Recidivist Drink Drivers & Therapeutic Justice

What could this mean to the Community Alcohol and other Drug Sector?

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The ATDC is the peak body for the community sector alcohol, tobacco and other drug (ATOD) service providers in Tasmania.

Some of our members are here today. They have informed this presentation and bring Practice Wisdom to the discussion.
The ATDC is committed to eight principles

All are relevant but in the context of drink driving and therapeutic justice the following should be kept in focus

- Harm minimisation (1)
- A population health approach (2)
- Consumer participation (4)
- Partnership and collaboration (7)

ATDC Strategic Plan 2011-2014
* 40% of people who sought treatment in 2011-12 did so for alcohol (1)

* During 2011-12 there were a total of 3540 drink driving offenders identified; some of these drivers are repeat offenders. (2)

A 60-year-old taxi driver was charged with driving with alcohol in his body. As a driver of a public vehicle, taxi drivers are required to have zero alcohol in their bodies when driving.

A 19-year-old provisional driver was charged with exceeding the prescribed alcohol limit, with a reading of 0.110. Provisional drivers are required to have a zero alcohol level. He was also issued with an excessive drink driving notice, which immediately disqualified him from driving for six months.

Both drivers have been bailed to appear in court next month.
Attitudes to drink driving regulations

* 13.1% of recent drinkers have driven under the influence (males are twice as likely as females)
* Drink driving regulations influence 17.4% to reduce their alcohol consumption
* Stronger reasons are health (50.9%), lifestyle (39.4%) and social (32.2%)

* 85.7% support more severe penalties

AOD assessment

* Explore bio-psycho-social domains
* Include current and previous legal issues
  may include prompts for DUI where alcohol is the drug of concern
* Often doesn’t come up at initial assessment phase
* DUI offences can be minimised by person
  “Just drink driving”
* Frequent justification for driving under the influence
  “I was unlucky”
Service Provider Perceptions

- At least half the clients in treatment for alcohol have DUI offences, many with multiple offences
- Heavy daily or binge drinkers
- Young men, middle aged men, middle aged women
- Range from high functioning in other parts of life to serial drink drivers with long suspensions
- Common characteristic - they engage in high risk drinking
Frequently characterised as;

* Impulsive, poor decision makers
* Risk takers
* Lacking empathy
* Impervious to threat or application of sanctions
* Little or no personal insight
What we expect of drivers?

* Rational
* Responsible
* Law abiding
* Controlled drinkers
A whole of community issue

In many of our communities;

* alcohol use, and to an extent misuse, has been normalised
* some groups tolerate heavy drinking and drink driving
* alcohol is cheap and readily available
What we do now

- Sober driver education
- Mandatory Alcohol Interlock Program
- AOD treatment programs
Sober Driver Program

* Educational, skills based program
* 22 hours over 9 weeks
* Recently enhanced access to allow out of hours and Saturday attendance
* Approx. 90-100 participants this year
Mandatory Alcohol Interlock Program

* Went live in July 2013
* BAC >0.15 or 2 DUI in a 5 year period
* Zero BAC required to drive
* A user pay scheme
AOD programs

- No specific AOD programs specialising in drink driving behaviour
- Most adopt a holistic, person centred approach
- Multiple therapeutic modalities
- Address drinking in the context of the offending behaviour
- Focus on identifying triggers that lead to drinking
- Skills development and relapse prevention
- Drink driving addressed by default
Where to from here?

We have a fragmented system response

- Need better integration of current responses
- Multi-modal approaches
- Clear roles and expectations of service providers
- Community support for change
- Investment in service provision not in more severe sanctions
To do this well what do we need?

- Research - better data on target group and outcomes
- Resources – specifically for staff and programs
- Partnership – shared understandings
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