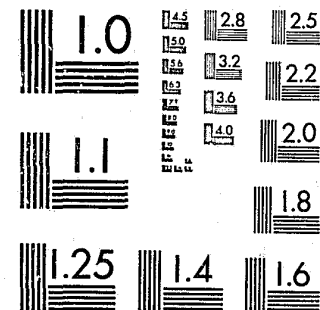


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New South Wales Drug And Alcohol Authority

Drinking Driver Programmes

1. Putting Drink Driving Programmes into Perspective.
2. The Extent of the Drink/Driver Conviction in New South Wales and
3. The Current Style of Diversion Schemes.

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Jane Harris
Robert Bush June 1981

Briefing
Paper

1

NEW SOUTH WALES DRUG AND ALCOHOL AUTHORITY

DRINKING DRIVER PROGRAMMES

Briefing Paper No. 1

1. Putting Drink Driving Programmes into Perspective.
2. The Extent of the Drink/Driver Conviction in New South Wales
and
3. The Current Style of Diversion Schemes.

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June 1981.

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1.

THE MAJOR POINTS OF THIS REPORT

Part I

1. The term "diversion" inappropriately describes the process by which drink drivers are referred to programmes now that licence disqualification is mandatory. A new name should be found which more aptly describes the procedure.
2. Post-sentence/pre-licence renewal is now regarded as the appropriate place to establish programmes.
3. Programmes which involve an assessment of the drink driver on the premise that a typology exists, and that a variety of client matched interventions would follow, are preferred to the current style of education programmes.
4. To date there has been little attempt to co-ordinate the various approaches or to relate them specifically to local communities. Broadly these have included publicity and mass media campaigns; legislation, enforcement, penalty, licence regulation, community corrections and some other broad issues concerning the drinking environment and the driving environment. Drink driver programmes can be included as only one of these multiple strategies. A more integrated approach involving all of the above is currently regarded as more likely to have an effect.

Part II

5. The distinction is made between the number of drink drivers and the number of drink driving convictions. The number of drink driving convictions will be related to the number of breath analysis units as well as the cultural attitudes to drinking and driving.
6. The greatest number of convictions are in the Sydney Metropolitan Area and the urban centres of Wollongong and Newcastle.
7. The conviction rate (per 1,000 over 15 years) for drink driving is greater in country areas than in the metropolitan area. No correlation between alcohol consumption and drink driving was found.
8. Taking 0.15 BAL as an indicator of "problem" drinking, each region has about as many convicted drinking drivers below that point as above it.

PART III

9. In May, 1981, there were 16 drink driving programmes in New South Wales receiving referrals from 27 Courts of Petty Sessions. Eleven of these courts are in the Sydney Metropolitan Area. Fifty-one per cent (27/53) of courts dealing with more than 100 offenders per year had available to them "diversionary" programmes.

2.

THE MAJOR POINTS OF THIS REPORT (cont.)

10. Existing drink driving programmes in the main are pre-sentence programmes.
11. Programmes are perceived as more worthwhile when good interpersonal relationships exist between magistrates and health care workers.
12. The majority of programmes are educational programmes.
13. The majority of programmes do not do thorough assessments of drink driver behaviour.
14. There is no uniform method of gathering data on people entering drink driver programmes. An estimated 10% of 18,000 convicted drink drivers attend programmes per year.

THE PURPOSE OF THE REPORT

This report is the first of a series of Briefing Papers to assist the New South Wales Drug and Alcohol Authority (Drug and Alcohol Authority Act 1980) in developing policy on Drinking Driver Countermeasures. The report's focus is on Drink Driver Programmes.

The report provides information in three areas:

1. PUTTING DRINKING DRIVING PROGRAMMES INTO PERSPECTIVE.

No attempt is made here to thoroughly review the research literature but rather to orientate the reader to some of the broader issues involved and common Drinking Driver countermeasures available. The current pre-sentence diversion model is suggested as being inadequate and a post-sentence/pre-licence renewal model is preferred. Such an approach involves an assessment of the Drink Driver on the premise that a typology exists and that a variety of client matched interventions would follow.

2. THE EXTENT OF THE DRINK DRIVER CONVICTION IN NEW SOUTH WALES.

To develop a planned intervention, it will be necessary to know the size of the problem, and the areas of need. It will also be useful to know something about the characteristics of Drinking Drivers themselves so that interventions proposed can match, as far as possible, their specific needs.

3. THE CURRENT STYLE OF DIVERSION SCHEMES

In order to determine the impact of any possible change in policy and approach, some baseline information on the current approach is necessary.

FUTURE REPORTS

Other information will also assist in the development of policy. Some of the areas from which information can come are:

1. The soon to be published Bureau of Crime Statistics report on the early years of the Sydney Drink Driving Programme.
2. Health Region evaluations of Drink Driver Programmes where undertaken.
3. Evaluation of existing research evidence.
4. An examination of drugs, other than alcohol, and driving behaviour.
5. Pilot Projects - The possibility of running a number of pilot projects has the obvious advantage of providing a controlled condition in which to turn out new approaches in the practical setting. The complexity of Drink Driving Behaviour is now recognised and so a variety of co-ordinated countermeasures is more likely to have success.

PART I : PUTTING DRINK DRIVING PROGRAMMES INTO PERSPECTIVE.

(1) HISTORICAL PERSPECTIVE

The 1975 Committee on Drinking Drivers under the then chairman of the Magistrates' Bench, Mr. M. F. Farquhar, S.M., introduced to New South Wales the American concept of Drink Driver Diversionary programmes (Inst. of Criminology, No. 33). The differences in legal administration of both countries can, in retrospect, be considered a source for confusion in terminology and the appropriate place of a Diversionary Scheme within the criminal justice and licensing process. Diversion Schemes have, until recently, been pre-sentence alternatives rather than a diversion from the sentencing or licensing measures. In other words, such schemes are more usually an educational or therapeutic addition as requirement of a recognisance.

The past six years have seen the establishment of a body of expertise in Drink Driver Diversion in the legal, health and correctional fields in New South Wales. During this period, some research (Homel 1980) and Parliamentary Inquiries into the substance abuse driver and the effectiveness of countermeasures have been undertaken which are specific to the Australian setting. Such a background now provides a realistic setting upon which to review strategies to combat Drinking and Driving and, in particular, the process and style of diversion schemes.

(2) THE SOCIO-CULTURAL PERSPECTIVE

Any reasonable analysis of strategies to deal with drink driving must take into account Australian cultural attitudes to substance misuse (House of Representatives Standing Committee 1980). The Standing Committee considered that "permissive community attitudes to drinking and driving are fundamental impediments to other measures aimed at minimizing the drink driving problem."

Evidence before the Committee suggested the stereotype Australian male was reflected in one who "holds one's drink". His attributes included adulthood, sociability, manliness and virility. Also noted was the changing style of entertainment particularly for young people. Today, entertainment is more and more attached to hotels and licensed discos. It can be expected that such life-style characteristics will, amongst other factors, affect the approach to drinking and driving particularly of younger drivers and that countermeasures will need to appreciate ways of reducing these pressures.

(3) DRINK DRIVING PROGRAMMES IN THE CONTEXT OF OTHER COUNTERMEASURES

It will be important also to view Diversion Schemes in the context of the full range of strategies available. Broadly, these have included publicity and mass-media campaigns; legislation; enforcement, penalty, licence regulation, community corrections and some other broader issues concerning the drinking environment and the driving environment.

Elliott (1980) has comprehensively reviewed drink driving publicity and is critical of its unprofessional approach and the over-use of 'slur tactics'. He makes the suggestion that a starting series of questions in this area could be: "Precisely which behaviours might be changed, to what they might be changed, how they might be changed, and amongst whom should the change take place."

The effect of penalty as a deterrent to drink driving is more complex than a simple model of social control would suggest. Homel's (1980) extensive work in this area has shown that the style of penalty is more effective as a deterrent with certain types of offenders than with others, and that penalty alone, either of fine or licence disqualification, is ineffective with recidivists. The opportunity for sentencers to make use of a variety of intervention approaches based on assessment of individual drink drivers has been suggested as one method of improving penalty effectiveness (House of Representatives Committee 1980). Others, however, favour that diversion schemes should be separated from sentencing and placed in the hands of the licensing authorities.

Enforcement by police provides both for the apprehension of drinking drivers and also acts as a deterrent for certain groups of potential drink drivers (Howard 1978). Thus an increase in the operation of the breathanalysis units, when adequately publicised, can be expected to lead to the apprehension of a greater number of drinking drivers as well as to deter some from drinking and driving.

The lowering of the Blood Alcohol Level to 0.05 in December 1980, and the requirement for police to do breath analysis at all accidents, can also be expected to have this dual effect.

(New South Wales Police have been required to do breath analyses of all drivers involved in motor vehicle accidents since August 1980. So far in 1981, the squad has been increased by ten units in country areas -- see Appendix 1).

To date there has been little attempt to co-ordinate the various approaches or to relate them specifically to local communities. A more integrated approach, of which Drink Driver Programmes form one aspect relating to the specifics of local communities, is worthy of serious consideration in the future.

(4) THE VARIOUS MODELS AVAILABLE

Diversion can be broadly defined as the practice of stopping somewhere along the procedural line between pre-arrest and licence renewal, and diverting an offender away from prosecution or sentencing or a custodial sentence to some other activity which may have a more positive result in social terms both for the offender and society.

6.

In the case of drink drivers the action is usually one of diverting offenders into some other activity rather than away from the judicial and licensing process.

The following is an extract from the House of Representatives Report (1980. pp66).

"There are various methods by which a person may be referred to a rehabilitation course. Firstly, a client may be referred at the time of application for renewal of a driver's licence after a period of disqualification from driving for a drink driving offence [the Chatswood model]. Attendance at a course may be a pre-condition to renewal of the licence. Secondly, a client may be referred by a Court at the time of the initial hearing of the case but some penalty is also imposed, such as licence cancellation and a fine -- [the New South Wales model generally]. Thirdly, he may be referred as an alternative to licence cancellation, a fine or a more serious penalty - the so-called diversionary procedure (not currently available in Australia).

"Courses differ in format and presentation, but in Australia most courses consist fundamentally of an educational programme extending over several sessions. They cover such subjects as the pharmacological and toxic effects of alcohol, the effects on driving ability, existing legislation in Australia and current legal procedures for renewal of licences, the concern of the community about social and medical costs of drinking drivers and the availability of services in the community to assist individuals with a drinking problem.

"Another approach, which was adopted by the Alcohol and Drug Services Division of the Victorian Health Commission, uses a technique of confrontation whereby an individual is allowed to consume different amounts of alcohol so as to raise his BAC to various levels. His behaviour and performance in a simulator are videotaped and he is confronted by a replay of this tape and the comments of other members of the group participating in the programme. Some educational material is also included."

"A third approach could be called the community approach. The participants' peer group is informed about drinking and driving and other aspects of alcohol consumption. Printed material is distributed during an

educational course for court-referred convicted drivers who are then expected to distribute the information more widely to their peer group and acquaintances in the community.

This programme is associated with a parallel community education programme designed to lift general community awareness on how alcohol consumption contributes to serious traffic problems."

7.

"Rehabilitative programmes service different sections of the community. One of these programs is aimed at drivers up to the age of 25 and operates on the theory that an educational programme is more likely to be successful with this group as only a few would have a serious dependence on alcohol use. Other programmes do not have an age restriction. However, some courses deal only with individuals with multiple offences or those apprehended while driving with BACs above 0.15 gms/100 ml".

"It is most likely that different kinds of courses are required for different kinds of offenders. In the long term this will necessitate the setting up of assessment centres so as to refer clients to appropriate programmes..."

"The committee concludes that rehabilitative programmes warrant continued support from Governments and that additional resources should be applied to evaluation and improvement of existing programmes and the establishment of new pilot programmes. These resources should be allocated with a view to the ultimate establishment of assessment centres and a matching of convicted drink drivers to appropriate programmes of rehabilitation."

(5) A NEW MODEL FOR DRINK DRIVING PROGRAMMES

A review of some of the literature by Seth (1980) suggests two starting principles for policy development which have some bases in the empirical evidence.

First: Not all drink drivers are the same and nor are causes of drink/driver behaviour. Thus, the need for a typology of drink drivers exists. It was because of this realisation that the House of Representatives Standing Committee (1980) recommended that programmes should place more emphasis on assessment as an entre to a variety of intervention options. However, the technology of assessment remains empirically largely unexplored in this area necessitating the need for research.

