

Drink driving among Indigenous people in Far North Queensland and Northern New South Wales: a summary of the qualitative findings

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Winner of the Peter Vulcan Award for Best Research Paper at the Australasian Road Safety Conference (ARSC 2015).

Abstract

In response to the threat that drink drivers pose to themselves and others, drink driving programs form an important part of a suite of countermeasures used in Australia and internationally. Unlike New Zealand/Aotearoa, United States and Canada that have programs catering for their First Peoples, all Australian programs are designed for the general driver population. The aim of this study was to identify the factors that contribute to Indigenous drink driving in order to inform appropriate recommendations related to developing a community-based program for Indigenous communities. Broader drivers licensing policy recommendations are also discussed.

A sample of 73 Indigenous people from Queensland and in New South Wales with one or more drink driving convictions completed a semi-structured interview regarding their drink driving behaviour. Participants were asked to disclose information regarding their drink driving history, and alcohol and drug use. If participants self-reported no longer drink driving, they were probed about what factors had assisted them to avoid further offending.

Key themes which emerged to maintain drink driving include motivations to drink and drive, and belief in the ability to manage the associated risks. Factors that appeared to support others from avoiding further offending include re-connecting with culture and family support.

A range of recommendations regarding delivery and content of a program for regional and remote communities as well as other policy implications are discussed.

Introduction

Drink driving has serious consequences for the health and wellbeing of Aboriginal and Torres Strait Islander communities in Australia (referred to as Indigenous people in this paper). Alcohol involvement has been identified as one of the main reasons Indigenous Australians are fatally and seriously injured in road crashes (Boufous, Ivers, Martiniuk, Senserrick, and Stevenson, 2009). According to the latest figures, Indigenous road users are fatally-injured in road crashes at a rate 2.8 times higher than the general Australian population. Indigenous Australians also sustain

serious injuries due to road crashes more often than other road users (30%) (Henley and Harrison, 2013), leaving many with serious disability or long-term conditions, such as acquired brain injury or spinal cord injury. Apart from the direct physical effects of road crashes, there are also the psychological effects, as families have to try and cope with the death or disability of a family member (Ferguson and Segre, 2012). The majority (70%) of approximately 450 fatal injuries per year in Australia and 60% of around 1600 serious injuries per year are suffered by Indigenous residents of ‘outer regional’, ‘remote’ and ‘very remote’ localities (Henley and Harrison, 2013), signifying targeted attention in these geographical areas is required to reduce the road-related health burden experienced by Indigenous Australians.

The majority of the penalties received by Indigenous drivers convicted of drink driving are based on deterrence theory (Homel, 1988). Studies have identified such penalties, including financial penalties and licence suspension, as having limited success in shifting attitudes and behaviour amongst Indigenous drink drivers. A loss of a drivers’ licence for Indigenous drink drivers often leads to further driving offences such as driving while disqualified. Consequently, the courts impose more severe punishments such as increased fines and/or imprisonment.

Various policy initiatives including the National Safety Strategy (ATC, 2011) have recognised the importance of improving the safe driving practices of Indigenous road users. Indigenous injury prevention is a relatively novel area, with commentators in Australia considering this to be because of the high social and physical health burden Indigenous Australians present (Ivers et al., 2008). There is limited literature available in Australia regarding the cultural, contextual or social underpinnings supporting Indigenous drink driving. Without this level of understanding it is difficult to design interventions that meet the realities and values of both the driver and community and reduce the contact Indigenous people have with police and the court system for drink driving. In response to the threat that drink drivers pose to themselves and others, drink driving programs also form part of a suite of countermeasures used in Australia and internationally.

Existing countermeasures and drink driving programs

A review of current Australian programs to address the problem of drink driving indicates that they are underpinned by values and contextual factors that meet the needs of mainstream non-indigenous drink drivers (see Table 1).

