Recidivist rehabilitation in rural Australia

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CONTEXT

Armidale is a provincial city on the Northern Tablelands of NSW. It is the site of the first Australian rural university, the University of New England. There has been involvement in traffic safety research and drink-driving issues in the area over the past twenty years. The New England Road Safety Strategy is a co-operative venture involving four Local Government areas with a total population of nearly 40,000. Road crashes cost this community more than $10 million (Aust.) per year.1 (New England road Safety Council. 1996)

The PCA Offender Program, a convicted drink-driver rehabilitation program, was developed within the context of the Armidale Community Alcohol Strategy. The Strategy is the first such community-based initiative in Australia; it grew out of more than a decade of research in relation to schools and alcohol education. Some of this research was presented at the first National Traffic Education Conference at the University of New England in 1986. The Strategy is overseen by a sub-committee of the Armidale City Council, and its basic philosophy is one of harm minimisation. It has adopted an inter-sectorial approach and this has expedited the work of a Drink-Drive Project Officer who has been employed using funds provided by the Roads and Traffic Authority (RTA) of NSW.

Drink-driving offences in the Armidale district tend to be under-represented in the high-range (over 0.15): 26% compared to 34% for all NSW. In the mid-range (0.8 - 0.15) the Armidale figure is 63% compared to 51% for the State. During the first 12 months of the study period there were 100 convictions for driving with a blood-alcohol level over the legal limit, with twenty of these drivers coming from outside the district.

At the commencement of the PCA Offender Program questionnaires were sent to local solicitors, medical practitioners, and community health workers. Half the Doctors responded, while there was an 80% response in the other two groups. Half the health professionals saw drug consumption as the major community & public health problem and most believed that drink-driving was an issue in the area. Medical practitioners were not aware of the rehabilitation program, whereas the community health workers and two thirds of the solicitors knew of its existence. The lawyers were aware of the severity of alcohol-related road trauma and were prepared to send clients for rehabilitation, particularly repeat offenders and those with high blood-alcohol levels. Of particular interest was the belief in the majority of cases that...
rehabilitation was feasible and that a broad range of community health workers, professionals, and Government corrective staff were suggested as being capable of providing this service.

INPUT

In 1994 and early 1995 a series of public meetings were held to explore the possibility of commencing a rehabilitation program for convicted drink-drivers in the area. The initiative came from the former New England Health Service Anti Drink-Drive Project Officer whose work with the New England Health Service was funded by the RTA. The local Magistrates, Solicitors, and Police were included in this consultation process.

The key community stakeholders eventually chose a Tasmanian program entitled “Alcohol and Your Responsibility As a Driver”. This program had originated in the Northern Territory’s Community and Alcohol Service as “Drink-Driver Education”. The course was purchased from the Northern Territory’s Community and Alcohol Service for $500 for 12 months. The Armidale group wanted a competency-based program, thus an extra two sessions were added to the program. Session Five involved visiting a licensed premises where the participants are under contract to use a strategy to stay under either 0.02 or 0.05 BAC. During this session participants have the chance to use the breath testing unit while having a few drinks, or they may choose not to drink. Either way, participants have the opportunity to spend two hours in a licensed premises and test their chosen strategy. During the final session participants discuss how they felt in the licensed premises using their strategy. The final session is also used to evaluate the previous five weeks of the program.

COST

The initial costs of the program were $500 to purchase the program from the Community Drug & Alcohol Services in Darwin, Northern Territory for twelve months, and approximately $500 to adapt the program to suit local needs.

It is estimated that each course costs approximately $1000 to run, based on a figure of five participants per course.

STAFF

Staff involved were the Drink-Drive Project Officer, The Dependency Resource Unit, a Health education Officer, and a local Police officer. A local Medical Practitioner, Dr Brian Connor, participated in the first two courses.
The course is skilled-based in that it aims to teach one skill: *to separate alcohol consumption from driving a motor vehicle.* This is consistent with the philosophy espoused in an earlier report for the Federal Officer of Road Safety.² (Sanson-Fisher, *et al.* 1986)

**SUMMARY OF COURSE**

The weekly two-hour sessions held over six weeks cover the following subjects:

1. History and legal aspects of drink-driving
2. Short-term health effects of alcohol consumption
3. Individual and community drinking patterns, including social, economic, and emotional consequences of unsafe drinking
4. Alternative behavioural strategies in relation to drinking and driving
5. Time spent at a licensed premises in order to implement strategies devised in Session 4
6. Discussion and evaluation of the course by participants

**RULES**

In order for participants to be awarded a Statement of Attainment on completion of the course, each participant is required to abide by the following rules:

* Ensure they are free from alcohol and/or other drugs when they attend each session
* Submit to a breath test prior to commencement of each session to verify their zero blood alcohol status
* Be on time and remain for the entire session
* Attend all sessions of the course
* Actively participate during each session
* Pass the competency tests at the end of each session
* Complete all set tasks between sessions

**PROCESS:**

**PARTICIPANTS**

After twelve months forty six participants were enrolled in the course, of these thirty six completed the program and gained a Statement of Attainment.