Seth (1980) from her analysis of the New South Wales situation suggested the following strategies which appear worthy of review.

- (i) A range of programmes for different categories of drink/drivers should be developed. Such a development could only proceed given an adequate model of treatment processes, adequate record-keeping systems and adequate experimental design. All of these requirements have proven difficult to achieve in a judicial setting.
- (ii) Programme entry should be post-sentence and could be made a condition of licence restoral where necessary. The legislative mechanism for such a step already exists.

- (iii) To be effective, the system of licencing needs to be tightened up considerably.
- (iv) Wherever possible environmental controls on drink/driving should be introduced. The deployment of suitable ignition interlock devices should be a number one priority in this regard. In those cases where licence disqualification interferes with an offender's livelihood he might eventually be able to choose to pay for the installation of such a device in the vehicle which he must drive.

Perkins (1972) suggests that the Drink Driver Control System.....

"... seems to be balancing the social and economic utility to the public of both drinking as a pleasure and the automobile as a convenient mode of transportation against the social and economic disutility to the public caused by drinking drivers."
(1972, p.19) (Quoted in Seth, 1980)

Little field analysis of the structural, qualitative and quantitative changes that are required to develop a valuable system has been undertaken and clearly there is a need for such a task to be undertaken by a reviewing body. A thorough review of the available research evidence can help to avoid repetition of earlier errors, although as West and Hore (1979) caution, "empirically based causal models are not available, that methods of identifying various groups are not available, especially in Australia....."

Second: From research by Hagen (1978) and Preusser et al. (1976), Seth concludes that rehabilitation programmes are "not effective substitutes for licencing disqualification as a means of reducing either recidivism rates or accident rates."

Such findings that suggest post-sentence assessment and other interventions as a condition of licence renewal have more validity than retaining pre-sentence diversion schemes. Attendance at pre-sentence programmes did, until compulsory licence disqualification periods were introduced in December, 1980, provide grounds in practice for reducing the period of licence disqualification in courts.

A systems approach to analysis proposed by Glaser (1978) has the assumed capacity to deal with the complex issues which arise from any programme which works at the interface of the legal/licensing/health care institutions. Each institution has, of course, its different functions with conflicting philosophies, aims and objectives. The seeking of common ground and the balancing of community versus individual rights is a priority issue. (See Ludwig, 1979, for a discussion on the wider issues.)

Figure 1 outlines a possible model for consideration based on the discussion so far. In summary, the implementation of strategies for such a review and development would need at least to determine answers to the following questions.

1. The programme in its socio-cultural context

- (i) Given the cultural attitudes to drinking, it will be necessary to specify what attitudes and behaviours programmes aim to influence and how such an influence is likely to lead to a reduction in drink driving (West and Hore 1980, p. 382).
- (ii) Given the other countermeasures exist and that these various strategies affect with varying degrees of success, certain types of drink drivers, what is the place and for whom are programmes most appropriate?

2. The target population

- (i) What are the demographic characteristics of drink drivers in the total drink driver population, and which interventions seem most appropriate?
- (ii) In setting priorities to whom should most attention be focussed, and on what empirically based grounds?

For example, Borkenstein (1971) identified the target group as:

- (a) compulsive drinkers
- (b) aggressive drivers
- (c) drivers who occasionally drink too much
- (d) drivers sensitive to alcohol
- (e) inexperienced drivers
- (f) those with neither a drink nor drive problem.

He argued, for example, that punitive measures are effective with (c) but not (a) and (b).

3. The Legal/Licence/Health Care Interface

- (i) How is it managed in law?
- (ii) What are the differences and similarities in the objective of the participating institution?
- (iii) How is it managed administratively?
- (iv) How is it managed interpersonally?

4. The Assessment

- (i) Do the tools exist to do assessment?
- (ii) Do the personnel exist to do assessments?

10.

(iii) What model of assessment is used?

- as a consultation tool - share information with the drink driver.
- as a clinical instrument.
- as information for other Government bodies.
- as a matching client to intervention exercise.

5. Post-Assessment Interventions

(i) What interventions?

(ii) Should they be based in drink driver programmes or other community activities?

(iii) How are compulsory attendance and confidentiality issues determined?

(iv) Are these interventions available?

6. The Research

(i) How is the process itself investigated?

- The management question

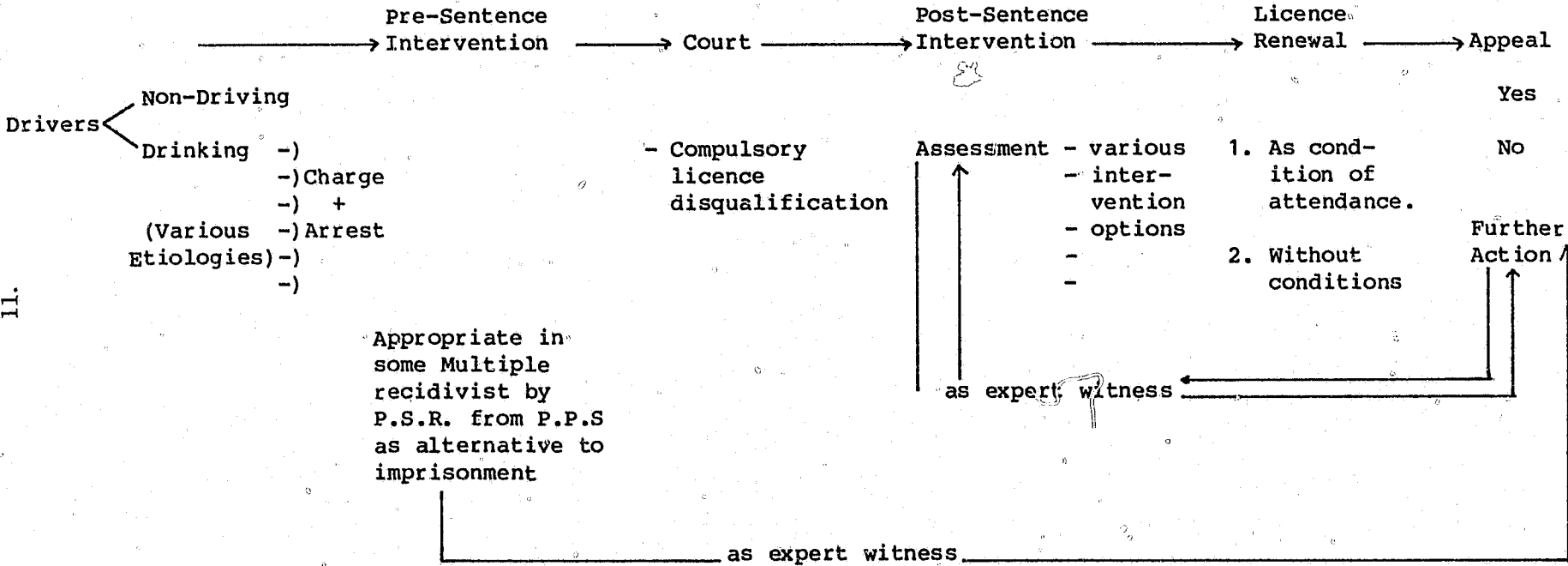
(ii) How is the assessment instrument to be developed? - The theoretical and technical development question.

(iii) How is cost effectiveness determined? - Resource policy question (see Goldschmidt, 1976)

(iv) How is feedback in the programmes made operational?

Figure One

FLOW DIAGRAM OF A POST SENTENCE DRINK DRIVER PROGRAMME



12.

PART II.

THE EXTENT AND DISTRIBUTION OF DRINKING
DRIVER CONVICTION IN
NEW SOUTH WALES.

13.

1. Which Courthouses Deal with the Greatest Number of Drinking Drivers?

Table 1. Rank order of Drinking Driver Convictions: 1979.

| <u>Courthouse</u> | <u>Number of Convictions</u> | <u>Courthouse</u> | <u>Number of Convictions</u> |
|-------------------|----------------------------------|-------------------|----------------------------------|
| Central | 778 | Windsor | 221 |
| Blacktown | 693 | Nowra | 211 |
| Wollongong | 657 | Goulburn | 210 |
| Newcastle | 542 | Bathurst | 209 |
| Manly | 541 | Tamworth | 203 |
| Kogarah | 521 | Wyong | 198 |
| Bankstown | 502 | Maitland | 195 |
| Fairfield | 482 | Broken Hill | 172 |
| Parramatta | 480 | Tweed Heads | 154 |
| Redfern | 465 | Lismore | 148 |
| North Sydney | 438 | Taree | 148 |
| Liverpool | 435 | Queanbeyan | 146 |
| Penrith | 388 | Dubbo | 141 |
| Gosford | 344 | Orange | 131 |
| Sutherland | 322 | Moree | 128 |
| Lidcombe | 306 | Balmain | 127 |
| Port Kembla | 303 | Coffs Harbour | 123 |
| Hornsby | 293 | Belmont | 116 |
| Newtown | 284 | Griffith | 114 |
| Campsie | 269 | Kempsey | 109 |
| Albury | 268 | Inverell | 109 |
| Wagga Wagga | 242 | Grafton | 105 |
| Campbelltown | 235 | Lithgow | 104 |
| Burwood | 234 | Cessnock | 101 |
| Ryde | 226 | Armidale | 101 |
| Waverley | 225 | | |

Only those Courthouses with more than 100 convictions are listed.
Source: Bureau of Crime Statistics and Research.

The largest number of convictions are in the Sydney Metropolitan area and the urban centres of Wollongong and Newcastle. Generally, the smaller the concentration of population, the less convictions appear.

2. In Which Health Region do the Major Courthouses fall?

Courthouses, as places of conviction for drinking drivers, can be viewed as the first link in any referral chain. The table below allows each health region to assess the size of the possible referral population to its services.

Table 2: Drink-Drive Convictions by Courthouses and Health Region: 1979.
(only those with 100 convictions/annum are listed).

| Courthouse | No. of Convictions | Courthouse | No. of Convictions |
|-------------------------|--------------------|------------------------------|--------------------|
| <u>Illawarra Region</u> | | <u>Inner Metropolitan</u> | |
| Nowra | 211 | Balmain | 127 |
| Port Kembla | 303 | Burwood | 234 |
| Wollongong | 657 | Campsie | 269 |
| | | Central | 778 |
| | | Newtown | 284 |
| <u>Hunter Region</u> | | <u>Southern Metropolitan</u> | |
| Belmont | 116 | Kogarah | 521 |
| Cessnock | 101 | Redfern | 465 |
| Maitland | 195 | Sutherland | 322 |
| Newcastle | 542 | Waverley | 225 |
| Raymond Terrace | 165 | | |
| <u>Central West</u> | | <u>Western Metropolitan</u> | |
| Bathurst | 209 | Bankstown | 502 |
| Lithgow | 104 | Blacktown | 693 |
| Orange | 131 | Campbelltown | 235 |
| <u>North Coast</u> | | Fairfield | 483 |
| Coffs Harbour | 123 | Lidcombe | 306 |
| Grafton | 105 | Liverpool | 435 |
| Kempsey | 109 | Parramatta | 480 |
| Lismore | 148 | Penrith | 388 |
| Taree | 148 | Windsor | 221 |
| Tweed Heads | 154 | | |
| <u>South Eastern</u> | | <u>Northern Metropolitan</u> | |
| Goulburn | 210 | Hornsby | 293 |
| Queanbeyan | 146 | Manly | 541 |
| | | North Sydney | 438 |
| | | Ryde | 226 |
| | | Gosford | 344 |
| | | Wyong | 198 |
| <u>Murray</u> | | | |
| Albury | 268 | | |
| <u>Riverina</u> | | | |
| Griffith | 114 | | |
| Wagga Wagga | 242 | | |
| Broken Hill | 172 | | |
| Dubbo | 141 | | |
| <u>New England</u> | | | |
| Armidale | 101 | | |
| Inverell | 109 | | |
| Moree | 128 | | |
| Tamworth | 203 | | |

Source: Bureau of Crime Statistics and Research

Note: Total number of convictions for each Region is not recorded.

3. How significant is Drink Driver Conviction amongst the population of each Health Region? Is the size of the problem in each Region attributable to local residence?