All of these programs appear to be underpinned by the principles of deterrence theory (Homel, 1988) and include both punitive and educational components as a means to encourage participants to complete the program and become educated about the negative consequences of drink driving. It is envisaged that through a process of education and punishment, drink drivers will be deterred from

Table 1. Overview of existing drink driving programs offered to Indigenous people in Australia, New Zealand, United States and Canada

	Under the Limit, QLD	Sober Driver Program, NSW	Drink Driver Education, NT	First Offender, San Juan, USA	One for the Road, New Zealand	Saskatchewan IDTC
Length	11 weeks	9 weeks; condensed version offered	1 week	28 days, residential	Session One (6 hours) Session Two (4 hours)	21 days, residential
Offender Type	Repeat	Repeat	First time and repeat	First time	Repeat	Repeat
Indigenous Audience	N/S	N/S	N/S	70%	30%	65%
Target Audience	Urban, Regional	Urban, Regional	Regional	Regional	Urban, Regional	Regional
Pre-Assessment	✗	✗	✗	✗	LDQ, AUDIT	ADS, DAST, AUDIT, IDTS
Theory	Stages of Change	Stages of Change	Stages of Change	CRA, Motivational Interviewing	Stages of Change	Social learning model of addiction; Stages of Change
Other Health Issues	✗	✗	✗	Health and nutrition Domestic violence HIV/AIDS prevention	✗	Diabetes, Gambling and Sexual Health workshops
Support provided post program	Completed as part of probation order	Completed as part of probation order	✗	3-12 month follow-up: weekly monitor meetings, AA meetings, vocational education.	Can be completed with probation order	Referred to probation or alcohol and drug counselling
Cultural Component	✗	✗	✗	Sweat Lodge; Talking circles	Inclusion of family attendance	Elder support; Sweat Lodge Ceremony

N/S – Not Stated; LDQ - Leeds Dependency Questionnaire; AUDIT- Alcohol Use Disorders Identification Test; DAST – Drug Abuse Screening Test; IDTS - Inventory of Drug-Taking Situations; CRA – Community Reinforcement Approach

future drink driving. Most of these mainstream Australian programs have been developed based on the meta-analysis of 215 evaluations of all types of drink driving programs by Wells-Parker, Bangert-Drowns, McMillen and Williams (1995). According to the authors of the study, drink driving interventions including a combination of education, counselling and probation supervision were more effective than interventions that did not have all of these components (Wells et al., 1995).

The majority of the Australian programs are part of the sentencing process and completion in some cases is a mandatory requirement prior to re-licensing. Process and/or outcome evaluations have demonstrated that these types of programs can be both educationally beneficial and effective in reducing recidivism among the mainstream population of drink drivers (Dwyer and Bolton, 1998; Mills, Hodge, Johansson and Conigrave, 2008; Mazurski, Withneachi and Kelly, 2011; Siskind, Sheehan, Schonfeld and Ferguson, 2001; Sheehan, Watson, Schonfeld, Wallace and Patridge, 2005). Some programs such as the Queensland Under the Limit Drink Driving Rehabilitation Program (UTL) (Palk, Sheehan and Schonfeld, 2006) and the Victorian Drink Driver Education (Sheehan, Watson, Schonfeld, Wallace and Patridge, 2005) program also assess for risky alcohol consumption and encourage participants to undertake more in-depth alcohol treatment where appropriate. However, none of the existing Australian programs consider the impact of alcohol on other health issues or take into account in a meaningful way the cultural context and factors that contribute towards drink driving among Indigenous people.

In an effort to treat Indigenous participants, program providers in the United States, Canada and New Zealand/Aotearoa recognise the value of including additional components dedicated to cultural values and traditions, and which include the principles of community re-integration, healing, inclusion of family in the program (Dawber and Dawber, 2013) and discussion with Elders and sharing circles (Woodall et al., 2007). The San Juan DWI program also takes a holistic approach towards the treatment of drink driving by addressing alcohol use, abuse, and dependence, health and nutrition, psychological effects of alcohol abuse, drinking-and-driving awareness, stress management, goal-setting, family issues and alcohol, domestic violence and HIV/AIDS prevention. Program participants who are employed can continue with employment through a work release program. An evaluation of the program demonstrated that participants were less likely to be re-arrested compared to non-program drink drivers and after five years post program completion, treated drink drivers were 16.7% less likely to be re-arrested than non-treated drink drivers (Kunitz et al., 2002).

In view of the benefits that the San Juan DWI program has provided for America's Native American people and the limited culturally appropriate Australian Indigenous drink driving programs it is timely to identify the most appropriate drink driving program content and delivery style for Indigenous drivers in Australia. The Centre for Accident Research and Road Safety – Queensland was funded by the National Drug Law Enforcement Research

Fund to explore the psycho-social, cultural and contextual factors contributing towards Indigenous drink driving. The study aims to fill the current gaps in the literature to inform a treatment program and future policy measures to reduce drink driving. This project is specifically focused on Indigenous Australians in rural and remote communities as a large proportion of the injury-burden is experienced in non-urban areas (Henley and Harrison, 2013).

