

Drink Driver Rehabilitation and Education in Victoria Summary Report

April 2005

Introduction

Significant reductions in drink driving have been achieved in Victoria in recent years, but it remains a major economic, social, and public health problem. In 2002, 31 per cent of all drivers and riders killed in Victoria had a BAC of 0.05 or more (VicRoads, 2004), and 2001 figures indicate that repeat drink driving offenders were responsible for 22 fatalities and 560 serious injuries. Such crashes cost the Victorian community approximately \$81 million each year (VicRoads, 2002).

Victoria has historically led Australia, and in some aspects the world in its legislative approach to the drink driving problem. Victoria was the first jurisdiction in Australia to provide a systematic drink driving rehabilitation response, with legislation developed over time to address the drink driving problem.

As part of its Road Safety Research Program, RACV commissioned CARRS-Q to review the Victorian drink driving legislation, program and administration. This involved undertaking research to:

- Determine what best practice drink drive rehabilitation is and compare this to what is currently delivered in Victoria.
- Obtain feedback from stakeholders and service providers on their perceptions of the effectiveness of the current Victorian program.

As a result of this research, CARRS-Q was able to identify the strengths and weaknesses of the current system and recommend improvements.

This monograph summarises the key findings of the research in relation to the Victorian program and includes RACV's recommendations for improving Drink Driving Rehabilitation in Victoria. For more detailed information see the full report entitled '*Drink driving rehabilitation in Victoria*' which is available from RACV or can be downloaded from the RACV website www.racv.com.au.

Research

The research report comprises:

- (1) A review of current Drink Driving Rehabilitation (DDR) practice in other Australian States, and an in depth examination of the current Victorian legislation and practice; and
- (2) A qualitative analysis of Stakeholders' perceptions of the strengths and weaknesses of the current Victorian DDR program, including:
 - interviews with Victorian DDR program administrators and providers in community corrections, police, transport and health sectors; and
 - focus groups and interviews with Victorian magistrates in both metropolitan and rural areas.

Victorian Drink Driver Program

The current Victorian drink driving program is incorporated within the driver licensing system and applies to drivers whose licences have been suspended following a conviction for drink driving. Accredited agencies provide an 8 hour education program that offenders are required to attend prior to re-licensing. Recidivists and those convicted with high BAC levels are also required to attend one or more assessments to determine the nature of their alcohol problems prior to attending the education program.

Requirements for assessment and attendance at education programs are complex and vary according to the BAC reading (charges), whether the offence is a first offence or there have been previous offences and the age of the offender. A first assessment is required at least 12 months prior to an application for licence

restoration. This assessment explores the offender's history of alcohol and drug usage, the degree of psychosocial disruption in their lives, and current alcohol usage. A second assessment must be completed at least 28 days prior to an application for licence restoration and focuses on the client's alcohol use since the first assessment. Alcohol ignition interlocks may also be a compulsory requirement for licensing restoration following some offences.

Best practice drink driver offender management

Drink driving offenders are a diverse group of individuals requiring a flexible and multi strategy response for their effective management and rehabilitation. Despite the Victorian system's comprehensive approach to drink driving, the CARRS-Q report recommended that there were a number of areas where the program could be improved. International research has shown that community drink driving programs for recidivist drivers need to be integrated and target both traffic and health-related outcomes. The most effective rehabilitation programs incorporate a combination of intervention modes including education/information, lifestyle change strategies, and probationary contact and supervision. The rehabilitation program should also be evidence-based. More specifically CARRS-Q recommended that:

- Education programs should be undertaken in groups of approximately 8 to 10 people and should target the specific needs of the offenders, both 'hard core' and first offenders.
- Lifestyle change strategies should be designed to assist offenders in developing appropriate knowledge and attitudes towards drink driving behaviours.
- Offenders should be case managed so that any issues or problems that arise during the suspension period can be addressed and so offenders can be guided and assisted through the rehabilitation process to maximize its potential effectiveness.
- Research suggests that Cognitive Behavioural Therapy (CBT) techniques are the most effective treatment for alcohol problems. Brief interventions have also been shown to reduce alcohol consumption by heavy drinkers and are a cost effective method of treatment.

Rehabilitation of offenders needs to occur in conjunction with legal and vehicle sanctions in an integrated way. A licence disqualification period is generally accepted as a suitable punishment for drink driving offenders. Licence disqualification however does not prevent drink driving offenders from driving unlicensed and can therefore hinder any benefits licence sanctions provide as a drink driving countermeasure. Alcohol interlocks can be an effective method of managing drink driving behaviour if effective rehabilitation and treatment programs are concurrently undertaken to address the problem behaviour.

The current education and assessment system

The current Victorian drink driver offender program focuses on education and assessment. CARRS-Q found that this is not a best practice approach. The treatment of alcohol dependence issues does not appear to be systematically addressed. Drink driving offenders should be assessed prior to their court appearance so that treatment can be built in to the penalty requirements and tailored to the needs of offenders. Treatment should also be mandatory for all high BAC and recidivist offenders.

