An Australian Management Program for Drinking Drivers: Driving Simulator, Controlled Drinking, Video-tape and Educational Self-image Confrontation

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Of course the trouble with the drinking driver is that he has beer in the belly, is as full as a boot, has his brains in the boot and tends to spread blood on bitumen. Road accident deaths are commonly drinking driver crash inevitabilities. They are the single largest cause of lost years of working life in our society and therefore of immense economic importance. One must also consider the economic importance and the suffering and the upset caused by the many other accidents which do not involve death but again where alcohol plays a major role. Drugs other than alcohol are increasingly being recognised as a cause, one of the multiple causes, of traffic crashes, including not just illicit drugs but prescribed and over-the-counter proprietary medicines. Far more than half of all drivers killed on the road are drunk. In non-fatal accidents some 25% of all the victims have positive blood alcohol levels. International studies show general agreement that at any one time 6 to 10% of people on the road have blood alcohol levels in excess of 50 milligrams per 100 millilitres — they are not fit to be in charge of a motorised vehicle.

The situation is clearly diastrous, but it does not stop there. Most convicted drink drivers have a history of other alcohol related offences and problems such as family and work difficulties. The effect of the courts in deterring recurrent offences is very poor so far. A 1970 Melbourne study\(^1\) established that at least 25% of all drunken drivers would re-commit the offence, some as many as four or five time. Ots\(^2\) followed up 300 convicted drivers and also noted the high incidence of re-conviction for other alcohol related offences.

Our civilisation is based on the premise that one can teach people to behave in certain ways and to avoid behaving in other ways. Obviously educational programs are of immense interest in the drinking driver problem area.

The Victorian Alcoholics and Drug Dependent Persons Services, a branch of the State Health Department, has been developed as a new and uniquely important focus for all the State responses to individual and community problems associated with the use of alcohol and other drugs. Initially we have four distinct, specialised centres, co-ordinated from a central office. These provide treatment, rehabilitation, research, training, educational and other prevention programs. By extending and supporting previously available facilities they back up and help improve a broad range of services which are being given by many agencies to the people of Victoria. In addition, the new Services can enable the effective co-ordination of all community responses to the complex problems of alcohol and drug use. Within this developing organisation a great effort has been made to build in from the beginning efficiency geared measures including adequate data collection, cost-effectiveness controls, and a generally continuous evaluation of all efforts.

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\(^{a}\) Alcoholics and Drug Dependent Persons Services, Health Department, Victoria, Australia
A special program has been devised for drinking drivers and there are virtually no restrictions on who is admitted to this program, except of course that they should have been convicted of a drink driving charge or presented with a drinking problem and be regular vehicle drivers. The program is based on Robert Burns' call: 'Oh would some power the gift to gi'e us, to see ourselves as others see us'. For you see the main trouble with the intoxicated state is simply the fact of intoxication which affects judgment, mood, perception, foresight, as well as co-ordination, psycho-motor skills, efficiency, risk-taking and so on. This faulty judgment is reflected in the oft-heard statement: 'I always drive better with a drink under my belt.' A client for the special program goes through the routine, very thorough team assessment, then has the program explained, and undertakes it in terms of a signed, voluntary contract. They are admitted on a Saturday morning to one of the centres and subjected to informational input regarding the effects of alcohol generally and in particular on driving safety, as well as the ordinary rules of safe driving. They are shown films concerned with drinking driving and discuss these. A proportion of the clients then undergo a full-scale program involving controlled drinking, testing on various psycho-motor skills, and testing on a driving simulator, with all their behaviour being video-taped. Other participants act as observers. Their performance on the psycho-motor skill tests and the driving simulator has previously been tested in the sober state and due allowance is made for practice effects. Breath-analysis machines are used and the subjects are tested at the 50 milligram per 100 millilitre blood alcohol level and at the 100 milligram per 100 millilitre blood alcohol level.

This takes up the whole of Saturday and is expensive in terms of staff time and concentration. The subjects then have a quiet evening with a good meal and an early night. The next morning after shower, breakfast and so forth the subjects are asked to meet together and discuss what they went through on the previous day. The majority claim that they thought they did better when under the influence than when sober and when confronted with their scores, which of course show a deterioration in performance, they may tend to say 'Well you faked those'. At this stage the video-tape is brought on and they are shown just how they behaved and can see themselves smashing the driving simulator steering wheel from one side to another, failing to respond to peripheral light signals and the other signals of the machine, becoming loud and otherwise boisterous in their behaviour and generally acting like the drunken fools we have so often on the road. Apart from staff discussion, the drinking drivers who had only been through the film and lecture educational part of the program can describe the way in which they saw the performance of those who had been intoxicated and tested on the various pieces of equipment. As you can see this is quite a confrontation and gives opportunity for intense educational input (I believe that the best definition of education is information plus feedback leading to learning, which in turns involves modification of the central nervous system).

The beauty of the program is that we can, as we follow up and evaluate the results, cost out the effectiveness of the most intense weekend programs involving the whole process I have described and compare these with just simple informational input programs and even with the results obtained with subjects who have simply been put on a waiting list or who have only been through an assessment procedure. It is important to find out whether the observation of others going through this full program is of great merit, for then one can run fairly large scale programs fairly easily, using only a few intoxicated drivers but having a rather large audience. Certainly the social cost-effectiveness of all these various educational and other intervention and punishment programs must be measured for there are so many drinking drivers that economic approaches have to be found.

I should state that our follow-up and assessment is concerned not just with whether the driver is arrested again on a charge of drinking and driving or whether he is killed in a drunken crash, but whether his general drinking habits change, whether his family and work performance alter, how he is seen by other people — whether they learn to have a higher regard for him and so on.
Because the Service is working with some thousands of problem drinkers as well as other drug users each year, it will be easy to match subjects to compare the results of various methods of education and other intervention. All programs need extension so long as they have in-built evaluation, for their cost is miniscule compared to the cost of the drunken road toll. As well as cheerfully accepting enormous revenues springing from the sale of alcohol beverages, the government and the people it represents must be prepared to pay to reduce the suffering associated with drinking driving behaviour.

REFERENCES