Table 3:

1979

| Health Region | Drink-Drive Convictions by Courthouse rate/1000 over 15 yrs. | Drink-Drive Convictions by LGA of residence rate/1000 over 15 yrs* | Alcohol Consumption in Litres abs. alcohol per adult (over 15 yrs.) |
|---------------------|--|--|---|
| North Coast | 6.02 | 4.75 | 14.82 |
| New England | 6.80 | 5.63 | 13.25 |
| Orana & Far West | 7.61 | 6.58 | 15.27 |
| Central West | 6.82 | 6.59 | 11.71 |
| South Eastern | 7.69 | 6.09 | 13.72 |
| Murray | 8.23 | 6.01 | 17.49 |
| Riverina | 6.83 | 6.70 | 14.39 |
| Hunter | 4.04 | 5.03 | 12.58 |
| Illawarra | 6.30 | 5.93 | 12.18 |
| Sydney Metropolitan | 3.80 | 3.97 | 12.89 |

* LGA = Local Government Area.

Source: Bureau of Crime Statistics and Research; Australian Bureau of Statistics, Licenses Reduction Board.

Looking first at absolute convictions within Health Regions, Murray, South Eastern, Orana/Far West, Riverina and Central West Regions have the highest rates. The Sydney Metropolitan Regions rank lowest.

When area of residence of convicted drink drivers is considered rather than the Health Region in which the conviction occurred, it can be seen that country areas still have higher rates of conviction than Metropolitan Sydney.

However, it should be noted that four country regions -- Murray, North Coast, South Eastern, Orana/Far West -- tolerated a considerable amount of "away from home" drink drivers. This may perhaps be explained by the fact that the Murray Region is in close proximity to the Victorian border and those convicted may well be Victorians. The South Eastern Region is a holiday area both in winter with the snowfields and in summer for the South Coast resort area. The North Coast Region is also a holiday area. Orana and Far West are regions of the State where by necessity people do a great deal of travelling.

Interviews with local police and health workers would no doubt throw light on the reasons for some of these local differences.

The conviction rates do not appear to bear relationship to the amount of alcohol consumed in each Region.

4. How large is the Poor Risk Drink Driver Group in each Region?

In general terms there have been two ways of predicting problem drinkers amongst Drink Driver offenders. The first is by viewing offenders with a B.A.L. greater than 0.15 as being more likely to have developed a substantial tolerance to alcohol over some time. By implication, this group may have other medico-social-psychological problems. The second predictive approach is to regard recidivism as a measure of reckless behaviour. Of course, there are other more clinical measures which could be regarded as more accurate, but these are not readily available, nor are they appropriate for the overall population.

As evidenced by the research of Homel (1980) and that the Northern Metropolitan Region (in print) about 50% of drink drivers are considered problem drinkers (B.A.L. over 0.15), though here one should be careful with the definition of terminology. This view holds approximately true with the New South Wales Regional data (shown in Table 5) except for the Orana/Far West Region, where the bias to high B.A.L. is 60:40, and the Western Metropolitan Region where the proportion is 40:60, a bias in favour of low B.A.L.

Whilst demographic details are not easily obtainable for drink drivers, the Western Metropolitan bias may be accounted for by the younger age of convicted drink drivers -- they have not had sufficient time to develop tolerance for alcohol. Such a group has the problem of learning to drink and learning to drive simultaneously, thus giving them a far greater risk of detection.

Table 4:

DRINK DRIVE CONVICTIONS 1979
HEALTH REGIONS BY BLOOD ALCOHOL LEVELS

| Health Region | Total | 0.15 | 0.15 |
|-----------------------|-------|------------------|------------------|
| Hunter | 1,516 | 772 (50.9%) | 744 (49.1%) |
| Illawarra | 1,229 | 715 (58.2%) | 514 (41.8%) |
| North Coast | 928 | 466 (50.2%) | 452 (49.8%) |
| New England | 734 | 331 (45.1%) | 403 (54.9%) |
| Orana | 443 | 181 | 262 |
| Far West | 169 | 66 (39.1%) | 103 (60.9%) |
| Central West | 735 | 402 (54.7%) | 333 (45.3%) |
| South Eastern | 536 | 252 (47.0%) | 284 (53.0%) |
| Riverina | 638 | 313 (49.1%) | 325 (50.9%) |
| Murray | 352 | 180 (51.1%) | 172 (48.9%) |
| Inner Metropolitan | 1,852 | 961 (51.9%) | 891 (48.1%) |
| Southern Metropolitan | 1,129 | 571 (50.6%) | 558 (49.4%) |
| Western Metropolitan | 3,201 | 1,799 (56.2%) | 1,402 (43.8%) |
| Northern Metropolitan | 2,192 | 1,184 (54.0%) | 1,008 (46.0%) |
| TOTAL | 8,374 | 4,515 (53.9%) | 3,859 (46.1%) |

N.B. All unknown values have been dropped from table.
Source: Bureau of Crime Statistics and Research.

PART III: THE CURRENT DISTRIBUTION AND STYLE OF DRINK DRIVER
PROGRAMMES IN NEW SOUTH WALES

MAY, 1981.

A Statewide documentation of the growth and style of Drink Driver Programmes has not been completed since the introduction of the concept in 1976. The following information acts as a review of the state of programmes in May, 1981. As baseline data, it can act to evaluate the extent of future trends. The methods used for collecting information, adopted for pragmatic reasons, may mean some diversion arrangements in country areas, are not recorded, and no doubt there are already some changes in the provision of programmes. It is often difficult to assess when some local arrangement between a court and a health centre constitutes the status of a programme.

METHOD OF INFORMATION GATHERING

Information from an unpublished survey of Drug and Alcohol Services in each health region, carried out in mid-1980, was used to identify existing Drink Driver programmes and the regional personnel with responsibility in that area. A telephone survey by structured questionnaire was used to gather up to date information (Appendix II). This was then collated. The content of programmes was not evaluated but where local evaluation had been undertaken, copies of reports were requested. Regional profiles consisting of drink driving statistics and programme details were then drawn up.

Summary of Overall Findings

In May, 1981, there were sixteen Drink Driver Diversion Programmes in New South Wales receiving referrals from twenty-seven Courts of Petty Sessions. Eleven of these courts are in the Sydney Metropolitan Area. Fifty-one per cent (27/53) of Courts dealing with more than 100 offenders per year had available to them "Diversionary" Programmes.

(i) Court Liaison

The majority of schemes operate at the pre-sentence stage of the criminal justice process, except at Chatswood, where attendance at the programme is a pre-requisite before a driver's licence is reissued after the disqualification period. At Armidale, the programme is also post-sentence but not a requirement of licence renewal.

Some programmes, notably in country centres and in the Northern Metropolitan region, have set up liaison systems between Magistrates, health professionals and others, using a variety of methods such as a management group and a newsletter. Generally in areas where no such formalised liaison system operates, the poorer the acceptance of the scheme and the greater the misinterpretations of the roles of the various legal and health workers.

(ii) Format of Programmes

The general format is a one night a week session over a number of weeks (range 1 1/2 hours for five nights to 17 nights once a week). The usual length is six evening sessions. Many schemes are influenced by the educational package developed by Northern Metropolitan region, but also use local content. Some schemes involve police, solicitors and/or Probation personnel with various degrees of satisfaction. Such satisfaction appears a factor of personal contact.

An imaginative approach at Armidale focuses on an assessment using modifications to the Alconfrontation Model (O'Neill, 1976) - educational programming being the attendance at open community seminars on alcohol use held regularly in the town. The addition of assessment as a primary objective of programmes and the integration of educational interventions into regular community activities has obvious advantages over single stream educational courses run in isolation to other community health programmes. Assessment recognises the variety of persons caught up in the Drink Driver net.

(iii) Type of Programme

Respondents were asked to classify their programmes according to its predominant feature. The table below sets out that classification by programme. The looseness of definitions here makes for all but the broadest of interpretations invalid. What is apparently clear is that

the majority consider their programmes are educational, and that if assessments in some form are undertaken, they are not viewed as a primary objective in their own right.

Table 5 : Self-reported type of programme

| Type | Centre |
|-------------------------------|---|
| Education | Caringbah, Chatswood, Burwood, St. Vincent's, Taree, Port Macquarie, Wagga Wagga, Langton Clinic, Arncliffe, Botany |
| Education and group work | Wollongong |
| Education and/or Counselling | Broken Hill, Griffith, Bankstown |
| Counselling | Albury |
| Counselling and Group Therapy | Dubbo |
| Assessment | Armidale |

(iv) Estimated Number of Referrals

Variations in methods of collecting numbers referred do not make estimation of its size worthwhile. Generally referrals have decreased in pre-sentence orientated programmes since December, 1980.

It has been approximately estimated from regional figures that 1,825 in 18,000 convicted drink drivers per annum attend various schemes. This is about 10% of the possible target group.

(v) Information to Courts and/or Licencing Bodies

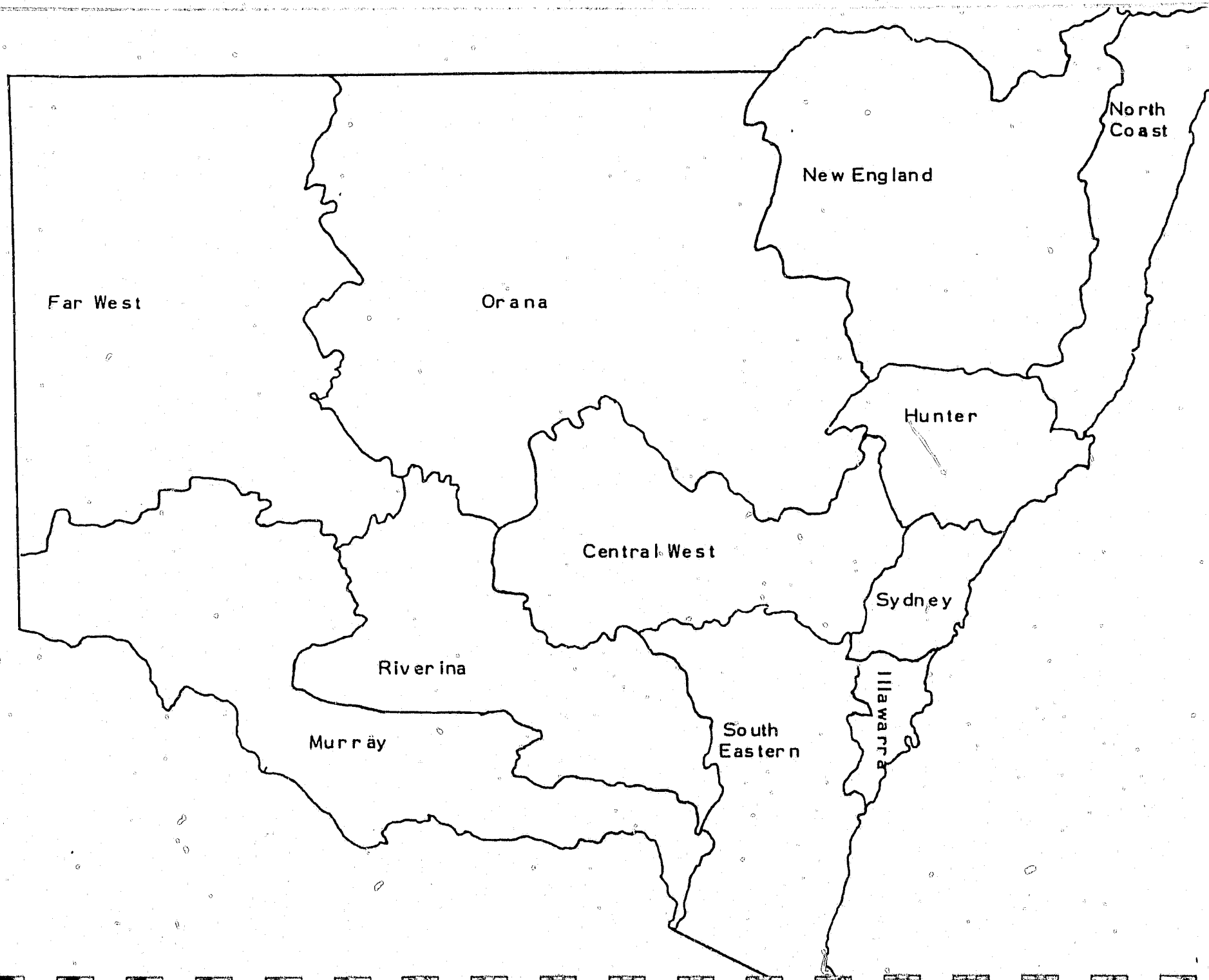
Below is tabled the reported information returned to Courts and/or Licensing Authorities.