Methods and materials

This project incorporates three independent but linked stages of quantitative and qualitative research designed to comprehensively investigate drink driving behaviour among Indigenous people in Queensland and Northern New South Wales. The paper will discuss a summary of the key findings from interviews with drink drivers. For more information in relation to the other stages of the project, the reader is referred to the full report (Fitts and Palk, 2015).

In stage two, primarily qualitative methods are used to capture information about the drink driving histories of Indigenous drink drivers and the psycho-social, cultural and contextual factors that contributed towards their drink driving. Qualitative methods are a familiar and comfortable style for Indigenous peoples who feel included through talking and sharing, often referred to as 'research yarning' (Bessarab and Ng'andu, 2010). The research was conducted in Cairns Region and Cape York, Far North Queensland, and the Clarence Valley, Northern New South Wales. Indigenous persons familiar with the communities provided support to the research team to assist with liaison in the communities and identifying volunteer participants. Participants were recruited by word of mouth about the research project and the snowballing approach. This approach allowed for community members to become familiar with the aims of the project and to feel comfortable about the aims of the research and talk to the researcher. Participants for the project were provided from a number of community organisations including: the Indigenous justice group, health services as well as from key individuals in community groups (for example, the men's and women's groups). Approval to conduct this program of research was obtained from the QUT Human Research Ethics Committee and Queensland Corrective Service Research Committee.

A sample of 73 Indigenous drink drivers was identified (see Table 2), and following a discussion about the aims and requirements of the research consent for participation was obtained. Participants completed in-depth interviews, in respect of their drink driving behaviour, and an assessment of their level of alcohol consumption and cannabis use was also undertaken. In regards to participants who self-reported they no longer drive after drinking, participants were probed about the protective factors that assisted them to desist from further drink driving episodes.

Thematic analysis (Braun, 2006) of the interview transcripts was conducted by the first author using an interpretive framework. This began by reading through all transcripts and identifying broad patterns of experience that appeared across the interviews both in relation to the specific research

interests, as well as other, unanticipated or emergent issues. These were labelled the themes. Material, in the form of sentences and/or paragraphs, was then coded manually into the themes, with multiple codes being used if the text fit into more than one theme. This was in order to ensure that data and meaning were not lost. To ensure validity, the independent analysis of the material was carried out by the co-author and another CARRSQ senior researcher experienced in qualitative analysis and the content of the

themes. Subsequent discussion among the authors clarified minor points and allowed for agreement on the labelling of the themes. In addition, the first author sought input on the interpretation of the culturally related themes from two other sources: an Indigenous academic with knowledge of the issues relevant to Indigenous drink driving in regional and remote communities, and senior, respected community members from the study communities.

Table 2. Description of the participants

	Cape York, Queensland	Cairns, Queensland	Clarence Valley region, New South Wales
Gender			
Male	26 (90%)	17 (85%)	21 (87%)
Female	3 (10%)	3 (15%)	3 (13%)
Age groups			
>25	6 (21%)	4 (20%)	4 (17%)
26-39	14 (48%)	9 (45%)	14 (58%)
40+	9 (31%)	7 (35%)	6 (25%)
Highest level of education			
Year 7	0	1 (5%)	1 (4%)
Year 8	2 (7%)	1 (5%)	4 (17%)
Year 9	18 (62%)	14 (70%)	10 (42%)
Junior high school (year 10)	7 (24%)	1(5%)	6 (25%)
Senior high school (year 12)	2 (7%)	1(5%)	3 (12%)
Self-reported number of drink driving offences			
1 conviction	16(55%)	1	14 (58%)
More than 1conviciton	13 (45%)	19	10 (42%)
Other driving offences			
Unlicensed driving	11 (38%)	6 (30%)	8 (33%)
Theft of a vehicle	6 (21%)	4 (20%)	7 (29%)

Key findings

Below is a summary of the pertinent findings from the second phase of program of research.

- Participants reported a strong sense of ‘family obligations’ which referred to situations where they described pressure from members of their extended families to drive after drinking. The underlying responsibility for transporting family members appeared to be difficult to avoid and related to cultural values that involved responding to family needs as a priority.

