

Drink Driver Education

Dying For A Drink: Drink Driver Education as Part of the Northern Territory's Response to Road Crashes Involving Alcohol

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Abstract

This paper describes the content and process of the Northern Territory (NT) Drink Driver Education (DDE) Course and examines its outcomes. The DDE course is underpinned by the principles of adult learning, social learning, and harm minimisation, and is set within the framework of competency-based education. It is an accredited course, developed to meet legislative requirements introduced in the NT in 1995, for those wishing to relicence after licence cancellation due to a drink driving offence. The DDE course is available throughout the NT, in urban centres and numerous remote communities, and a customised version of the DDE course is available for delivery to Aboriginal people. In 1997, the number of road fatalities in the NT was 32 per 100,000 population compared to 9.5 per 100,000 nationally. Of the fatal road crashes in the NT for that year, 52% were alcohol-related. A brief report outlining some of the available statistics on alcohol involved road crashes, as well as geographic and demographic data for the NT, is included to contextualise the DDE course as a road safety strategy.

Introduction

The Northern Territory (NT) Course in Drink Driver Education (DDE) consists of two nationally accredited education modules. There is a mainstream version for delivery to the broader NT community and a customised version for delivery to the Aboriginal community. Since 1995, successful completion of the course has been a relicensing requirement of the NT Registrar of Motor Vehicles after licence cancellation following a drink driving offence.

The course aims to provide course participants with information and skills to enable them to make informed decisions regarding their own future drink driving behaviour. The course is designed in a competency-based format in which participants are assessed using a standardised set of competency requirements. Course participants are issued with a Statement of Attainment upon successful completion of the course.

The Modules

The first module consists of topics related to the short term effects of alcohol and alternative behavioural strategies. Module 1 consists of 5x2 hour sessions. Successful completion of Module 1 is a relicensing requirement for first-time drink drive offenders with a blood alcohol concentration (BAC) less than .15% at the time of their offence.

The second module covers topics associated with the long term effects of alcohol and alternative drinking strategies. Module 2 consists of 2x2 hour sessions. Successful completion of both Module 1 and Module 2 is a relicensing requirement for drink drive offenders with a BAC level of .15% and over, and/or more than one drink driving offence.

or who have refused/failed to supply a sample.

Background

Legislative History

Laws pertaining to drink driving have been on the NT statutes since 1923. In 1989, the NT Legislative Assembly formed the Sessional Committee on the Use and Abuse of Alcohol by the Community to inquire into, report on and make recommendations about various aspects of alcohol consumption in the NT. At this time 53% of road fatalities in the NT were alcohol-related (D'Abbs, 1991:21). The Sessional Committee found that the average blood alcohol concentration (BAC) of people who tested positive from 1986 to 1989 was 0.18% (1991).

In 1991, the Sessional Committee published 41 recommendations arising from the inquiry, with 6 recommendations focusing on penalties for drink driving. Two of these 6 recommendations are directly linked to the legislative changes that followed. They were:

(i) that a first conviction for drink driving at a blood alcohol level of below 0.15% should carry with it a requirement to undertake an education program on alcohol, and to satisfy an examiner that the information has been retained prior to a licence being re-issued.

and (ii) that

- (a) second and subsequent drink driving offenders
- (b) those with a blood alcohol concentration of 0.15% or over, and
- (c) persons refusing a blood alcohol test

have their licences suspended immediately upon apprehension, and upon conviction be required to successfully undertake an appropriate program or treatment at their own cost before their licences will be reinstated.

(Sessional Committee, 1991:71)

The DDE modules were written and implemented in response to these changes.

Since 1991 significant changes to drink driving laws have occurred. In 1994, the NT saw the introduction of traffic infringement notices for driving with .05%-.08% BAC as well as immediate licence cancellation for driving with a BAC of .15% and above, repeat offending or refusing to breath test. Then, in 1995, the relicensing requirement for drink drive offenders to successfully complete an education/intervention program was introduced (Living with Alcohol Program/NT Road Safety Council Information Pamphlet).

Course Development

Prior to the introduction of the new drink-drive laws, Amity Community Services provided a free, voluntary, non-accredited DDE course in Darwin for several years. Participants were either self-referrals or legal/judicial referrals. In 1993 Amity was (i) invited to write the new DDE course in response to impending legislative changes, and (ii) encouraged to tailor the course within a competency based training (CBT) format for accreditation with the Northern Territory Employment and Training Authority (NTETA). A course advisory committee was formed to ensure that the modules met the criteria of road-users' groups, the general community, and the recommendations of the Sessional Committee.