Table 6: Information to Courts and/or Licencing Bodies

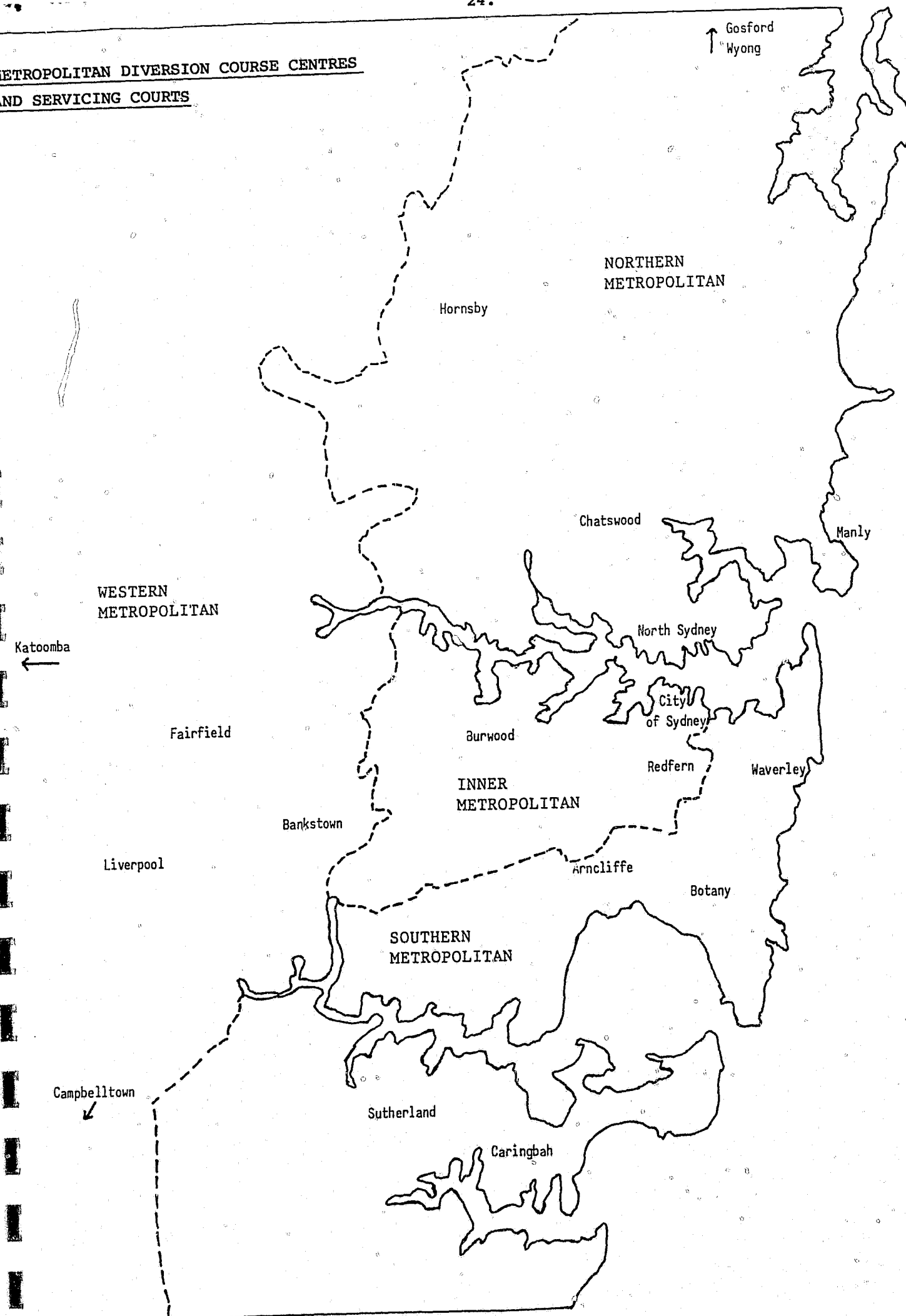
| Type of Information | Centre |
|--|---|
| Attendance Sheet only | Bankstown, Burwood, St. Vincent's, Chatswood, Botany, Taree, Port Macquarie, Wagga Wagga, Wollongong. |
| Attendance record, attitudes and gains from course | Broken Hill. |
| Assessment Report | Albury. |
| Attendance Record, Type of Programmes, Results of questionnaires | Griffith. |
| Motivation and Progress Report | Dubbo. |

REGIONAL SUMMARIES

New South Wales : Health Commission Regions



**METROPOLITAN DIVERSION COURSE CENTRES
AND SERVICING COURTS**



INNER METROPOLITAN REGION

Estimated Population aged over 15 years (1979) : 370,984

**Total Convictions for drink
driving in 1979 :**

By Courthouse: 1786
By Residence: 1437

**Rates of conviction for drink
driving per 1000 pop. over 15
years in 1979 :**
(Ranked position across State)

By Courthouse: 4.81 (9)
By Residence: 3.87 (11)

**Courthouses with more than 100
convictions for drink driving
in 1979 :**

Balmain (127)
Burwood (234)
Campsie (269)
Central (778)
Newtown (284)

Location of Drink Driver Programmes :

St. Vincent's
Burwood

**Courthouses with Drink Driver
Programme Alternatives :**

Central Court
Burwood, Campsie mainly.

REGION:

INNER METROPOLITAN

LOCATION:

St. Vincent's Community Care Centre

TYPE:

Education (available to others, not just
drink drivers)

FORMAT:

6 x 2 hour sessions
Consists of films and discussion

COURT:

Central Court of Petty Sessions

LIAISON:

From Magistrates
Some on adjournment - Probation and Parole are
involved then.

ENTRY:

Assessment (30 page questionnaire) and confrontation
with individual.
Treatment where indicated.

**NUMBER OF CLIENTS PER
MONTH:**

Six to seven per month. Numbers low at present.

26.

ACTION ON COMPLETION: Return to court.

INFORMATION TO COURT: Attendance record only. Sometimes Probation and Parole include some information in their PSR.

STARTED: 1977

CHANGES SINCE START: Nil apparent.

EFFECT OF RECENT LEGISLATION: Not aware of legislative changes.

SUCCESS/EVALUATION: Uncertain. No research.

REGION: INNER METROPOLITAN

LOCATION: Burwood Community Care Centre.

TYPE: Education (Alcohol Study Group).

FORMAT: 6 x 2 hour session
Group made available to court but not part of court procedure.

COURTS: Burwood, Campsie and sometimes other courts; e.g., Liverpool.

LIAISON: Magistrate, Probation and Parole, and Solicitors all refer. Mainly Magistrates though.

NO. CLIENTS: One to three per month on drink drive charges in group of 12. Drop-out rate for drink drivers about 50%.

REPORT TO COURT: Attendance record only.

STARTING DATE: August, 1977.

EFFECT OF LEGISLATION: Has meant that there is a drop in referrals from magistrates. Problem now in maintaining level of numbers - groups go on regardless of numbers. This is being examined.

SUCCESS/EVALUATION: Pre-and post-programme questionnaires re knowledge and attitudes and subjective experience of programme. No formal evaluation apparent.

27.

WESTERN METROPOLITAN REGION

Estimated Population aged 15 years and over (1979) : 906,658

Total convictions for drink driving in 1979 : By Courthouse: 3899
By Residence: 4099

Rates of conviction for drink driving per 1000 pop. over 15 years in 1979 : By Courthouse: 4.30 (10)
(Ranked position across State) By Residence: 4.52 (10)

Courthouses with more than 100 convictions for drink driving in 1979 :

| | |
|--------------------|------------------|
| Bankstown (502) | Liverpool (435) |
| Blacktown (693) | Parramatta (480) |
| Campbelltown (235) | Penrith (388) |
| Fairfield (483) | Windsor (221) |
| Lidcombe (306) | |

Location of Drink Driver Programmes : Bankstown

Courthouse with Drink Driver Programme Alternatives : Bankstown, Fairfield and others

REGION: WESTERN METROPOLITAN

LOCATION: Bankstown Community Health Centre.

TYPE: Educational
Counselling (for those with alcohol problems)

FORMAT: 6 x 2 hour sessions
4 groups concurrently of 8 people.
General education format - films, slides, discussion.

COURTS: Mainly Bankstown, but also Fairfield and others.

LIAISON: Probation and Parole, courts advise clients to attend course (non-voluntary)
Also sent for a medical check.

NO. CLIENTS: Thirty-two every six weeks.

ACTION ON COMPLETION OF PROGRAMME: Either for individual counselling (about 1 in every 30-40) or back to court).

INFORMATION TO COURTS: Attendance sheet which is attached to Probation Officer's report.

FUNDING: Required as staff are at present working on a voluntary basis.

STARTING DATE: About 4 years ago.

CHANGES SINCE START: Nil.

EFFECT OF RECENT LEGISLATION: Nil.

SUCCESS RATE/EVALUATION: Unsure. Is being evaluated by Professor Lovibond, University of New South Wales.

INFORMATION COLLECTED ON CLIENTS: Name, address, court, marital status, sex, age, occupation, previous convictions, present offence, B.A.L., remand date, physical problems.

NORTHERN METROPOLITAN REGION

Estimated Population aged over 15 years in 1979 : 625,991

Total convictions for drink driving in 1979 : By Courthouse: 2131
By Residence : 2162

Rates of Conviction for Drink Driving per 1000 pop. over 15 years in 1979 : By Courthouse: 3.40 (13)
(Ranked Position across State) By Residence : 3.45 (13)

Courthouses with more than 100 convictions for drink driving in 1979 :

| | |
|--------------|-------|
| Hornsby | (293) |
| Manly | (541) |
| North Sydney | (438) |
| Ryde | (226) |
| Gosford | (344) |
| Wyong | (198) |

Location of Drink Driver Programmes: Chatswood

Courthouses with Drink Driver Programme Alternatives : Available to all regional courthouses.

REGION: NORTHERN METROPOLITAN

LOCATION: Chatswood

TYPE: Educational

COURTS: Any in Northern Metropolitan Region. Hornsby, Manly, North Sydney, Ryde.

LIAISON: Bi-monthly newsletter circulated to the magistrates giving information relevant to the programme. A number of magistrates now automatically refer most of their PCA offenders after sentencing, as a re-licensing procedure.

ENTRY CRITERIA: Have not been through the programme previously. Is not undergoing psychiatric treatment. Is considered appropriate for a group oriented approach. Can be referred by the magistrate, DMT or voluntary.

NO. CLIENTS: 30/month

INFORMATION TO COURT: Attendance record

STARTING DATE:

First group June 1976

CHANGES SINCE START:

Broadening of techniques used within the group process according to the group. A wider choice of audio-visual inputs and information is now available and is utilised. Evaluation is also becoming more critical, and is currently being revised.

EFFECT OF CHANGES IN LEGISLATION:

No observable difference as yet.

SUCCESS:

A short-term increase in knowledge and attitudes and self-reported drinking and driving behaviour. Trend towards lower recidivism.

EVALUATION:

Report in progress.

SOUTHERN METROPOLITAN REGION

Estimated Population aged over 15 years (1979) : 509,825

Total convictions for drink driving in 1979 :

By Courthouse: 1533
By Residence : 1875

Rates of conviction for drink driving per 1000 pop. over 15 years in 1979 :
(Ranked position across State)

By Courthouse: 3.01 (13)
By Residence : 3.68 (12)

Courthouses with more than 100 convictions for drink driving in 1979 :

Kogarah (521)
Redfern (465)
Sutherland (322)
Waverley (225)

Location of Drink Driver Programmes :

Langton Clinic, Arncliffe, Botany, Caringbah.

Courthouses with Drink Driver Programme Alternatives :

Redfern, Waverley, Sutherland

REGION:

SOUTHERN METROPOLITAN

LANGTON CLINICProcedure as follows:

1. Individuals present to Langton Clinic via Probation and Parole. They technically volunteer and their case is adjourned. Referrals from Redfern and Waverley Courts and sometimes Central, Bankstown, North Sydney, Newtown and Sutherland.
2. Assessment consists of medical assessment and health questionnaire. At the end of this it is decided whether individual has:
 - (i) drinking problem,
 - (ii) a social problem, or
 - (iii) is just unlucky.
3. On completion of assessment, individuals are referred to Arncliffe Centre for the next stage and to arrange for an educational programme.

Changes since start of programme:

1. Now have standard assessment day (Tuesday).
2. Refer all to Arncliffe (clearing house) rather than direct to individual health centres.

Effect of recent legislation:

There has been a severe drop off in numbers since mid-1980.

Success rate/evaluation:

Not estimated.

No. of Clients: decreasing from January 1980.

