

ROAD SAFETY IMPACT OF REHABILITATION PROGRAMS FOR TRAFFIC OFFENDERS

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1. A BRIEF STATEMENT OF THE ISSUE

The first line of punishment facing traffic offenders is usually a fine and possible loss of licence. Because these sanctions are not always effective¹, serious traffic offenders and/or recidivists may also be faced with rehabilitation options before being allowed back on the road. This chapter examines the range of rehabilitation programs in use in Australasian jurisdictions and provides a summary of the overall effectiveness of rehabilitation programs in a road safety context.

2. AN ASSESSMENT OF THE ROAD SAFETY ISSUE

The published literature relating to driver rehabilitation program evaluation is largely restricted to drink-driving rehabilitation programs*. This restriction is therefore also true of this chapter.

2.1. The aim of rehabilitation programs targeting drink-driving behaviour

The evaluation evidence suggests that, while traditional sanctions (fines and loss of licence) offer the greatest overall road safety benefits, in isolation they often prove ineffective, especially for those who are alcohol dependent.² However, the effects of traditional sanctions can be intensified when used in combination with rehabilitation programs.^{3,4}

Programs targeting drink-driving include inpatient and outpatient programs, education, psychotherapy, counselling, family therapy, relapse prevention, self-control training and contact probation^{5,6}, with education being the dominant intervention mode.¹ The variation in treatment approaches notwithstanding, programs have a common aim to reduce recidivism.^{2,7}

2.2. The philosophy of rehabilitation programs targeting drink-driving

There are two major views underpinning the 'processing' of drink-drive offenders^{5,8}:

- drink-driving is a criminal behaviour that requires punishment as a means to both deterrence and correction
- drink-driving is a health problem, with offenders needing formal treatment.

Increasingly, the second view has become paramount. This has seen drink-driving programs shift from a concern with reducing the individual's drink-driving behaviours to a more strategic concern with minimising the harmful effects of alcohol on both individuals and on the wider community.^{9,10,11}

* It is understood that VicRoads recently commissioned a review of unpublished non-drink-driving rehabilitation programs (and their evaluations) conducted in the USA. Subject to availability, the results of the review will be included in later versions of this chapter.

3. CURRENT POLICIES AND PRACTICES IN AUSTRALASIAN JURISDICTIONS

In August 2002 details were sought from all Australasian transport jurisdictions regarding local driver rehabilitation programs. The details of these programs are summarised below.

Jurisdiction	Programs targeting drink drivers
Australian Capital Territory	Police run a conferencing scheme attended by the offender, family members and the victim(s) or their representatives, to allow offenders to express remorse for their actions and, so far as possible, to repair any harm caused by their offences. However, an evaluation conducted in the 1990s concluded that the scheme resulted in increases rather than reductions in drink-driving behaviour. Accordingly, this program is now rarely used; The Alcohol and Drugs Foundation of the ACT (ADFACT) runs a drink-driving rehabilitation course, consisting of group lectures and discussion.
New South Wales	No drink-driver rehabilitation programs in place.
Northern Territory	No response received.
Queensland	Two courses targeting drink-drivers are run by the Centre for Accident Research and Road Safety, Queensland University of Technology. Offenders can be sent to these courses by magistrates, on a user-pays basis (in lieu of a fine): <ul style="list-style-type: none"> the "Under the Limit 1" is a 13-week course targeting convicted drink-drivers; the "Under the Limit 2" is also a 13-week course, but it also requires drivers to have an alcohol interlock installed in their vehicle for a specified period. In addition, there may be other unofficial rehabilitation courses (e.g. defensive driving courses) to which magistrates may send traffic offenders.
South Australia	A driver intervention program that was initially developed for all novice drivers has become a <i>de facto</i> rehabilitation program for 'L' and 'P' plate offenders. This program has been running since 1994, and consists of small-group interactive workshops run by youth workers or individuals involved in the road safety, trauma or related areas.
Tasmania	The only formal program targets drivers with a provisional licence, detected drink-driving with any level of alcohol. The course has several structures (and can include a series of 2-hour workshops spread over several weeks) but most commonly consists of a half-hour presentation delivered by a road safety officer.
Victoria	Serious and recidivist drink/drug drivers are required (under the <i>Road Safety Act</i>) to attend a drug and alcohol service for assessment, education and other treatment if deemed necessary. The programs are delivered on a user-pays basis and are targeted towards individual offenders' needs, with the key aim being to prevent recidivism.
Western Australia	No drink-driver rehabilitation programs in place.
New Zealand	Section 65 of the <i>Land Transport Act</i> 1998 provides a mechanism to encourage certain serious repeat drink-drive offenders to seek assessment and rehabilitation. Offenders qualify under these provisions if they have two drink-drive convictions within five years, one of which involves a very high blood or breath alcohol level, or a refusal to comply with the alcohol testing procedure. These offenders are disqualified indefinitely from holding or obtaining a driver licence and are ordered to attend an approved alcohol and drug assessment centre. While failure to attend the assessment centre is not in itself an offence the Director of Land Transport Safety has discretion to remove the indefinite disqualification only on the production of a satisfactory report from the assessment centre. Offenders must also serve at least two years of their indefinite disqualification and any other outstanding disqualification that may have been subsequently imposed.

