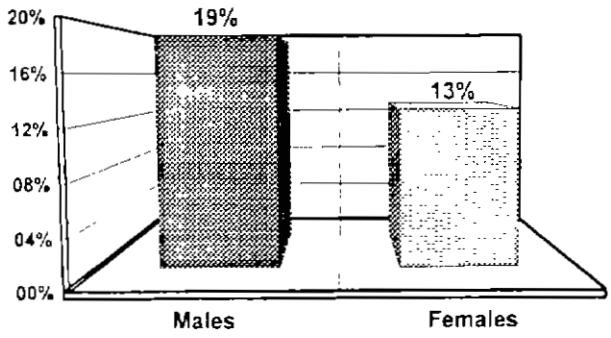
COMMUNITY INTERVENTION - TELEPHONE SURVEY OF LOCAL KNOWLEDGE AND ATTITUDES ABOUT ALCOHOL

To assess local knowledge and attitudes about alcohol and drink driving, telephone surveys are being conducted in both regions before, during, and after the drink driving intervention. Information from this series of surveys will be used to assess the effectiveness of the community initiatives put in place as part of the intervention. Results from the survey conducted before the drink driving intervention was commenced, indicate there is a *definite need for improved community education about alcohol and drink driving*. For example, less than half those surveyed knew how many drinks an adult male or female could have in an hour before they were over the limit. Furthermore, approximately 19% of males and 13% of females, in the month before the survey, admitted to having driven home after consuming a quantity of alcohol that may have put them over the limit.

In 1 hour, how many drinks can an adult male/female have before they might be over the limit?



Have you ever driven after drinking more than 3 (male) or 2(female) drinks in 1 hour?



ACKNOWLEDGEMENTS

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- *QUEENSLAND HEALTH in Central Queensland.*
- *QUEENSLAND POLICE SERVICE in Central Queensland.*
- *MAGISTRATES in Central Queensland Courts and CLERKS of COURT.*
- *QUEENSLAND T.A.F.E. in Central Queensland and Biloela High School.*
- *REGIONAL CO-ORDINATOR based in Rockhampton.*
- *COURSE FACILITATORS in Rockhampton, Mackay, Gladstone, Biloela, Emerald, Proserpine, and Yeppoon.*
- *SUPPORT from the MEDIA in Central Queensland.*
- *WIN TV and Emmaus College - for the production of anti-drink driving advertisements.*
- *FEDERAL OFFICE OF ROAD SAFETY for funding the research project.*
- *Representatives of ABORIGINAL and TORRES STRAIT ISLANDER Communities.*
- *Staff from Regional Office of DEPARTMENT of EDUCATION.*

DRINK DRIVING PREVENTION PROGRAMME - CONTACTS

- *REGIONAL - NOELA WALLS*
  (079) 31 9707

- *CENTRAL - DR. CAITLIN O'BRIEN*
  (07) 240 5811

APPENDIX 5

Telephone Questionnaire

My name is (*YOUR NAME).* I'm ringing for the University of Queensland Medical School to ask if you would mind helping us with a health survey looking at drinking and driving. Your telephone number has been randomly selected from the phone book by our computer. If you are between 16 and 70, would you mind answering some questions? *(NO - Is there anyone home who is between 16 and 70 - repeat all instructions for new person)* It will take about 10 minutes. The survey is for research for a drink driving prevention program and your answers are totally anonymous. There is no way your name will ever be linked with the answers you give.

		COL.
1.	*Record Sex (don't ask!)*	
	Male 1	8
	Female 2	
2.	Could you please tell me which of the following age groups you are in ?	
	16 - 24 years 1	
	25 - 34 2	
	35 - 44 3	
	45 - 54 4	9
	55 - 69 5	
3.	Do you consider yourself to be of Aboriginal/Islander descent ?	
	YES 1	
	NO 2	10
4.	Do you hold a current driver's licence?	
	NO - no licence or suspended 0	
	YES - *ask* Is it a	
	learner's permit 1	
	provisional licence 2	
	restricted licence 3	11
	open licence 4	
5.	How often have you drunk a glass or more of an alcoholic drink in the last six months?	
	Never 0	
	A few times 1	
	Once every four weeks 2	
	Once a week 3	
	2 or 3 times a week 4	
	4 or 5 times a week 5	12
	Every day of the week 6	

		COL.
6.	Last weekend, how many alcoholic drinks would you have had on *(2 digits)*:	
	* last Friday OO	13-14
	* last Saturday OO	15-16
	* last Sunday OO	17-18
	I'd now like to ask you some questions about the effects of alcohol -	
7.	Are the effects of alcohol the same for men and women if they are of the same size and weight?	
	Yes ..... 1 No ..... 2 Don't know 8	19
8.	I'm going to ask you some questions about how many drinks people can have in one hour before they are over the limit for driving	
	An average sized adult man with an open licence ?	
	Write in the number ..... O Don't know 8	20
	What about an average sized adult woman with an open licence ?	
	Write in the number ..... O	
	Don't know 8	21
	What about someone on a provisional or learner's licence who is under 25 ?	
	Write in the number ..... O	
	Don't know 8	22

COL.

9. What is the legal Blood Alcohol Limit for -
(If the respondent does not understand BAL, explain that it is the reading you get if you blow into a breathalyser)

People with an open licence?

Write in the number (3 DIGITS) **OOO**
Don't know ..... 888 — 23-25

People younger than 25 with a learner's or provisional licence ?