REGION:

SOUTHERN METROPOLITAN

Arncliffe

Further knowledge, attitude assessment carried out.

Clients then referred to next available course at Botany Community Health Centre (educational).

This course is run by regional drug and alcohol workers.

No. of clients - approximately 10 per month with about 10% drop-out rate.

D.M.T. will not renew driver's licence until the educational course has been completed.

Evaluation:

Being undertaken at present on clients who went through programme between June, 1979, and December, 1980. There are 100 pre-and post-programme questionnaires completed by 22 groups. The questionnaire is designed to elicit changes in knowledge, attitudes, and behaviour. To be completed June, 1981.

REGION:

SOUTHERN METROPOLITAN

LOCATION:

Caringbah Community Health Centre

TYPE:

Education.

Drink-drivers can be included with the Alcohol Study Group. There are approximately 30 people /month going through this programme but very few are drink-driving offenders.

Referrals come from Sutherland Court.

34.

HUNTER REGION

Estimated Population aged over 15 years (1979) : 327,974

Location of Breath Analysis Units : Cessnock, Muswellbrook, Newcastle

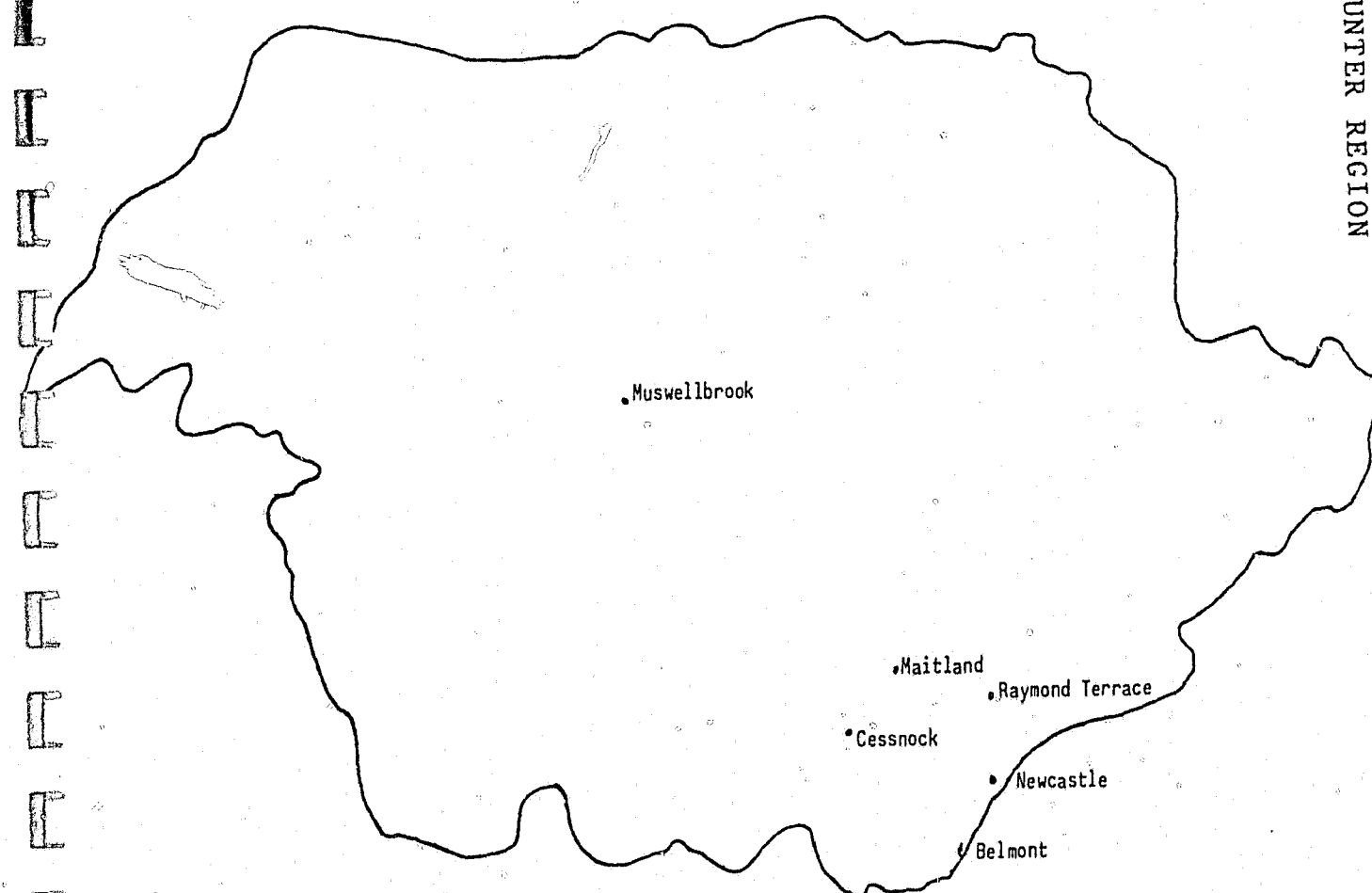
Location of Courthouses with more than 100 convictions for drink driving in 1979 :
 Belmont (116)
 Cessnock (101)
 Maitland (195)
 Newcastle (542)
 Raymond Terrace (165)

Total Convictions for drink driving in 1979 :
 By Courthouse: 1326
 By Residence : 1651

Rates of Conviction for drink driving per 1000 pop. over 15 years in 1979 :
 (Ranked Position across State)
 By Courthouse: 4.04 (11)
 By Residence : 5.03 (8)

Location of Drink Driver Programs : Nil

HUNTER REGION



35.

ILLAWARRA REGION

Estimated Population aged over 15 years (1979) : 219,020

Location of Breath Analysis Units : Milton, Mittagong, Nowra, Wollongong

Location of Courthouses with more than 100 convictions for drink driving in 1979 :
 Nowra (221)
 Port Kembla (303)
 Wollongong (657)

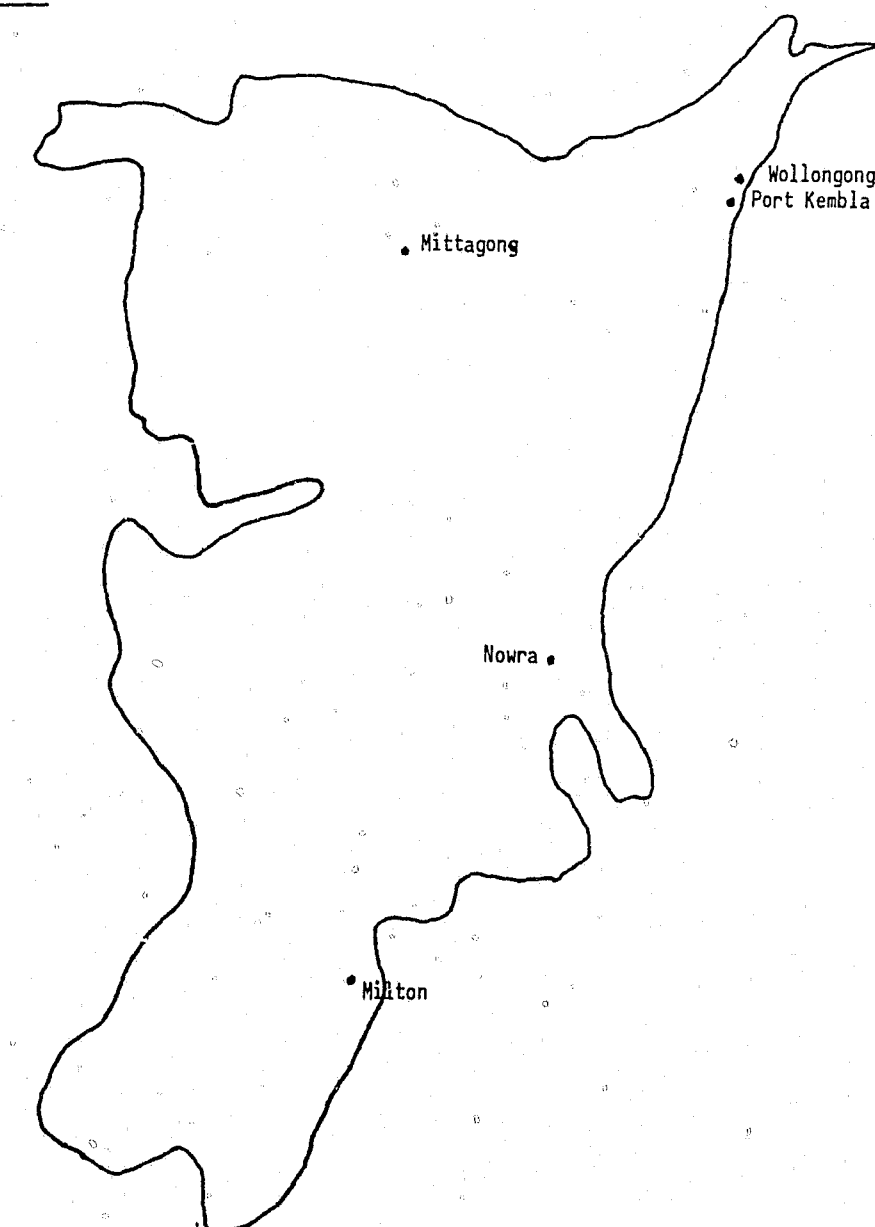
Total Convictions for drink driving in 1979 :
 By Courthouse: 1379
 By Residence : 1300

Rates of Conviction for drink driving per 1000 pop. over 15 years in 1979 :
 (Ranked position across State)
 By Courthouse: 6.30 (7)
 By Residence : 5.93 (6)

Location of Drink Driver Programme : Wollongong

Courthouses with Drink Driver Programme Alternative : Wollongong, Port Kembla.

ILLAWARRA REGION



REGION: ILLAWARRA

TYPE: 6 x 1 1/2 hour sessions (2 courses run concurrently)
Use of audio-visual aids; speakers and group discussion.

COURTS: Wollongong and Port Kembla.

LIAISON: Magistrates refer. Liaison with local GP's, Breathalyser Squad for course input.

ENTRY CRITERIA: Prefer clients under 40 years, not alcoholic, able to understand English, no severe psychiatric disorders. Initially for clients with BAL over 0.15, or 2nd offence or more. Assessment included; medical check.

NO. CLIENTS: 8-9 every 3 weeks.

INFORMATION TO COURTS: Attendance record only.

ACTION ON COMPLETION OF COURSE: Return to court. If genuine drinking problem client may elect to attend a later course and organise further remand.

STARTING DATE: November, 1978

CHANGES SINCE START: Programme tightened. Use of new films, regular staff changes to prevent staff burn out, choice of exercises relevant to the group, introduction of the drinking graph.

EFFECT OF THE NEW LEGISLATION: Has meant changes in pamphlets and computer coding. Has not changed type of clients.

EVALUATION: Subjective evaluation on completion of course, pre and post knowledge questionnaire. Awaiting collation of reports on 200 clients.

SUCCESS: Appears successful relative to being only a 6 night programme. Positive reports from magistrates and clients.

NORTH COAST REGION

Estimated Population aged over 15 years (1979): 211,933

Location of Breath Analysis Units:

Byron Bay, Casino, Coffs Harbour, Grafton, Lismore, Maclean, Murwillumbah, Port Macquarie, Taree, Tweed Heads, West Kempsey.

Location of courthouses with more than 100 convictions in 1979 :

Coffs Harbour (123)
Grafton (105)
Kempsey (109)
Lismore (149)
Taree (148)
Tweed Heads (154)

Total Convictions for drink driving in 1979 :

By Courthouse: 1276
By Residence : 1006

Rate of Conviction for drink driving per 1000 pop. over 15 years (1979) : (Ranked position across State)

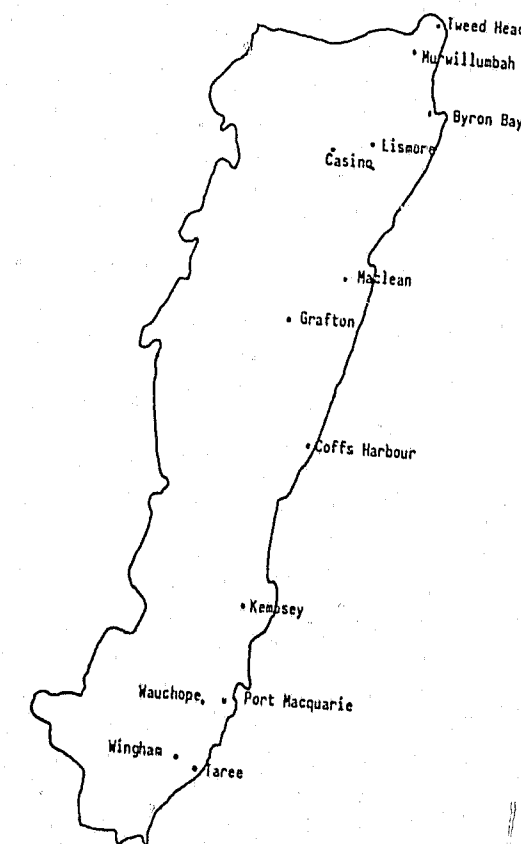
By Courthouse: 6.02 (8)
By Residence : 4.75 (9)

Location of Courthouses with drink driver programme alternatives :

Taree, Wingham, Forster, Wauchope, Port Macquarie.