'Hard' core and low level drink driving offenders are currently all channeled into the same education course that focuses on providing information on alcohol and associated risks and its effects as it relates to driving. The theoretical basis of this program assumes that people drink and drive due to a lack of information, resulting in poor decision making. This program is not able to meet the specific needs of different groups of drink drivers, where for some alcohol dependence is a significant problem.

The nature of the course needs to be reviewed given that combination programs that include education, psychotherapy/counselling and follow-up contact/probation have consistently been shown to be more effective than other evaluated modes for reducing drink driving recidivism.

While the assessment process aims to allow only those who demonstrate positive behaviours and beliefs about drink driving to re-licence, research shows that drink driving rehabilitation programs that enable participants to obtain insight and understanding of the practical and social costs of their drinking and driving, as well as of their personal dependency help move participants to become motivated to change their dependency. The current assessment system needs to be reviewed to ensure that it achieves this.

A judicial versus a rehabilitation system

The Victorian education and assessment requirements are currently part of the re-licensing process, rather than the penalty system. Therefore, it is only offenders that intend to reinstate their licence who are required to attend an education course and this leaves an unknown number who drop out of the system and are potentially very high risk drivers.

The management of drink drivers needs to be changed so that it is attached to the penalty system so that offender addiction issues and other relevant problems can be addressed.

Monitoring of offenders

Another significant short-coming of the Victorian system is that offenders appear to get lost in the process between being charged and seeking a licence restoration order. There is no one organisation responsible for following offenders through the disqualification period and ensuring that they fulfill the rehabilitation requirements prior to their approach for licence restoration. The system is fragmented and there is little sharing of information and expectations across government departments which is problematic and detrimental to the program.

This lack of monitoring is an area that needs improvement given that several studies have demonstrated the potential benefits of monitoring programs. Research shows that first-time offenders required to report weekly to alcohol program monitors had two-thirds fewer subsequent offences compared with offenders without that requirement.

This lack of monitoring also means that there is no tracking of offenders through the process, or monitoring of who is, or is not, regaining their licence. With no monitoring of re-licensing rates, there is the potential for high risk offenders to fail to re-licence. With no formal tracking of offenders it is also difficult to determine the effectiveness of program.

The report concluded that Victoria needs to establish an integrated and coordinated process for managing offenders from court attendance to re-licensing. A model developed in the US is an organized approach to offender information which may provide some guidance for the development of an appropriate system in Victoria. The Century Council model:

- Tracks each offender from arrest through to dismissal or sentence completion
- Maintains aggregate data on the number of arrests, convictions, BAC distribution and offender demographics, and
- Ensures data is accurate, complete and reliable.

Alcohol interlocks

As noted above, the research included interviews with a number of stakeholders. The recent introduction of alcohol interlocks in Victoria is supported by the majority of stakeholders. Many stakeholders thought that interlocks were a “very reasonable step”, are a “nice progression and need to be there for a sufficient time to reduce the problem” and are the “perfect tool”.

However, stakeholders believe that further improvements to the current scheme are possible. Some of the main concerns about interlocks were that they may serve as a disincentive for offenders to re-licence. Some stakeholders noted concerns about fitting interlocks only after offenders serve their suspension period: “We are somewhat surprised that the level of repeat offenders lining up for interlock, seems to be less than expected which is giving us concern about unlicensed driving”. Another stakeholder stated that “sometimes I wonder if you couldn’t have that trade-off now....I understand that (the penalties need to be harsh) but if you want to encourage these people to do the right thing, perhaps rehabilitate them, then maybe it would be better to give them a lesser disqualification period and allow them to have an interlock installed”. Cost was also considered a disincentive and considered prohibitive for many offenders.

RACV argued strongly for the introduction of alcohol interlocks for many years. This is because we believe that if used correctly, alcohol interlocks will be an effective tool in preventing recidivist drink drivers from injuring or endangering the lives of themselves and others. Interlocks are designed to be a behavioural management tool and research suggests they should be used in conjunction with other treatment methods, and with ongoing case management.

Communication between stakeholder agencies

The development of formal structures and mechanisms for communication between relevant organisations involved in the management of the Victorian drink driving programs is critical for the effectiveness of the system. This is an area that requires some improvement. These stakeholder organisations include the Department of Human Services, Courts, Victorian Association for Drink Driving Services, and VicRoads.

Key Recommendations

Based on this research RACV recommends that:

- VicRoads and the Department of Human Services need to review the Victorian drink driving program to ensure that it reflects current best practice. The focus should be changed from education and assessment to an integrated rehabilitation program.
- The Victorian drink driving program is independently evaluated for its effectiveness and an accurate system developed to monitor re-licensing rates.
- The Victorian Government review its current interlock legislation in light of international research and the outcomes of the first year of the Victorian Interlock Program. The program should be reviewed and updated and the program incorporated within the rehabilitation program. Serious consideration should also be given to reducing the licence suspension period of offenders who participate in the alcohol interlock program.
- The specific recommendations outlined in the CARRS-Q report should be considered and implemented by the relevant organizations.

