The *One for the Road* Group Programme for Repeat Drink/Drugged Drivers

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Abstract

Context
Alcohol-related crash deaths and injuries account for 31% of fatal road crashes in NZ (NZ), with 72% of the total caused by repeat drink drivers (Ministry of Transport, 2009, 2010), and preventing recidivists from re-offending is likely to have the greatest impact on alcohol-related crashes (Campbell, 2000; Joyce, 2000; Roadsafe Auckland, 2001).

Objectives
One for the Road is an innovative brief group intervention targeting behaviour change in repeat drink/drugged drivers in NZ. This programme is based on best-practice research and methodology but adapted and refined into a unique structure and process for the NZ context. The group therapy process is the key, and this enables a focus on the deeper underlying issues while also featuring specific methods designed to engage with Maori and Pacific Islanders who make up over 50% of participants. Attendees are typically referred by lawyers/self prior to sentencing, Court and Probation Services as part of sentencing, or Alcohol and Drug Services during the process to have a licence disqualification lifted.

Key Outcomes
Over the last 4 years 570 ‘drink drivers’ have graduated from One for the Road with 97% indicating they would plan to keep to a zero blood alcohol concentration when driving in future. Quantitative data indicate a low 3.5% re-conviction rate (1 in 28 graduates) over a period of 6 to 30 months post group completion (2.6% reconvicted within 6 months, 0.9% in the next 6-12 months, with no further reconvictions recorded over the next 18 months).

Discussion and Conclusions
Although the time span is relatively brief, this result is comparable with overseas evaluations of effective programmes, and with the overall reconviction rate for drink driving in NZ (estimated to be 36% over 10 year period (Dawe, 2010). Further research utilising a randomised controlled trial is required to examine and establish the efficacy of this intervention.

Introduction

*Background to drink driving in NZ*

Drinking and driving is a topical issue in NZ with increasing numbers of people being prosecuted. The Ministry of Transport reported 34,272 prosecutions for drink-driving in 2008 up from 29,052 in 2005 and reports show 31% of road deaths as being alcohol-related (Ministry of Transport, 2009). There is concern about the high number of people receiving a custodial sentence (inc. home detention) for traffic and vehicle related offences (including drinking and driving),11,851 in 2009 making up 19% of the total number of custodial sentences passed (Statistics NZ, 2010).

Methods of social change have been attempted to improve the situation such as increased police presence and breath testing, tougher sentencing, media shock tactics, and lowering the drink-driving limit is again on the political agenda. Yet there remain persistent drink-drivers who appear immune to these interventions and who appear to feel their behaviour is justified as ‘thousands do it’. Societal attitudes are based on smaller groups and family systems, and on this basis the most effective way to bring about change in behaviour is to target the individual and their peer group. The *One for the Road*
programme focuses on group work with repeat offenders, using engagement, empathy, challenging to world views, eliciting commitment to change, and promoting a zero drink/drugged driving limit.

**Drink Driver Specific Programmes**

**Why focus on repeat drink driving?**

In NZ, studies and police data indicate that at least 30% of drink drive offences in the Auckland region are committed by recidivists, and it is now generally acknowledged that preventing recidivists from re-offending is likely to have the greatest impact on alcohol-related crashes (Campbell, 2000; Joyce, 2000; Roadsafe Auckland, 2001). Levels of repeat drink-driving in NZ and other countries are generally poorly documented, but international studies generally report a range from 9% to over 30% depending on the follow-up period. Data from New South Wales indicated that overall 15.5% of drink-drivers return to court for a subsequent offence within 5 years (Trimboli & Smith, 2009).

In NZ, the Ministry of Transport (2010) reported that 27% of first time drink-drivers go on to re-offend despite the current regime of fines and licence disqualification. However, data cited in the Law Commission (2009) *Alcohol in our lives – issues report* showed that 29,739 drivers had received one or more convictions for drink-driving in 2008 with 18,924 (64%) having only one drink driving conviction in 2008 and in the 10 years prior, while a further 6,973 drivers (23%) had one conviction in 2008 and one other prior drink-driving conviction either in 2008 or the 10 years prior, and finally another 2,594 drivers (9%) had three drink-driving convictions. These data imply that there is an overall reconviction rate of 36% over the 10 year period 1999 to 2008 in NZ, which appears to be high compared to overseas examples (Dawe, 2010).

**One for the Road**

The *One for the Road* programme was first implemented by Harmony Trust in 2008 as an ‘experiment’ to test whether a ‘brief intervention’ model would have any effectiveness with this population. Since then some 85 groups have been completed across the Auckland region. Referrals generally come from lawyers (with clients who have court cases pending), probation, court referrals, and Alcohol and Drug Services, or self referrals. The group is focused on engaging with ‘hard to engage’ clients and based on both best-practice research innovative ideas and strategies applied to the NZ context.