Location of Drink Driver Programmes :

Taree, Port Macquarie.



NORTH COAST REGION

38.

REGION: NORTH COAST

LOCATION: Taree

TYPE: Educational

FORMAT: Based on Northern Metropolitan Programme
5 x 1 1/2 hour sessions over 1 week period.

COURTS: Taree, Wingham, Forster.

LIAISON: Magistrate (unless being relieved)
Probation and Parole
Solicitors (sometimes)

PROCEDURE: Assessed and attend education programme during
adjournment of case.
Assessment consists of knowledge and medical
questionnaire.

NO. OF CLIENTS: 20 last month (April)
Total: about 72 since start.

ACTION ON COMPLETION: Return to court.

INFORMATION TO COURTS: Attendance record.

STARTING DATE: August, 1980

CHANGES: Nil so far. Aim to change programme in June
to cover a longer time span. This would give
individuals more time to think about their
drinking habits - Magistrate prefers shorter
adjournment.

EVALUATION: Pre-and post-programme knowledge questionnaire.
Follow-up session at six months and again 12
months later. Recidivism rates.

39.

REGION: NORTH COAST

LOCATION: Port Macquarie

TYPE: Educational

FORMAT: 7 x 1 1/2 hour sessions (based on Northern
Metropolitan programme)
Use of audio-visual equipment and discussion.
Seventh session is recap of previous 6.

COURTS: Port Macquarie and Wauchope.

LIAISON: Via Magistrate.

PROCEDURE: Sent from court for assessment and medical
examination.

NO. OF CLIENTS: Unsure.

ACTION ON COMPLETION
OF PROGRAMME : Return to court.

INFORMATION TO COURTS: Attendance record only.

STARTING DATE: August, 1980

EVALUATION: As with Taree
Pre and post programme knowledge questionnaire.
Follow-up session at 6 months and again 12 months
later.

40.

NEW ENGLAND REGION

Total Population aged over 15 years (1979) : 128,450

Location of Breath Analysis Units : Armidale, Glen Innes, Gunnedah, Inverell, Narrabri, Moree, Quirindi, Tamworth, Tenterfield, Wee Waa.

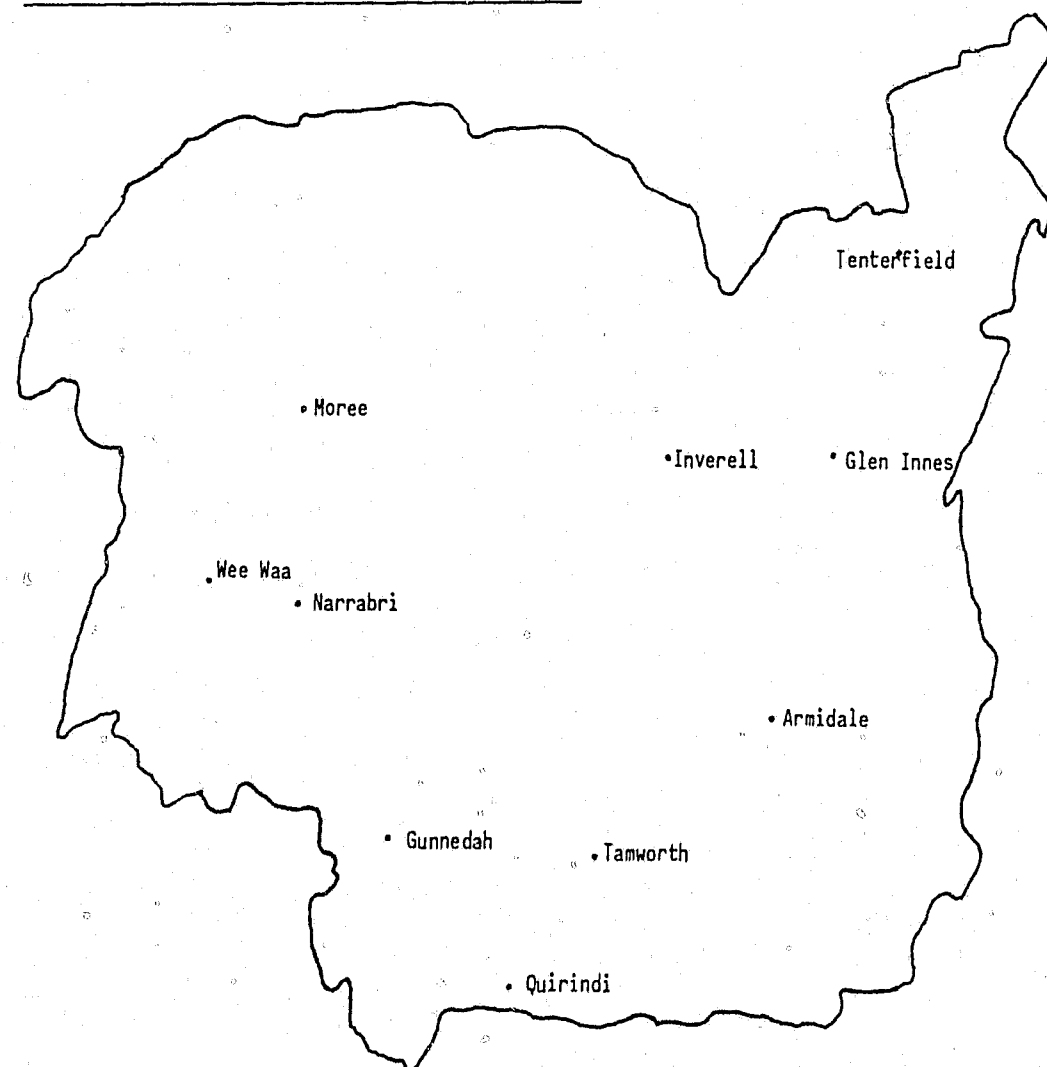
Location of Courthouses with more than 100 convictions for drink driving in 1979 : Armidale (101)
Inverell (109)
Moree (128)
Tamworth (203)

Total Convictions for drink driving in 1979 : By Courthouse: 873
By Residence : 723

Rates of Conviction for drink driving per 1000 pop. over 15 years in 1979 : By Courthouse: 6.80 (6)
(Ranked position across State) By Residence : 5.63 (7)

Courthouses with Drink Driver Programme alternatives : Armidale

Location of Drink Driver Programmes : Armidale.



NEW ENGLAND REGION

41.

REGION:

NEW ENGLAND

LOCATION:

Armidale - Dependency Resource Unit

TYPE:

Assessment/Education

FORMAT:

Post-Sentence Referral - use of the Alconfrontation Model - followed by half-day seminars on Alcohol.

COURTS:

Armidale

LIAISON:

Regular planning meeting with Magistrate, Probation Service involved in seminars and local University assists in Research.

CRITERIA FOR ENTRY:

B.A.L. of 0.10 or magistrate's discretion.

NUMBER OF CLIENTS:

Ten per month.

INFORMATION TO COURTS:

Nil

STARTING DATE:

New scheme started in March, 1981.

EFFECTS OF RECENT LEGISLATION:

Programme is Post-Sentence.

EVALUATION:

Follow-up questionnaires at six weeks and 3 months using criteria - drug count reduction.

42.

ORANA AND FAR WEST REGION

Estimated Population aged over 15 years (1979) : 101,910

Location of Breath Analysis Units : Bourke, Brewarrina, Broken Hill, Cobar, Coonabarabran, Coonamble, Dubbo, Gilgandra, Lightning Ridge, Mudgee, Nyngan, Walgett, Warren, Wellington, Wilcannia.

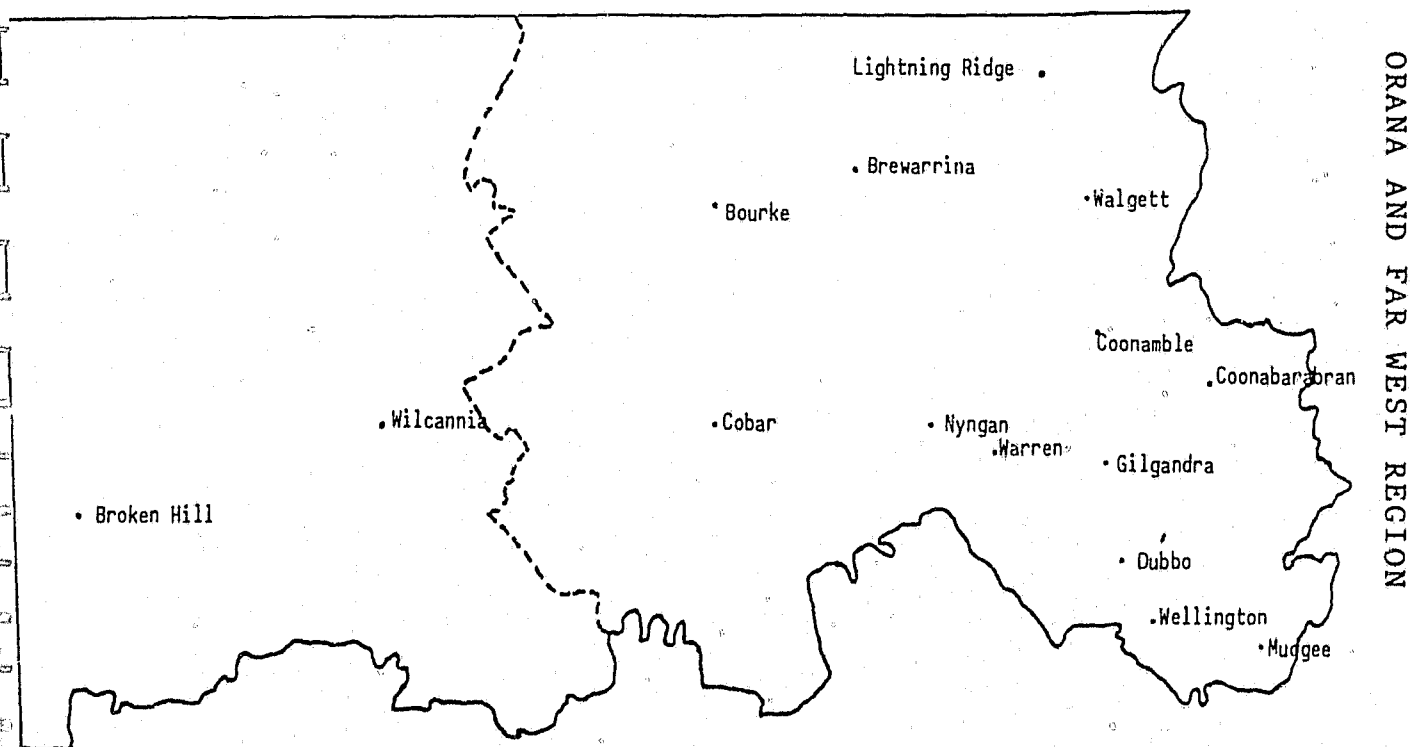
Location of Courthouses with more than 100 convictions for drink driving in 1979 : Broken Hill (172)
Dubbo (141)

Total Convictions for drink driving in 1979 : By Courthouse: 776
By Residence : 671

Rates of Conviction for drink driving per 1000 pop. over 15 years in 1979 : By Courthouse: 7.61 (3)
(Ranked position across State) By Residence : 6.58 (2)

Location of Drink Driver Programmes : Dubbo, Broken Hill.

Courthouses with Drink Driver Programmes Alternatives : Dubbo, Broken Hill.



43.

REGION: Orana

LOCATION: Dubbo

TYPE: Therapy and counselling (not restricted to drink drivers)

FORMAT: 1 1/2 hour sessions over 17 weeks. Involves assessment of the problem; individual counselling; family involvement where applicable; group therapy sessions; use of guest speakers.