“There is a lot of pressure. You can’t say no to family sometimes when people ask you to drive.” (Man, age 30).

Exclusion from peer or family networks was a common occurrence for participants who had refused family member demands. One respondent spoke about how she had been previously requested by her older sister to drink drive to purchase alcohol. She refused to drive her sister, which resulted in, “she [sister] didn’t speak to me for weeks” (Woman, age 26). Emotional coercion by family members was also used to influence people to drink and drive.

- Some young participants were also motivated by a bravado mentality, referred to as ‘being the hero’ in the narratives. This involved situations where participants insisted on being the person who would take the risk of being caught by police for drink driving and hence protect other members of the group. These participants despite having, on some occasions, the opportunity to avoid drink driving (e.g. another person offering to drive) still insisted on ‘being the hero’ and taking the risk. Furthermore, in many cases, excerpts from the narratives of younger participants captured under this sub-theme talked about attempting to “show off” with an audience of peers while drink driving within the community only, and without an intended destination:

“Lot of people, most boys, some boys find it [drink driving] funny. Yeah well that’s what the young generation here now do. They thinkin’ yeah “the people [are] watching me. I go fly through the street. There’s a bunch of young girls watching us, you know?” That’s what’s the thinking [is] today, [they are] showing off, styling up, being hero.” (Man, age 28)

- Participants were generally aware that drink driving increased the risk of being involved in a road crash and that it was dangerous. However, there was a perception amongst some drink drivers that the known risks could be managed through speed reduction and group decision making including nominating the person who was least intoxicated to drive. There appeared to be a belief that there are degrees of drunkenness and this corresponds to one’s ability to drive the vehicle:

“Well whoever’s going to pretty much sober. The other fella is drunk but not really, really drunk. He’ll end up saying, “I’m more straighter than you two, I think it’s best if I drive”. But they’re still in the risk anyway ‘cause they’re over the [legal] limit.” (Man, age 28).

- Some drink driver participants said the existing penalties were not generally a deterrent because they provided the offender with limited understanding of their offending behaviour or strategies to avoid offending it. Many of the participants also had a history of imprisonment.

“Same with fines and jail. Most time guys don’t learn why they are doing it.” (Man, age 34).

“I’ve been, I’m thirty, I’ve been in and out of jail through me twenties so it didn’t really worry me.” (Man, age 30)

- Several drink drivers reported learning to drive prior to the legal driving age. The youngest reported age was seven years. This was at a similar time when they were being exposed to drink driving during their childhood or adolescent years by older family members:

“young, like thirteen [when I learnt to drive]. I worked at a wrecking yard in Newcastle, so I was driving cars around the wrecking yard from a young age....Um, always been around drinkers, yeah, and I yeah you could say that, yeah, around drink driving yeah when I was young. I used to say it’s not the license that drives the car.” (Man, age 30)

One participant reported young children take on the driving responsibilities after their parents have been drinking: *“Where I’m from little kids they drive their parents’ car around. When their parents are drinkin’ and that.”* (Man, age 36) Many participants felt that it was important to implement drink driving education awareness from school age.

- There were many drink driving who engaged in cannabis use before driving:

“The first car accident I had there. I be drunk and stoned too as well. I be coming around the corner and just lost control there.” (Man, age 38) Some considered that it was also important to include a drug driving component in the program: *“Gunja is also a problem. They should be taught about gunja and driving.”* (Man, age 37)

- Most of the participants had been convicted of other driving-related offences including unlicensed driving and dangerous driving.
- Participants did not appear to understand what constituted a standard alcoholic beverage as defined by the Australian ‘standard drink’ guidelines. For participant who self-reported no longer drink driving, education regarding this was considered to be

important in understanding the effect drinking was having on their health and ability to drive safely:

“Standard drinks was a real insight for me. I tried drinking standard drinks for a while there. Teach you about your health and what this substance does. I think to myself ‘wow I been over pouring, not like standard drinks’.” (Man, age 51)

- Re-connecting with family or developing new support systems was important for those drink drivers who were able to avoid relapse:

“[We talk about] what you going to do, how you going to change, how you going to it again if you end up back in the same cycle. [We] have plans to achieve change. We do fishing, making spears, going out bush and all that and spending a day out there, We talk about alcohol and drugs, speed [amphetamines] and all that.” (Man, age 33)