Course Design

The design of the NT DDE course utilises the principles of competency based training, social learning theory, adult learning principles, harm minimisation, the cycle of change model, and motivational interviewing.

Using the competency-based format, learning objectives are divided into discrete units with measurable outcomes at specified standards and under specified conditions. The level of competency attained by participants is assessed at regular intervals throughout the course. Methods of assessment include written and/or verbal assessment, practical demonstration and role play. Satisfactory completion of the course results in a Statement of Attainment.

Emphasis is placed on the provision of an optimum learning environment which is non-threatening, non-judgemental, participatory, and which encourages self-responsibility (Larn, Dwyer, 1993). Course facilitation provides research-based information and utilises the individual's life experience as a learning resource. Activities include identification of standard drinks, examination of the individual's alcohol experience, community drinking patterns, self-monitoring of drinking behaviour and development and evaluation of alternative strategies to drink driving including controlled drinking strategies.

The format of the course incorporates the Cycle of Change model developed by Prochaska and Di Clemente (Miller, Rollnick 1991). The Cycle of Change suggests that individuals generally move through any of six different stages when engaging in behavioural change. The stages are pre-contemplation, contemplation, determination, action, maintenance and relapse. The techniques of motivational interviewing are useful for assisting individuals through these stages of change, in particular by helping course participants to weigh up the costs and benefits of their behaviour. The course incorporates acknowledgement that ambivalence is part of the process of change. Specifically, the NT DDE course incorporates processes to establish this type of decisional balance with participants.

The premise of harm minimisation is that while individuals continue to participate in certain behaviours, participation at less harmful levels be fostered including abstinence (National Drug Strategy Committee, 1993). The NT DDE course aims to provide information and skills development to reduce the harm associated with the use of alcohol.

Relicensing Requirement

Successful completion of the DDE course is a relicensing requirement under the NT Motor Vehicles Act, not a sentencing option. It is administered by the NT Motor Vehicle Registry (MVR), and is mandatory for all drivers choosing to relicense following licence cancellation as a result of a drink drive offence. This eliminates the option of circumventing the intervention, other than by not relicensing. The effectiveness of administrative sanctions has support from other sectors of the traffic safety community (Sweedler, 1995:862).

Customised Version

Aboriginal people account for one quarter of the NT's population and there is evidence that Aboriginals are over-represented in the number of fatal road crashes (NT Road Safety Council, 1998). The mainstream DDE course has been customised to incorporate important cultural and social factors to decrease barriers to participation by Aboriginals in urban and remote areas, and was developed in consultation with indigenous people across the NT. While key competencies and learning outcomes in the customised version remain the same as the mainstream version, methods of delivery and assessment vary

to suit cultural norms.

English and Cultural Difference

The course is delivered in English. Assistance is recommended where English is not a course participant's first language or where specific cultural factors may present learning barriers.

Course Implementation

Course Delivery

In line with NTETA requirements, access and delivery of the DDE course is through registered training organisations in the Northern Territory. In 1994, providers in the main urban areas of Darwin, Nhulunbuy, Katherine, Tennant Creek, and Alice Springs were identified and familiarised with the course to enable provision at the time of the legislation. Since 1994, access and delivery has expanded to many remote areas around the NT, following the same process of identification of providers and familiarisation of trainers with the course (see ATTACHMENT).

Conditions of Attendance

Course participants are required to sign a Conditions of Attendance agreement before commencement. Participants are made aware of all conditions of attendance which apply. These conditions are - zero BAC and random breath testing for verification, requirement to attend on time, attendance at all sessions for the required module and participation in sessions and tasks. A breach of any of the conditions results in exclusion from the modules in which they have enrolled.

User Pays

The NT DDE course is delivered on a user-pays basis. The Sessional Committee explicitly recommended that attendance by individuals to 'an appropriate program or required treatment' (1991:69) should be at no extra cost to the community and that payment be up front. Fees are set on a cost-recovery basis enabling training organisations to cover delivery costs in both urban and remote settings.

The Northern Territory Drink Driver Education Program Co-Ordinator

Co-ordination of the NT DDE Program is via a full time position funded by Territory Health Services. The tasks associated with the position of Program Co-ordinator include identification of registered training providers in service gap areas, resource distribution and program support, liaison with program stakeholders, involvement in broad community education, research and evaluation.