Write in the number(3 DIGITS) **OOO** — 26-28
Don't know 888

10. Have you been stopped for a breath test while driving during the last 3 months ?
If yes - were you tested ?
If yes - were you charged ?
If yes - were you convicted ?

Code as
not been stopped 0
not tested 1
tested but not charged 2
tested and charged but not convicted 3
tested and charged and convicted 4
Don't know ..... 8 — 29

11. In the past 6 months how often have you driven on a public road after drinking

ASK 1 drink *if provisional*
2 drinks *if female*
3 drinks *if male* in one hour ?

Write in the number ..... **O** — 30
Don't know 8

	COL.
12. In the past month, how many times have you been a passenger when you thought the driver was over the limit? Write in the number . ..... O Don't know 8	31

I would like you now to think about how much you agree or disagree with the following statements. You can use the numbers from 1 to 10 to show how much you agree with each statement. A 1 would mean you strongly disagree and a 10 would mean you strongly agree.
You might like to write down that 1 means you strongly disagree and 10 means strongly agree.

Remember: You can give a score anywhere between 1 and 10.

13. How much do you agree or disagree with these statements?

	Strongly Disagree									Strongly Agree	
I think it's okay if I drive after drinking 1 drink 2 drinks 3 drinks in one hour *ASK if provisional if female if male*	01	02	03	04	05	06	07	08	09	10	32-33
I won't drive if I've had 1 drink 2 drinks 3 drinks in one hour *ASK if provisional if female if male*	01	02	03	04	05	06	07	08	09	10	34-35
I think it's okay to be a passenger of a driver who may be over the limit	01	02	03	04	05	06	07	08	09	10	36-37
If I drive when I'm over the limit, I will get picked up for a breath test.	01	02	03	04	05	06	07	08	09	10	38-39

	COL.
14. Imagine you are out and know you have drunk too much and are over the limit. Would you leave your locked car where it was and not drive? *(Read out question categories)* Yes - definitely ..... 1 Yes - probably ..... 2 Not sure what I'd do ..... 3 No - probably not ..... 4 No - definitely not 5	40

15. Using the same answer categories as the previous question i e from 'yes - definitely' to 'no - definitely not', how likely would you be to do the following:
(repeat all categories if necessary)

	Yes Definitely	Yes Probably	Not Sure	No Probably Not	No Definitely Not	COL.
Drink Lite beer if driving	1	2	3	4	5	41
Plan ahead that the driver will not drink	1	2	3	4	5	42
Plan ahead not to drink if you are going to drive	1	2	3	4	5	43
Take a taxi by yourself or with others if you have been drinking	1	2	3	4	5	44
Keep track of your drinks and stay under the limit if you are driving	1	2	3	4	5	45
Stay away overnight if you have been drinking	1	2	3	4	5	46

16. How much do you agree with or disagree with the following statements about drinking and driving?

Again we are using a 10 point scale from 1 = strongly disagree to 10 = strongly agree.

	Strongly Disagree									Strongly agree	COL.
People who drink and drive should lose their driver's licence	01	02	03	04	05	06	07	08	09	10	47-48
People who drink and drive should go to jail	01	02	03	04	05	06	07	08	09	10	49-50
It's okay to drink and drive so long as you don't get caught	01	02	03	04	05	06	07	08	09	10	51-52
Everybody drinks and drives once in a while	01	02	03	04	05	06	07	08	09	10	53-54
The dangers of drinking and driving are overrated	01	02	03	04	05	06	07	08	09	10	55-56
The police spend too much time hassling drinking drivers	01	02	03	04	05	06	07	08	09	10	57-58
It's okay to drive after drinking so long as you're not drunk	01	02	03	04	05	06	07	08	09	10	59-60
Most of my friends think it's okay to drink and drive	01	02	03	04	05	06	07	08	09	10	61-62
My friends would think I was really stupid if I drove after drinking	01	02	03	04	05	06	07	08	09	10	63-64
Drinking and driving is common in my community	01	02	03	04	05	06	07	08	09	10	65-66
My community needs stricter laws against drunk driving	01	02	03	04	05	06	07	08	09	10	67-68
Drink drivers should be made to do an education programme	01	02	03	04	05	06	07	08	09	10	69-70

17. Have you heard of any drink driving education programmes running in your area?

YES.....1

NO.....2

71-72

	COL.
18. Have you heard of any drink driving television ads running in your area?	
YES 1	
NO 2	73
If NO code Q.19 as NO also and skip to question 20.	
19. Have you seen any drink driving television ads running in your area?	
YES 1	
NO 2	74
20. Are you aware of any publicity about hotel/nightclub breathalyser machines?	
YES .. 1	
NO 2	75
21. Was the publicity -	
For them 1	
Against them 2	
Unsure / Can't remember 3	76

COL.

22. What is your present job ?

Write this on the separate page

23. What is the highest level of education you have finished ?

Primary.....1
Junior (Grade 10).....2
Senior (Grade 12).....3
TAFE/Tech College/Apprenticeship.....4
CAE/University.....5

77

24. Which of the following categories best describes your yearly gross income ? (ie before tax)

Less than $12,000.....1
$12,001 - $20,000.....2
$20 001 - $35,000.....3
$35 001 - $50,000.....4
More than $50 001.....5
Don't Know.....8
No Answer.....9

78

25. If you have more than one income in the household, in which category would the total household income be ?

Only 1 income.....0
Less than $12,000.....1
$12,001 - $30,000.....2
$30 001 - $50,000.....3
$50 001 - $70,000.....4
More than $70,001.....5
Don't Know.....8
No Answer.....9

79

Thank you very much for your help.
Goodbye.