Discussion and recommendations

The aim of the paper was to identify psycho-social, cultural and contextual factors from interviews with drink drivers to help develop program and broader policy recommendations for Indigenous regional and remote communities. Firstly, the findings suggest some of the program delivery styles and content already being utilised in programs for other Indigenous populations (Table 1) may be appropriate for Indigenous communities here. For example, the San Juan DWI and Saskatchewan-based programs recognise the value of cultural elements (sweat lodges, talking circles and ceremonies) and traditions in treating alcohol and drink driving (Woodall et al., 2007). Cultural participation through different avenues including the men’s groups was considered an important element to men in reducing both their alcohol use and further drink driving behaviour. Men’s groups were originally designed to encourage and empower men to review and re-establish their roles in the family and in their communities. Equally important, these groups provide cultural elements whereby the role demands and rewards of other behaviours are rewarding beyond the realms of the social reinforcements that drinking provides.

Taking the findings reported here and existing literature together, recommendations regarding program content and related-licensing measures for regional and remote communities include:

- A community wide approach, with the inclusion of family and other community members in the program to change community perception and attitude towards drink driving,
- Comparable delivery style to that of the Saskatchewan (personal communication), and New Zealand-based (Dawber and Dawber, 2012) programs outlined in Table 1. Presence of community leaders and Elders in the facilitation of the program is recommended,

- Rather than capture drink drivers after re-offending (Mills et al., 2008), it recommended Indigenous drivers attend a program after their first drink driving conviction. Treatment early in their trajectory may assist the treatment for the various psychological, lifestyle, cultural and contextual factors that maintain drink driving,
- Education on the impact of driving under the influence of alcohol, cannabis and other drugs, and prescription medication,
- Developing a relapse prevention plan for the drink driver that includes a support person to encourage safer driving and the strengthening of protective factors. The drink driver should also be encouraged to connect with other existing services such as the local men’s/women’s group and community-based drug and alcohol services,
- A mandatory component in which convicted drink drivers are ordered by the Court to participate in the program and attend the introductory day session and weekly sessions,
- The fee for Court mandated participation in the program should be similar to and in lieu of the fine they would receive for the drink driving conviction, and,
- Fees for voluntary non-convicted drinker’s participation in the program to be waived.

Consideration must be afforded to providing drink drivers the opportunity to re-apply for a learners permit upon successful completion of an extensive treatment program, particularly in the ‘very remote’ region, where a driver’s licence is a necessary requirement for access into the workforce (Forrest, 2014). Alternatively, upon successful completion of the program Indigenous people living in remote communities could be granted a restricted licence to drive within the Indigenous community. This would reduce the incidents of arrests for unlicensed and/or driving while disqualified which often result in terms of imprisonment and over representation of Indigenous people, particularly in regional prisons.

Outside of a drink driving program, the findings of this study also indicate that there are other strategies required for reducing drink driving in regional and remote Indigenous communities including community-based initiatives to encourage parents to be active in their child’s driving during the pre-licence period. During their formative years, participants here recalled being exposed to drink driving behaviour. Moreover, some participants reported children taking on the role of driving when their parents were intoxicated, possibly normalising illegal and dangerous driving practices. Parents have a pivotal role in their child’s road behaviour as most young people will learn to drive through emulating their parents’ behaviour, with little to no formal training or education available in regional and remote communities. Parents need to be aware of the considerable role they play in the road safety of young

drivers, from being a model and source of driving attitudes, behaviours, rewards and punishments.

Lastly, future research should focus on understanding the trajectory of drink driving among Indigenous youth, as well as exploring the extent of driving under the influence of cannabis among Indigenous drivers.

A number of limitations in regards to this research are worth noting. For example, the current program of research was based on self-reports from a small sample of Indigenous residents convicted of drink driving from three regions and may not be transferable to other communities. Moreover, the sample consisted largely of male participants. While drink driving is predominantly an offence perpetrated by men, their opinions of the program may not apply to their female counterparts. Another limitation relates to language and cultural differences between the researcher and participants. In respect to the interviews conducted in Far North Queensland, English was sometimes not the language used at home. If the interviews had been conducted in a local dialect, this may have produced more in-depth responses. Although participants were asked if they would prefer to complete the interview in their local language with the assistance of an Elder to translate, all participants decided to complete the interview in English.

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