**The Typical Group Member Profile**

The following points are based on both demographic data obtained in the pre-group interview, and observations and impressions of the author and other colleagues gained in clinical work. Data obtained from the people who have attended to date has shown the ‘typical’ One for the Road group member to be: male (88%), aged 37years, has 4 ‘excess breath alcohol’ convictions, shows binge drinking and alcohol ‘abuse’ rather than dependency (59% scored 1-10, low to moderate alcohol dependency, while only 11% scored 11 or higher on the Leeds Dependency Questionnaire (LDQ), is defensive, has stored anger and blames others, is ‘pre-contemplative’ (does not think he has a have a problem), has strong justifications for his behaviour, and is equally likely to be Pakeha (European), Maori, or a Pacific Islander. Based on the authors clinical observations, these repeat offenders have developed a particular ‘mindset’ with strong and compelling reasons for justifying, rationalising, and continuing with their behaviour. These justifications assist the drink driver to ‘cope’ with feelings of guilt, shame, hurt, victimisation, alienation, and anger.

One group member described having a ‘book’ of justifications he could draw upon at any point in order to ‘feel’ better about his behaviour. These are often statements (beliefs) such as: “I only had a few…I drive better when I’m drunk…I’m the least drunk so I had to drive…It’s only around the

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corner…I don’t have a drinking problem, I just have a driving problem…Where’s the victim, I haven’t hurt anybody”There’s thousands out there that drink and drive”.

Key Features of the Programme

Brief Intervention

The group is a run in an intensive style over 3 sessions with: 1/ an interview for initial engagement, warm up, and assessments,, 2/ group session 1:6 hours- to develop empathy, discrepancy/ and roll with resistance, 3/ group session 2:4 hours- to promote ‘change talk’, ‘commitment language’, support self-efficacy. We have also found the brief intensive model assists with client retention in group, with the completion rate for One for the Road being approximately 80% of those commencing the group.

Alcohol and other drug intervention studies support the effectiveness of a brief intervention model in motivating a client towards behaviour change (Bill Miller, 1996; Miller and Taylor, 1980), and there is much that can be done in even a single session to initiate change in alcohol use (Miller and Rollnick, 2002). In One for the Road group sessions the facilitators look for ‘change talk’ and commitment language as indicators of motivation to change.

While the majority of group participants attend because they feel they have no choice, that is they have been told to attend by their lawyer, probation officer, Judge, counsellor with the threat of great legal sanctions or longer loss of licence, the group itself represents a window of opportunity in the process of change. One for the Road is focused primarily on participants firstly gaining self awareness around their use of alcohol, secondly being ‘brought to’ reflect on and question their attitudes towards drinking, drug use, and driving, and thirdly in gaining motivation towards behaviour change. This process involves focusing on the personality traits, attitudes, and core needs, and drives that underpin their offending behaviour.

Motivational Interviewing

The fundamental process followed in group parallels the work of Bill Miller (2002) with the ‘motivational interviewing process of working towards change in a) Expressing Empathy b) Rolling with Resistance c) Developing Discrepancy and d) Supporting Self Efficacy. The idea is to take the ‘window of opportunity’ to walk people through the stages of change towards ongoing action by assisting them to publicly challenge and reassess their own beliefs.

Timing and Homework

The group is intentionally run prior to (Friday) and at the end (Sunday afternoon) of the weekend to be situated ‘around’ common drinking and using time. This brings a sense of realism into the group and a chance to test out ‘learning’ and homework in a practical sense. One client coming for a second session on a Sunday afternoon, remarked “I can see why you run this group when you do, and went on to speak of being tested in terms of setting boundaries around safe use the previous night”.

A Therapy Group

One for the Road is a true therapy group which can be described as experiential (action, emotion, and activity based) rather than educational. This is more about ‘being in’ a situation than talking about a situation. There is a group resource booklet given to clients, and DVD’s are shown but these are secondary to group process, where the group members are regarded as the ‘guest speakers’.

The therapy utilised is eclectic and features motivational interviewing, Gestalt therapy, CBT, group process, transactional analysis, role play, and relapse prevention. These are all used with the goal of

The One for the Road Group Programme for Repeat Drink/Drugged Drivers 3
developing self-awareness and challenging attitudes, belief systems, and behaviour around both drink and driving choices, and around drinking. In order to do this the group is number is kept to a maximum of 10-12 people to enhance intimacy and the capacity for depth in the therapy process.

Thinking Problem vs Drinking (Drug) Problem

The pre group screening tools utilized (AUDIT – Alcohol Use Disorders Identification Tool, and LDQ- Leeds Dependency Questionnaire) indicate that only few (11%) of our group members are dependent on alcohol. This means that the majority had what is termed ‘alcohol abuse’, that they are not physically addicted to alcohol and have more of a sense of choice and potential for control around their use. They more fit the profile of ‘binge drinker’, which often results in poor decision making. However the other part of the equation lies in the belief systems and attitude- to the law, to risk taking, responsibility, planning, around safety and setting boundaries, and in this reflects in their resultant behaviour. The therapy process in group looks to challenge these beliefs. We do not necessarily advocate abstinence for all group members, but we do for some. For the others we would promote harm minimisation. One of the prime messages of the group is a ‘zero blood alcohol limit when driving’.