Twenty one participants had not completed final year of schooling, and eight were attending university.
PRODUCT

The competencies of participants after each session were satisfactory in all but four cases. The review of knowledge levels covered by the course revealed a marginal improvement at the end of the course when compared to those at the beginning. In most cases there was a positive shift in the participant's attitude towards the severity of punishment in relation to drinking and driving. More interestingly, there was a definite increase in the number of reasons given by participants for regretting their drink-drive behaviour. This may have indicated a change in attitude towards drinking and driving as a result in participating in the program.

Evaluation by attendees revealed that they believed that they were less likely to drink-drive as a result of coming to the course. The most useful sections of the course were thought to be learning about the processing of alcohol in the body, standard drinks, and the effects of alcohol. However, participants found these issues difficult to understand. Healthy drinking levels and testing blood alcohol levels at the licensed premises were also thought be useful. Role plays and legal requirements in relation to alcohol consumption were thought to be least useful. There were no major suggestions regarding ways to improve the course.

There were 100 PCA offences in the Armidale Police District during the time the program was being promoted and held. Eighty of these drivers were from the Armidale area and nearly fifty percent of them attended the course (this is excluding those participants who were not PCA offenders).

Solicitors were questioned after nine months regarding reasons for non-referral to the course. A majority view appeared to be uncertainty about the difficulties attending the course: time of the day; lack of licence; a perception that the course was only for repeat offenders.

An attempt is being made to keep a record of participant's sentences, and the organisers are reviewing the course content in the light of their first twelve months running the course.

DISCUSSION

It has been argued that drink-driving is an especially serious problem for rural Australia and that rehabilitation programs for drink-drivers have had problems in terms of evaluation and effectiveness. Outcomes assessment has been difficult and it is suggested that before dismissing rehabilitation as an effective measure for drink-drivers all facets of the program be
reviewed. Issues need addressing in terms of the context, inputs, and implementation of a program before any consideration can be given to outcomes and long-term behaviour change by participants. Description of the course is seen to be important (Sanson-Fisher, et al. 1986)

Rural communities have special problems in relation to demography. Small numbers and mobility of population make longer-term studies virtually impossible.

The Armidale study aimed to change participants' behaviour in one area alone: to teach strategies to help participants separate their drinking from their driving. Those involved in the program appreciated the fact that permission was given to still drink alcohol and at the same time were given the opportunity to demonstrate they had learnt to consume alcohol in a controlled manner in a licensed outlet. A special contract was developed for each attendee at the special session at a licensed outlet. There is interest in trialling this aspect of the course in other rural areas of the State.

Evaluation revealed overall satisfaction with the course, but there was still uncertainty about some aspects of alcohol use. In particular, "heavy drinking" seemed to be a misunderstood term.

In the organisation of this drink-driving rehabilitation project a number of important issues became apparent.

The idea of dealing with alcohol dependency within the rehabilitation course was discussed and rejected as it was felt that this was not part of the agenda of the program. Perhaps participants should be offered an opportunity to follow up this matter later at another venue if they so desired.

In terms of cost-effectiveness and cost-benefit it is too early to ascertain savings resulting from the course. As already noted, costs were approximately $1000 per course (apart from the initial costs of setting up the program). An interesting way of looking at cost saving is to determine funds spent on the imprisonment of drink-drivers: This is at least $100 per day. It has been suggested that at least two participants were kept out of jail as a result of doing the course, and so from this perspective alone the program paid for itself. This is apart from the counter-productivity of a prison sentence in relation to drink-driving, and the difficulties experienced by staff of the Department of Corrective Services in promoting inmate insight into these issues.
It has been argued that social context is an important issue for those suffering from alcohol-related problems.\(^4\) (Sheehan. 1994) However, in this study it became apparent that several 'community context' issues were impinging on attempts to satisfactorily deal with the problem of drink-driving rehabilitation. Despite the Armidale community having been sensitised over many years to traffic safety issues in general, and drink-driving problems in particular, it still required a long time and much effort to establish the PCA Offender Program and to gain consistent professional support - especially within the legal system. The significant number of men over the age of 35 years who enrolled in the course suggests that this may be a group who should be targeted in public education programs in the future.

The constant institutional restructuring and associated changes in staff meant that it was very difficult to maintain constancy of input from personnel organising the program. This applied particularly to the police and latterly to the Drink-Drive Project Officer whose funding was under threat of not being renewed twelve months after the start of the present study. One of the Magistrates was replaced during the study period.

There is no constancy of support for rehabilitation programs at State Government level and there was minimal action from the State Government with regards to implementation of recommendations regarding drink-driving rehabilitation made in the 1993 Staysafe Committee Report November 20.\(^5\) (NSW Parliamentary Standing Committee. 1993)

It would appear that all prospects of satisfactorily rehabilitating convicted drink-drivers are doomed unless there is a workable Government policy in the field to ensure accurate data collection of drink-driving offences, reviews of what programs are in place, and some long-term support to allow their evaluation. The present situation in New South Wales makes it difficult to organise long-term follow-up of rehabilitation programs - particularly in rural areas. Given the critical importance of the issue, it would seem that it needs to be higher on the Government agenda.

The Armidale study continues, and the CIPP model of evaluation is helping with its implementation.
END NOTES