COURTS: Available to all courts in the region (note: mainly for Dubbo and surrounding area)

LIAISON: Courts - Magistrates, probation and parole, some solicitors

CRITERIA FOR ENTRY: Drug and alcohol problem

NO. OF CLIENTS: 12 per month from courts and probation and parole

INFORMATION TO COURTS: Attendance record. Sometimes motivation and progress report is required.

STARTING DATE: 6 years ago.

CHANGES SINCE START: Improved rapport with magistrate. Heavy reliance on reports.

EFFECT OF RECENT LEGISLATION : Nil.

SUCCESS RATE: Approximately 50% positive initial reports.

EVALUATION: Informal. Negative reports only about 15% of cases.

44.

REGION: FAR WEST.

LOCATION: Broken Hill.

TYPE: Educational/Counselling.

FORMAT: 5 x 2hr sessions one night per week. Films, discussion, general information on accidents, family problems, crime etc. related to alcohol use. Counselling for those with greater problems.

COURTS: Broken Hill.

LIAISON: Referral from Magistrate. Cases adjourned for a couple of months. Probation and Parole sends some individuals through programme who have not been arrested for DUI or PCA.

NO. OF CLIENTS: 12 - 13 per month; over 90 through course to date.

ACTION TO CLIENT ON COMPLETION OF PROGRAMME : Client goes back to court for sentencing.

INFORMATION TO COURT: Written report detailing attendance record, attitude to course, comments on individual's gain from course.

STARTING DATE: 25 March 1980.

SUCCESS/EVALUATION: Feels 10 out of 13 per group get some benefit. Thinks only about 3 people have been rearrested for PCA.

45.

CENTRAL WEST REGION

Estimated Population aged over 15 years (1979) : 119,757

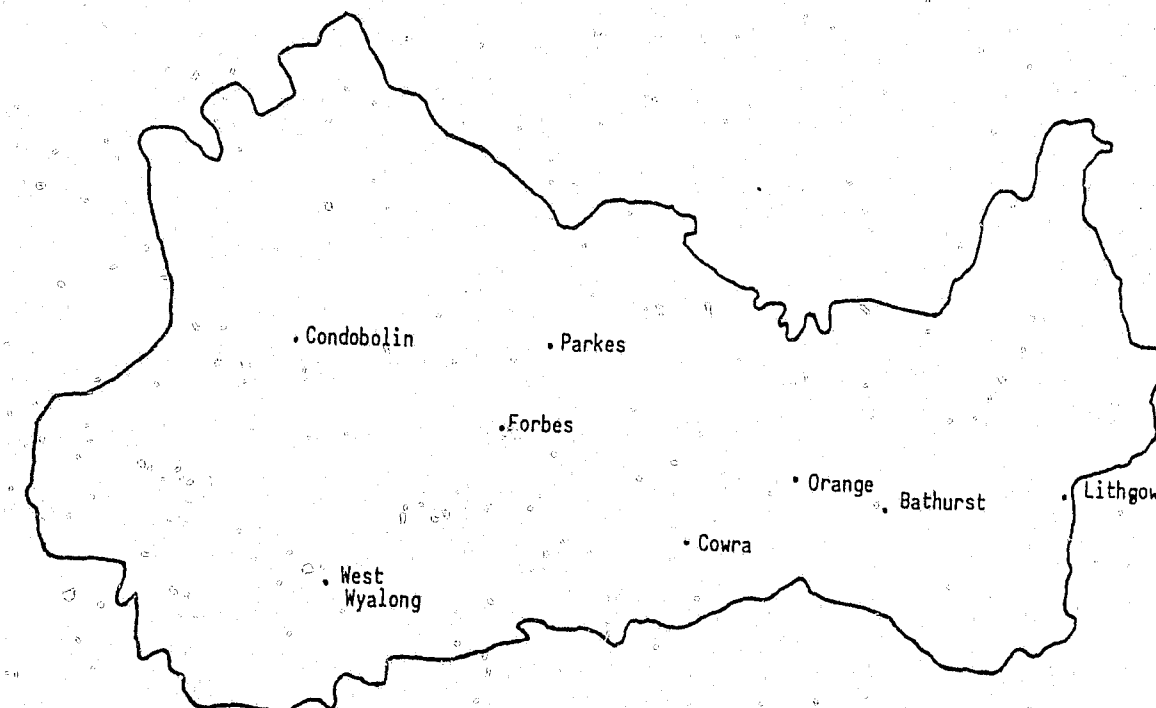
Location of Breath Analysis Units: Bathurst, Condobolin, Cowra, Forbes, Lithgow, Orange, Parkes, West Wyalong.

Location of Courthouses with more than 100 convictions for drink driving in 1979 : Bathurst (209) Lithgow (104) Orange (131)

Total Convictions for drink driving in 1979 : By Courthouse: 817 By Residence : 789

Rates of Conviction for drink driving per 1000 pop. over 15 in 1979 : By Courthouse : 6.82 (5) By Residence : 6.59 (1) (ranked position across State)

Location of Drink Driver Programmes : Nil.



CENTRAL WEST REGION

RIVERINA REGION

Estimated Population aged over 15 years (1979) : 102,953

Location of Breath Analysis Units : Cootamundra, Griffith, Hay, Leeton, Narrandera, Temora, Tumut, Wagga Wagga.

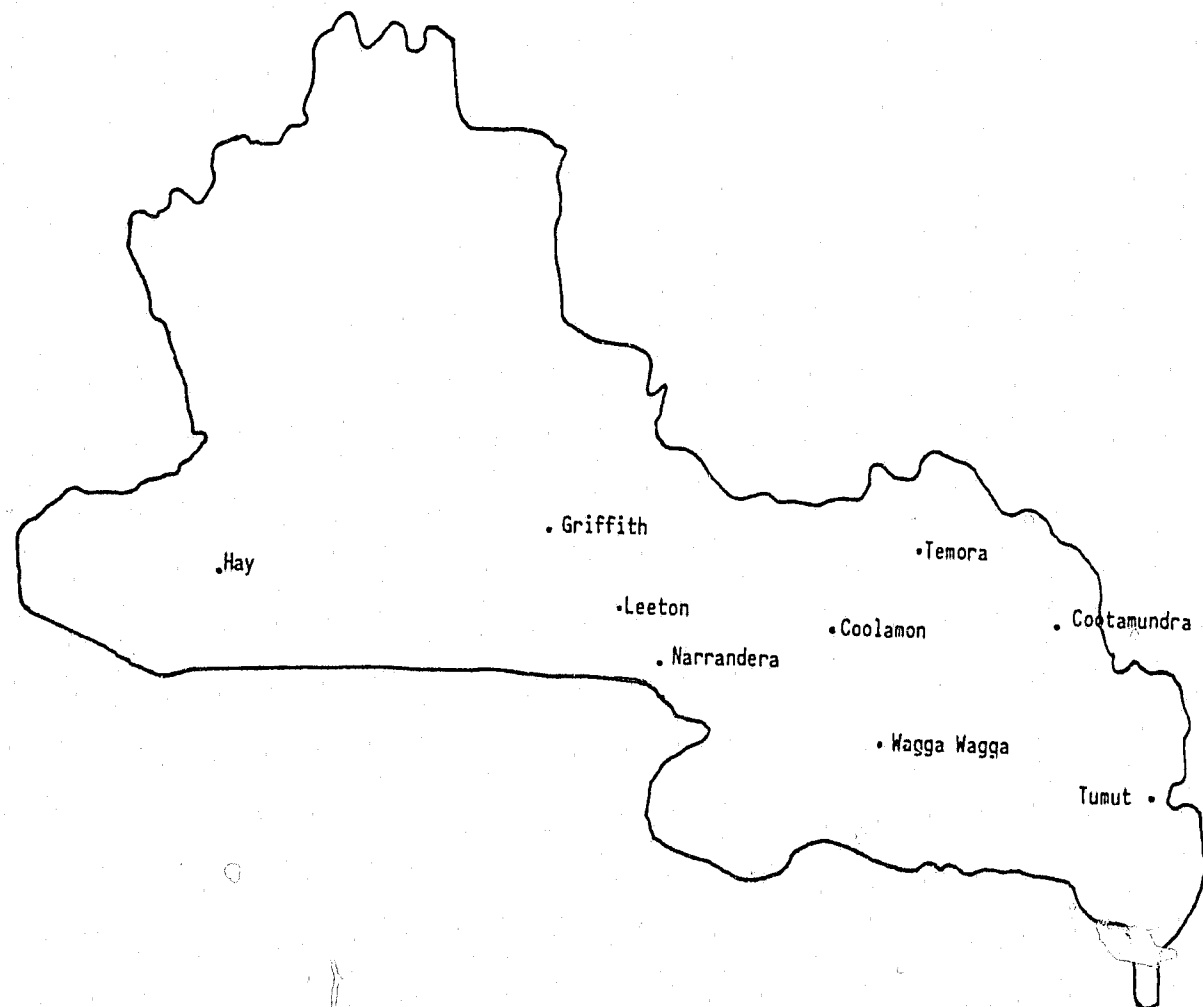
Location of Courthouses with more than 100 convictions for drink driving in 1979 : Griffith (114)
Wagga Wagga (242)

Total Convictions for drink driving in 1979 :
By Courthouse : 703
By Residence : 690

Rates of Conviction for drink driving per 1000 pop. over 15 years in 1979 :
(Ranked position across State)
By Courthouse : 6.83 (4)
By Residence : 6.70 (3)

Location of Drink Driver Programmes : Wagga Wagga
Griffith

Courthouses with Drink Driver Programme Alternative: Wagga Wagga, Coolamon, Tumut, Griffith, Leeton, Narrandera.



RIVERINA REGION

REGION:

RIVERINA

LOCATION:

Griffith Base Hospital

TYPE:Educational (education unit)
Individual Counselling (alcohol clinic)FORMAT:

Voluntary with 2 groups per week.
8 sessions - 4 slides/films; 4 discussion, group work, A.A. etc. Based on Northern Metropolitan Program.
Content varies according to group as there is need to make information relevant to each particular group.

COURTS:

Griffith, Leeton, Narrandera.

LIAISON:

via Magistrate mainly. Placed on 10 week remand.

PROCEDURE:

Individuals charged with PCA or DUI are sent by Magistrate for assessment. They then attend either education unit or alcohol clinic depending on nature of their problem. Still hold drivers license for duration of remand (too hard to attend course otherwise).

NO. OF CLIENTS:

Between 1/7/79 to 30/6/80, 102 people attended course. Numbers thought to be same now.

ACTION ON COMPLETION OF PROGRAMME :

Sent to court for sentencing. Some individuals with "big" alcohol problem are fined and put on bond with proviso to attend for counselling under Probation and Parole supervision. All licences are disqualified for mandatory 3 months.

INFORMATION TO COURTS:

Report detailing (1) whether through education unit or alcohol clinic; (2) no. of attendances; (3) participation; (4) results of pre-course and post-course questionnaires.

FUNDING:

Required. Has applied to D & A A but rejected as part of hospital system.

STARTING DATE:

9/1/78

CHANGES SINCE START:

Changes according to needs of a particular group. Younger ones get drug information input also.

RECENT LEGISLATION:

No difference noted.

48.

SUCCESS RATE/
EVALUATION:

No idea. Feedback from groups suggest it is enjoyable. Kids (17-19 year olds) come back sometimes asking for more courses. Evaluation (only on kids) consists of information on what they think of programme and changes necessary etc.

49.

REGION:

RIVERINA

LOCATION:

Wagga Wagga C.H.C.

TYPE:

Education

FORMAT:

6 x 1 1/2 hr sessions consisting of films, slides and discussion.
2 x 1 1/2 hour sessions held per night over a 3 week period.

COURTS:

Wagga Wagga, Coolamon, Tumut and others where appropriate.

LIAISON:

Magistrate and Probation and Parole co-operate to refer PCA offenders. Mainly voluntary but magistrate may recommend compulsory attendance at course.

Court records are sent to C.H.C. Some solicitors refer hoping for lighter sentence.

PROCEDURE:

Approx. 50% of referrals turn up for course.

NO OF CLIENTS:

15 - 20 every second month.

INFORMATION SENT TO
COURTS:

Nothing for those who turn up voluntarily. For compulsory attendance a report is sent detailing no. of sessions attended, and reasons for non-attendance where appropriate.

STARTING DATE:

Jan 1980.

EVALUATION:

No long term evaluation applicable as yet.

50.