The Anti-Drink Driving Peer Group

Human beings have a strong drive for affiliation and we typically live in groups, work in groups, and tend to drink alcohol in groups (ie ‘social drinkers’). People also tend choose groups within which they feel normal and which serve to normalise their behaviour. Drink Drivers who don’t believe they have an ‘alcohol’ problem, are more likely to attend a group for ‘drink drivers’ than one for ‘alcoholics’. There is sense of acceptance and belonging in associating with a groups, but also in distancing oneself from another group (Allport, 1954). One of the most important objectives of One for the Road is then to establish an ‘anti drink driving’ peer group amongst the group members, where the person who remains ‘pro’ drink driving and begins to feel ‘abnormal’.

Connecting with Maori Pacific Island People

The group is designed specifically to cater for people of Maori and Pacific Islander origin (over 50%) and a feature of this is the focus on hospitality- a cooked kai (food) is provided to participants, use of karaka, observance of tikanga (protocol). Both Maori and Pacific cultures are reflected in group facilitators and leaders. The attendance of ‘drink-driver crash survivor’, Tamati Paul, Ngati Porou, and who has been through a process of rehabilitation and recovery, provides an important catalyst for change. This session is noted to parallel elements of te powhiri (first meeting ritual) process with te wero (challenge), whaikorero (speaking), whakautu (reply), and whakawhanungatanga (connecting). Participants have noted feeling shame, whakama, then a sense of aroha and forgiveness. Attendance by support people and family (whanau) is encouraged.

Evaluating the Group

Over the first 57 groups run (570 attendees) ‘end of group’ screens indicated that 80% of graduates were more ‘ready to change’ (RTC- Readiness to Change) and had a lower ‘Risk of Drink Driving’ for the future (RODD Scale- a 12 question self-report likert scale questionnaire developed by the Authors to assess attitude change within the group). Anonymous Client Group Evaluations at end of group indicate 97% of clients agreed they would keep a zero blood alcohol limit when driving in future

The most commonly used outcome measure in published repeat drink-driver evaluations is subsequent drink-driving convictions as it shows quantitative efficacy. Based on a meta-analysis by Wells-Parker et al (1995) treatment and rehabilitation with drink-drivers had on average a small but positive
influence (7-9% reduction) on the incidence of recidivism and crashes, when compared with standard punitive sanctions without treatment. Data obtained from the NZ Transport Agency indicated re-conviction rates for alcohol related driving offences in the first 570 graduates from the group was a low 3.5% (or 1 in 28) over a period of 6 to 30 months post completion. In the first 6 months following group completion 2.6% had been re-convicted for drink-driving, and in the subsequent 6-12 months a further 0.9%, suggesting that relapse, if it happens, is likely to be earlier rather than later, and length of time following programme completion is not necessarily associated increased risk of re-offending. These results compare favourably with the successful New South Wales Sober Driver Program with a 5% re-conviction rate after 2 years (although it is important to note that this programme forms part of a systemic inter-sectorial approach to reducing drink-driving offending with coordinated sentencing and mandatory supervision programmes for participants).

The feedback from One for the Road participants also provides promising evidence as to the effectiveness of the group: “I felt safe to be honest… I think the course was a real eye opener. I enjoyed the talking and communicating with people in the same or similar situations to myself… Tamati (Paul) was the initial kick start for change, then acknowledging the problem, asking the hard questions, confronting the problem, and making a plan to avoid drinking and driving… I felt this course has helped me and I would recommend it to others.”

Limitations

The authors are encouraged by the results given that group is a brief (and possibly stand-alone) intervention. These results compare favourably with other longer term, more costly, or more integrated programmes. However a key limitation is that the follow-up period for the programme is a maximum of 2.5 years. Further follow-up for all groups over a minimum of 3 years would be valid given that the intervention is intended to create sustainable changes to behaviour. There will also be those who may be drink-driving subsequent to group completion but just ‘not yet caught’ for it, and it may be a poor indication of actual drink-driving as the risk of being detected is relatively small (Health Canada, 2004). Furthermore the results of these evaluations have not been compared to a control group and therefore limit any conclusions regarding the effectiveness of this intervention in relation to people who have had no intervention.

Conclusions, findings and /or recommendations

Initial results for One for the Road are promising in terms of the low reconviction rates and while the time elapsed to date is relatively short, this reconviction rate is comparable with overseas evaluations of effective programmes. The low reconviction rate is more impressive given the profile of the One for the Road programme participants (i.e. relatively high previous drink-drive convictions and low motivation to change compared to overseas programmes, and the high proportion of Maori and Pacific participants). Also the relatively inexpensive cost of the programme indicates that the programme is likely to be cost-effective. Other positive signs regarding effectiveness include improvements in scores on the Readiness to Change (RTC) and Risk of Drink Driving (RODD) scores between pre and post programme. And positive feedback from group participants suggesting some success in the process of engaging and connecting with this at times ‘hard to engage’ population.

In conclusion, the One for the Road programme shows promise in an area that has been inadequately addressed in NZ to date. The programme shows a distinctive NZ flavour and a true therapeutic focus. It appears effective in working with ‘hard to engage’ and complex offenders, who without intervention are highly likely to reoffend causing harm to themselves or others. However further research utilising a randomised controlled trial is required to examine and establish efficacy.

References