4. A REVIEW OF THE RESEARCH

4.1. Some difficulties in evaluating rehabilitation programs targeting drink-driving

There are a number of problems with comparing and combining results from different studies of program effectiveness.⁹ Since many of the evaluations were conducted in the USA in different social and legal environments, the results may not be directly applicable to the Australasian context. In addition, there are problems relating to the general quality of research, differences in treatment, selection bias (e.g. how people are recruited to the programs), experimental design and outcome measures which may all impact on the findings.

Further, the evidence suggests that the speed of the system in imposing sentence, and the certainty of conviction, can both contribute to lower rates of recidivism, regardless of the intrinsic worth of any accompanying rehabilitation programs.¹²

4.2. Research results

A landmark meta-analysis published in 1995 examined the efficacy of remediation programs for drink-driving offenders.⁵ While most of the 215 studies finally included in the meta-analysis were from the US, approximately thirty studies were from elsewhere, including seven from Australia and five from New Zealand. To be included, any study had to meet two principal criteria:

- subject samples had to include drink-drivers
- studies had to compare remediation groups to groups with no remediation, or had to compare two or more different forms of remediation.

The difficulties in comparing results across different studies notwithstanding, the following conclusions were reached:

- The combined results of studies 'with better methodology' suggested a robust and positive effect compared to no rehabilitation, with recidivism and alcohol-involved crashes being reduced by at least seven to nine per cent. This, despite the fact that, in practice, the control groups did receive a treatment of sorts in that they frequently experienced severe licence sanctions and on-going contact with various intervention personnel.
- The combination of rehabilitation with licensing sanctions (ranging from outright cancellation to restricted driving) appeared to be the most likely option to affect positively both alcohol-related traffic events and associated crashes (the latter presumably due to the reduction in driving).
- Combinations of psychotherapy/counselling, education and probation were more effective than single modality programs.⁹ This is probably due to difficulties associated with identifying and meeting the full range of individual offenders' treatment needs⁹: multi-modal programs offering 'something for everyone' have a greater likelihood of addressing the complex needs of any diverse group.⁶

A 1997 Californian study has also looked at the effectiveness of rehabilitation, licence sanctions and jail terms in reducing drink-driving recidivism.⁴ This study examined the effectiveness of three levels of outpatient alcohol education and treatment programs (targeted at first-, second-, third-(or more) time offenders) with other sanctions. The results suggested that the combination of treatment and licence suspension was associated with the lowest recidivism rate for first-time and multiple drink-drive offenders. This is consistent with previous studies.

A comprehensive Australian review of the options available for the management of drink drivers, confirmed licence actions as ‘the only drink driving sanctions which have been consistently associated with reductions in community-wide drink driving behaviour’.¹³ This result was attributed primarily to a reduction in exposure (either removing drink drivers from the road for specified periods or otherwise restricting their driving): the myriad factors contributing to drink driving were otherwise left largely untouched. Licence action run in combination with remedial programs – and especially multi-strategy programs – was again confirmed as an effective strategy in producing both general and alcohol-specific road safety benefits.

4.3. The way forward

It has been suggested that effective rehabilitation programs for drink-driving and other traffic offenders need to meet the following criteria.^{6,14}

- referrals need to be based on thorough assessment using valid measurement tools
- the assessment results should guide the level of care and type of program
- programs should be multi-modal
- individualised treatment plans should be developed for each client
- counsellors should be trained to work with each specific group
- treatment and program goals should be clear and open to evaluation
- programs should include after-care plans and long-term follow-up.

4.4. Political, social and other factors associated with drink-driver rehabilitation

Many traffic offenders are ordered by the courts to undertake treatment. Coerced treatment raises ethical concerns, with there being more support for treatment referrals that allow at least some voluntary participation on the part of the individual.^{15,16} It may also be that offenders who choose to participate in programs are more amenable to change.

In addition, coerced treatment raises questions regarding an offender’s level of motivation for change.¹⁷ It has been argued that, while some individuals may have little intrinsic motivation to attend rehabilitation programs (or change their behaviour), compulsory attendance at least ensures exposure to appropriate treatments.¹⁸ However, it has also been argued that individuals with substance abuse problems undergo various stages in their motivation for rehabilitation or change (e.g. pre-contemplation, contemplation, preparation, action and maintenance), and that effective treatment requires appropriate targeting of treatment.^{19,20}

Given the modest reductions of traffic offender rehabilitation programs, one author has raised the following questions²:

- how much should society spend on such programs?
- how effective are individual programs that offenders may be referred to?
- how well will the programs work with individual offenders?

These questions underscore the need for program implementation based on research and best practice, and the need for thorough program evaluation.

However, it must be noted that, although the seven to nine per cent impact of rehabilitation on drink-driving offences may seem low, it is similar to deterrent effects obtained in other areas such as licence revocation laws (six to nine per cent), graduated novice driver licensing (five to ten per cent), and seat belt use laws (six to nine per cent).²

5. CONCLUSIONS

Traffic rehabilitation programs offer an alternative to sanctions alone and aim to reduce recidivism of serious driving offences. Current programs in Australia and New Zealand are underpinned by a philosophy that aims to minimise the harmful effects of drugs such as alcohol on individuals and on society. Evidence suggests that well designed and conducted programs have the potential for modest reductions in the rate of alcohol-involved crashes (at least seven to nine per cent). It has been suggested that thorough assessments should be conducted to develop individualised multi-modal treatment programs based on best practice, to most effectively target the complex needs of the diverse drink-driving group.

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