Online Brief Intervention for Queensland's first-time drink driving offenders

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Abstract

Drink driving is a persistent contributor to fatalities and serious injuries on Queensland's roads, and additional intervention strategies are needed to promote the separation of drinking and driving. Based on public consultation and evidence for the effectiveness of Brief Intervention (BI) for reducing alcohol consumption, Queensland's Department of Transport and Main Roads (TMR) is developing a compulsory online BI for first-time drink driving offenders in Queensland. The introduction of an online BI will complement existing drink driving countermeasures that support positive behaviour change and reduce reoffending.

Introduction

Drink driving is a complex social, economic and public health issue which, despite decades of intervention, remains a major contributor to Queensland's road toll and is responsible for around one in five road fatalities every year (TMR, 2019). Traditionally, drink driving intervention has relied on penalty-based enforcement, as well as public education countermeasures and more recently the use of administrative strategies such as alcohol interlock programs. These approaches have demonstrated varying effects on drink driving (Schults et al., 2001; Willis, Lybrand & Bellamy, 2004), and unfortunately drink driving continues to be associated with a high rate of offender recidivism.

The persistence of drink driving offending and recidivism suggests that a more multifaceted intervention approach, which can also identify high-level alcohol consumers at greater risk for reoffending, may hold further benefits for road safety and public health. Public consultation conducted by TMR in 2017 found community support for introducing a compulsory Brief Intervention (BI) education program for first-time offenders. Recognised as a time-efficient and effective way to change behaviour (Hettema et al., 2014), BIs have achieved positive behaviour change regarding high-risk alcohol use and dependency, as well as reductions in consumption among non-dependent drinkers (Brown et al 2012; Moyer, Finney, Swearingen & Vergun, 2002). Evidence also suggests potential benefits for drink-driving offenders, including young drivers (Brown et al., 2012).

BI approach and structure

To support the separation of drinking from driving, TMR is developing an online mandatory BI for all first-time drink driving offenders. The BI consists of two phases: phase one addresses offenders' knowledge and understanding of the metabolism and effects of alcohol. In this phase offenders examine their beliefs about the behaviour and identify risks of drink driving and consequences for themselves and others. Phase two is aimed at identifying scenarios where individuals may be tempted to drive after drinking and identifying strategies to separate drinking and driving.

To maximise effectiveness, the BI is underpinned by the Theory of Planned Behavior (TPB; Ajzen, 1991) and the Health Action Process Approach (HAPA; Schwarzer, 2008), as well as therapeutic principles of Motivational Interviewing. These approaches emphasise the influence of attitudes on

behaviour change and facilitate exploration and resolution of offenders' ambivalence to the target behaviour to increase motivation for change (Hettema, Steele, & Miller, 2005).

The BI guides participants to draw on personal experiences with drinking and driving. Use of personalised information has shown strong effects on alcohol-related cognitions (Cadigan et al., 2015), and it has been demonstrated that there is little difference in effect when delivering this information via computer or in-person. Computer-based interventions are a cost-effective (Rooke et al., 2010) and highly inclusive option for a geographically diverse population, such as in Queensland's remote areas (Austroads, 2015).

The BI addresses specific needs of marginalised cohorts, including women, culturally and linguistically diverse populations and Indigenous Australians through collaboration during development of the BI with target communities. An in-built screening process will also allow identification of those who drink at high levels and referral to options for further assessment. Evaluation of the BI will align with TMR's road safety program evaluation strategy.

Conclusion

Brief intervention is effective in reducing alcohol consumption and shows promise for achieving reductions in the incidence of drink driving by facilitating the separation of drinking and driving. Using an individualised approach that combines therapeutic and adult learning principles, TMR is developing an online BI that will complement existing interventions to reduce drink driving and provide a safer driving environment on Queensland roads.

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