

Drink and Drug Driver Behaviour Change Program (BCP)

Deborah Mulqueen

Behaviour Change Program Coordinator

February 2019

Behaviour Change Program

- *Prior to **30 April 2018**, drink or drug-drivers under 25 had a driver education requirement.*
- *Magistrates often require other drink or drug-drivers to complete a program, even when it's **not required by law**.*
- From 30 April 2018, a Behaviour Change Program (BCP) must be completed for **all drink and or drug-driving offences**.
- Offences prior are required to complete a Driver Education Program DCP or a BCP- *(until April 2019)*

How does BCP Differ?

Research learnings tell us that:

- Education and Information **alone** rarely work in changing behaviour
- Shock tactics are **unreliable** in their effectiveness
- No one likes being **told** what to do
- Saying it's a bad or wrong thing to do doesn't work for many *(those for whom it does work have usually already changed)*

BCP Program Objectives

- We want to change both their **behaviour** and the **processes** driving that behaviour
- We want all participants to feel **validated** and **respected**
- Participants often seem to be impacted by what they **hear from their peers** than what they hear from the facilitator
- We want all content to be in the **form of conversation**, not a presentation or class

Core Principles of BCP

- Strong Motivational Interviewing
- Facilitate, rather than deliver
- Focus upon understanding drink/ drug driving behaviour and the motivating factors behind the behaviour

Core Principles of the DD Facilitation Style

1. Responding **through the group** rather than directly
2. Identify and elicit **their** change talk and deepen it
3. Appropriate **rolling** with resistance
4. Introduce any content as a **discussion**
5. **Present** content/ slides afterwards as a reinforcement only
6. Ensuring that all interactions **enhance relationship** between you and the participant

Continued – Facilitator style

- **Collaboration:** form an equal partnership where the other person is the expert on their own life
- **Acceptance:** value the person, try to understand their perspective and respect their autonomy
- **Compassion:** bring an attitude of genuine care and concern
- **Validating** and **interested** facilitation
- **Evocation:** assist the person to share and process their own thoughts rather than offer your own- *the client holds the key to change, not the clinician*

About the BCP

The Behaviour Change Program is designed to help participants identify the underlying reason/s for their drink and or drug-driving offence and identify ways to reduce the risk of re-offending- over two sessions

To complete the Behaviour Change Program, **participation** in all program components, including:

- ✓ contributing to group discussion
- ✓ participating in all activities
- ✓ completing the participant handbook
- ✓ completing the alcohol use/drug use questionnaire to determine if further support is required.

The facilitator may provide a referral for further support to assist the participant with any alcohol or other drug problems.

How long are the Programs?

- **Drink Driver Program** - The program is held over two sessions, one week apart. Each session runs for approximately 3.5 hours and includes a break/s. The maximum number of participants in a group is 12.
- **Drug Driver Program** - The program is held over two sessions, one week apart. Each session will run for approximately 3.5 hours and includes a break/s. The maximum number of participants is 10.

Intensive Drink and Drug Driver Program

- The program is held **over four sessions**. There will be three 3.5 hour sessions (includes a break/s) and a **one on one counselling** session with the facilitator prior to the third group session.
- The maximum number of participants is 8. (*2 facilitators*)
- Drink-driving offence/s participants in the Intensive BCP, also need to complete a 2-hour Pre-Interlock Removal Program prior to having alcohol interlock removed.



Overview

- **Day 1**
Looking at why you took drugs and drove
- **Day 2**
Reducing risks to you and others

Your drug driving story



Thinking about drug driving



Why people drug drive

1) Don't see anything wrong

The person genuinely feels that there is nothing wrong with drink/ drug driving, either because;

1. They don't believe their driving is impaired
2. They believe they are impaired but under- estimate the level or way it is impaired
3. They don't care about the risk to self or others
4. Irrespective of what they believe, they are rebelling against being told what to do

Why does Mark drug drive?



- He doesn't believe drug driving puts him or others at risk
- He doesn't think he needs to comply with road laws

How much is Mark like me?