MURRAY REGION

Estimated Population aged over 15 years (1979) :

69,835

Location of Breath Analysis Units:

Albury, Balranald, Deniliquin, Finley, Wentworth.

Location of Courthouses with more than 100 convictions for drink driving in 1979:

Albury (268)

Total Convictions for drink driving in 1979:

By Courthouse : 575
By Residence : 420

Rates of Conviction for drink driving per 1000 pop. over 15 years in 1979:
(Ranked position across State)

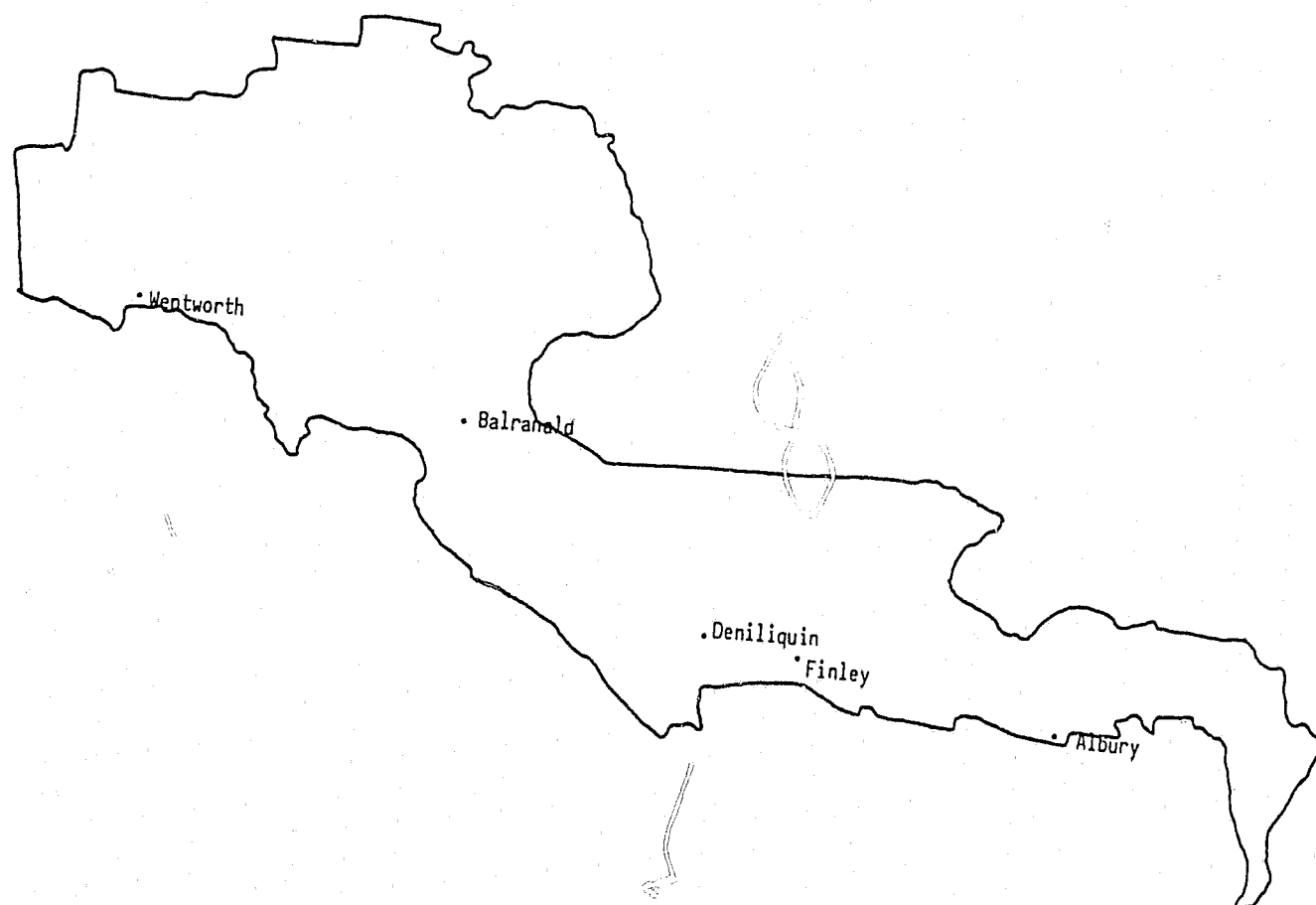
By Courthouse : 8.23 (1)
By Residence : 6.01 (5)

Location of Drink Driver Programme :

Albury

Courthouses with Drink Driver Programme Alternative:

Albury



MURRAY REGION

51.

REGION:

MURRAY

LOCATION:

Albury

TYPE:

Counselling/assessment

FORMAT:

Pre-sentence assessment and individual counselling if required.
Post-sentence counselling in co-operation with Probation and Parole if required by court.

COURTS:

Albury.

LIAISON:

Magistrates and solicitors in pre-sentence situation.
Probation and Parole in post sentencing situation.
Self referral sometimes.

PROCEDURE:

Referral only from Magistrates and solicitors if B.A.L. is high and individual likely to go to jail.

NO OF CLIENTS:

Unsure

ACTION ON COMPLETION:

Counselling continues if necessary.

INFORMATION TO COURTS:

Report of assessment goes to court - no set format, avoids opinion labelling. Does not give prognosis as report is informal.

STARTING DATE:

Nov. 1980.

SUCCESS/EVALUATION:

Hard to gauge success unless you only consider those individuals who want to be helped. This hasn't been done. To date, only informal feedback. Wants to involve Vocational Guidance psychologist to do Californian Personality Inventory Test on all referrals to help work out the type of personality he is dealing with.

SOUTH EASTERN REGION

Estimated Population aged over
15 years (1979):

101,336

Location of Breath Analysis Units:

Batemans Bay, Bega, Cooma, Goulburn,
Queanbeyan, Yass, Young.

Location of courthouses with more than
100 convictions for drink driving in
1979:

Goulburn (210)
Queanbeyan (146)

Total Convictions for drink driving
in 1979:

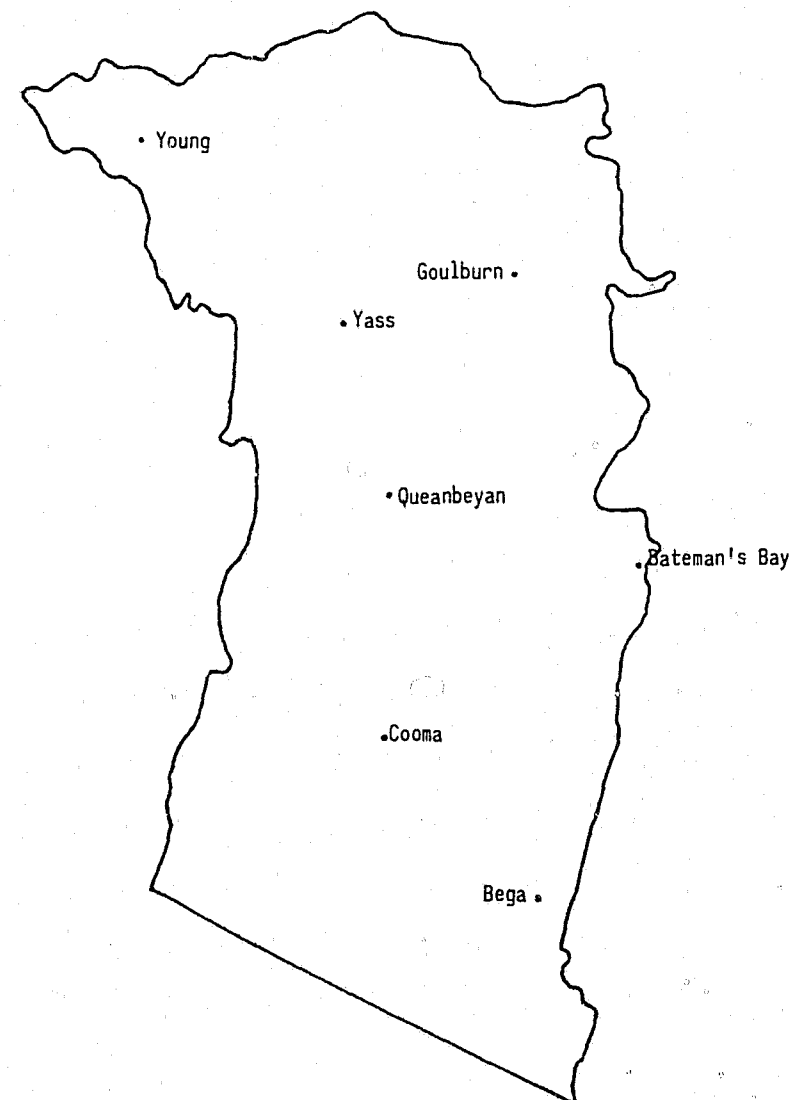
By Courthouse: 779
By Residence : 617

Rates of Conviction for drink driving
per 1000 pop. over 15 years in 1979:
(Ranked position across State)

By Courthouse : 7.69 (2)
By Residence : 6.09 (4)

Location of Drink Driver Programme :

Nil



SOUTH EASTERN REGION

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BREATH ANALYSIS UNITS

| | | |
|-------------------------------|-----|-----------------------------|
| <u>TOTAL NUMBER OF STAFF:</u> | 191 | in Country Areas |
| | 36 | in Sydney Metropolitan Area |
| Total | 227 | |

LOCATION OF UNITS BY HEALTH REGION

NORTH COAST (24)

Byron Bay (2)
Casino (1)
Coffs Harbour (3)
Grafton (3)
Lismore (2)
Maclean (3)
Murwillumbah (2)
Port Macquarie (2)
Taree (3)
Tweed Heads (4)
West Kempsey (2)

NEW ENGLAND REGION (24)

Armidale (3)
Glen Innes (3)
Gunnedah (2)
Inverell (2)
Moree (4)
Narrabri (3)
Quirindi (1)
Tamworth (3)
Tenterfield (2)
Wee Waa (1)

ORANA AND FAR WEST (35)

Bourke (3)
Brewarrina (2)
Broken Hill (3)
Cobar (2)
Coonabarabran (2)
Coonamble (2)
Dubbo (4)
Gilgandra (2)
Lightning Ridge
Mudgee (2)
Nyngan (4)
Walgett (2)

SOUTH EASTERN (18)

Batemans Bay (2)
Bega (2)
Cooma (4)
Goulburn (3)
Queanbeyan (3)
Yass (2)
Young (2)

RIVERINA (23)

Cootamundra (3)
Griffith (4)
Hay (2)
Leeton (3)
Narrandera (3)
Temora (1)
Tumut (2)
Wagga Wagga (5)

MURRAY (14)

Albury (6)
Balranald (1)
Deniliquin (3)
Wentworth (3)

ILLAWARRA (15)

Milton (1)
Mittagong (3)
Nowra (4)
Wollongong (7)

HUNTER (14)

Cessnock (3)
Muswellbrook (2)
Newcastle (9)

Appendix 1
(Cont.)

ORANA AND FAR WEST (Cont)

Warren (2)
Wellington (2)
Wilcannia (3)

CENTRAL WEST (24)

Bathurst (4)
Condobolin (2)
Cowra (3)
Forbes (3)
Lithgow (2)
Orange (3)
Parkes (4)
West Wyalong (3)

Appendix 2

DESCRIPTION OF CURRENT DRINK/DRIVER REHABILITATION SCHEMES

1. Where is the scheme located (full address)?
2. What is the type of scheme -
 - (a) Educational
 - (b) Counselling
 - (c) Treatment/Therapy
 - (d) Other (specify)
3. Could you please describe the basic format of the scheme - what happens to a typical client?
4. What courts are serviced by the scheme?
5. What is the liaison procedure between the scheme and the courts? What is the liaison with Probation and Parole? Any other liaison?
6. What are the criteria for entry into the programme?
 - (a) How is pre-programme assessment conducted?
7. What happens to a client after completion of the programme?
8. What information do you send to the courts? What is the format of this report?
9. What happens to a client who fails to complete the programme?
10. Who funds the scheme?
11. When did the scheme start?
12. What have been the major changes, if any, since the scheme started?
13. What has been the effect of recent changes in legislation (i.e., setting Blood Alcohol Level at .05 and making a 3 month licence disqualification period mandatory)?
14. What have you done (or plan to do) in response to these effects?
15. What is the estimated success rate of the scheme?
16. What evaluation is done to support the estimated success rate?
17. Have you done any controlled evaluation?
18. What information do you collect for each client?
19. Have any reports (published or unpublished) been written on the scheme?

END