2) Social reasons

The person wouldn't do it but they are putting the needs of others ahead of their own needs:

1. Either their worn sense of being a good mate (internal)
2. External duty or coercion (external)

Why did Liam and Kim drug drive?



Liam's story: Wanted to help mates or friends



Kim's story: Felt obligated or even a bit pressured

Both drug driving for socially motivated reasons

3) Disinhibited

Again the person typically wouldn't do it, however they did because they were disinhibited.

1. Intoxication
2. High emotional arousal
3. Developmental impulsivity
4. Cognitive impairment

Why did Dylan and Alex drug drive?



Dylan's Story: he knew drug driving was risky but had a strong emotional reaction to the drugs



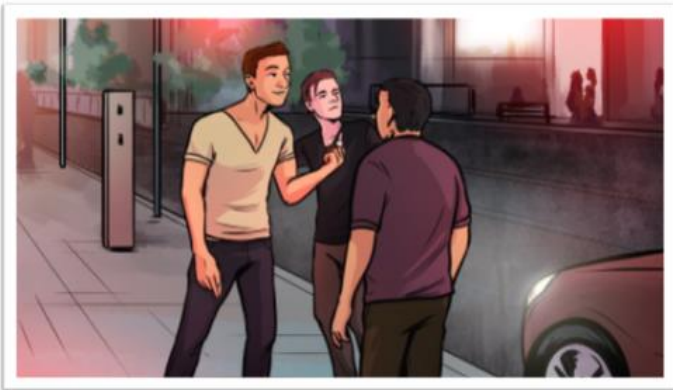
Alex's Story: she knew drug driving was risky, she was intoxicated and made a poor decision

They made decisions while affected by strong emotions or by drugs

4) Mediated Risk

- People see risk as either being caught, or having a crash.
- The person is aware of one or the other but they try and mitigate the risk
- Both types of risk are helpful deterrents however it is the latter that we want to enhance

Why did Jay and Kayla drug drive?



Jay's story: knew he was drug impaired and tried to reduce the risk of getting caught



Kayla's story: tried to reduce the risks but didn't realise she still had drugs in her system

Both Jay and Kayla acknowledged the risks of drug driving, they both tried to reduce the risk and still drove.

Relationship between BCP & the Treatment Sector

- Program not designed to change alcohol/ drug use- rather to address the harms of drink/ drug driving in the community
- Some participants alcohol and/ or drug use may be problematic and reduction of this is a highly valued secondary goal
- **Best Practice** is to:
 - ✓ Screen for people with problems
 - ✓ Co-ordinate linkage into treatment

Screening for problematic use

- Presentation of participants
- Participation
- Self-report of participants
- Disclosures during the program delivery
- DUDIT/ AUDIT scores
- Drinking Diary is used between session 1-2 and reviewed the following week

DUDIT/ AUDIT

- Completed mid way through the program
- Enhanced relationship with the facilitator may improved validity of responses
- Under- reporting still very likely
- Does not determine there's a problem, rather it identifies if an AOD assessment should be conducted

Assertive Linkages

- Handing someone a number/ leaflet doesn't work
- An assertive referral is a requirement of the new BCP
- Helping to make an appointment, where needed, for participants and following up whether they attend it; is what works.
- This is the best evidence-based practice and why this has been included in the new BCP.
- Overall experience is positive and well received by

Participant feedback

- “Well run, engaging and non-judgemental”: Pakenham participant
January 2019
- “Thanks for making my experience good for me and comfortable” Bentleigh Participant- Nov 2018
- “This program did help me greatly” - Dandenong Participant January 2019
- “This program was good and informative”. Bentleigh participant
November 2018
- “This program is better than what I expected” - Bentleigh
Participant October 2018

Thank you

- *TaskForce would like to thank and recognise **VicRoads** and acknowledge that this presentation has been developed using the material from sources provided by **VicRoads**.*
- The 'Drink and Drug Driver Behaviour Change Program' is a program approved by VicRoads under the Road Safety Act 1986. TaskForce is one of a number of providers approved by VicRoads to deliver Drink and Drug Driver Behaviour Change Programs.
- For more information please go to <https://www.vicroads.vic.gov.au/>