The Systems Approach

The NT DDE Program should not be seen in isolation. A systems approach is best adopted to work with the various components that encourage or inhibit change in the area of drink driving. It is predicated on inclusion of the various components rather than exclusion, and is about building strategic alliances and relationships within the system (Senge et al, 1994).

In this instance, system components that encourage or inhibit the likelihood of drink driving are the liquor industry, media, police, health authorities, politicians, insurance companies, educational bodies as well as community organisations such as sporting clubs and motoring organisations.

Difficulties

Difficulties associated with the DDE program have arisen in a number of areas. Initially, information about relicensing requirements and availability of courses led to frustration

on the part of course participants. This exacerbated any resentment felt about the mandatory nature of the new relicensing requirements. Another difficulty was that while the main urban centres were catered for in terms of course delivery, large areas of the NT were not serviced. Small numbers of potential participants spread over large distances was an obstacle to cost-effective delivery in remote areas. This was addressed by recruiting existing registered training organisations already providing adult education and training in remote areas. Another issue has been the difficulty in identifying replacement course providers when registered training organisations withdraw from particular locations.

Concerns about inconsistencies in delivery by course providers such as assessments undertaken and length of time allowed for sessions led to a quality assurance investigation. Discussions with individual course providers were held regarding the identified inconsistencies.

The Northern Territory Context

Any evaluation of the NT DDE course in terms of outcomes and problems/difficulties associated with its implementation and delivery needs to incorporate an examination of the context in which the course exists. The Territory lifestyle is characterised by geographical isolation, economic growth with extremes in income (ABS, 1996), and environmental conditions that range from arid desert regions through to the monsoonal tropical regions of the north. The lifestyle is often noted by residents and visitors as being particularly casual and social. Mining, construction, defence, government administration, and tourism are major components of the NT economy (ABS, NT in Focus, 1996).

Demographics

The population of the NT is approximately 187,000 (ABS, 1997), distributed widely across a land area of 1.35 million square kilometres, with only 6 centres having a population greater than 1000 (NT Police, 1990). Darwin is the capital city consisting of 44% of the NT population (NT Government, 1997). According to the 1996 Census of Population and Housing, the indigenous population makes up 23.7% of the total population in the NT, compared to 3% or less in each other state or territory. In 1996 the NT registered the highest percentage amongst other states/territories of people who speak a language other than English at home (22.5%). This is attributed to the large representation of Aborigines and Torres Strait Islanders. The NT has a relatively young population, with a median age of 29 years (ABS, 1996).

Alcohol Use in the Northern Territory and The Living With Alcohol Program

The use of alcohol in the NT has attracted both legendary and critical comment throughout the Territory's history. Currently the level and pattern of alcohol use in the NT still exceeds that of other states and territories in Australia. In 1992/93 the consumption of absolute alcohol in the NT was 15 litres per person (Territory Health Services, 1996) compared with 7.4 litres of absolute alcohol consumed per person nationally (C/wealth Dept of Health & Community Services, 1994).

However the NT has also displayed significant changes in drinking patterns with decreases in consumption levels as well as an increase in the breadth and quantity of interventions available. Over the past decade Territorians have demonstrated a significant shift in choice of beverage, specifically from regular beer to light beer. Any explanation of this shift must include consideration of the impact of the introduction in 1992 of a levy applied to all alcohol beverages with more than 3% alcohol per volume (Crundall, 1996). This levy had two aims. One was to create a price differential between low alcohol and other beverages, making low alcohol an attractive option.

The other was to create a revenue base to fund a variety of strategies introduced to

address alcohol issues in the NT community through the Living With Alcohol (LWA) Program. The LWA Program was established in 1991 and is directed from Territory Health Services (Crundall, 1996).

Government drug intervention expenditure in the NT appears to far exceed that of other states/territories. The NT spends \$74.04 per head on alcohol and other drug programs/services, a leader on a national basis, with the ACT coming in next at \$10.85 per head (Crosbie et al, 1998). This allows for a broad spectrum of service delivery in the alcohol and other drug intervention field.

Law Enforcement

Random breath testing (RBT) was introduced into the NT in 1980. Data indicates that RBT in the NT fluctuates, with the number of drivers tested varying anywhere between 11,000 and 30,000 annually during a five year period (NT Police Fire & Emergency Services, 1997). These inconsistencies may undermine the deterrent effect of RBT outlined by Homel et al (in Moloney, 1995:825). A 1997 focus group was assembled in Darwin to help develop an anti-drink drive Christmas media campaign. This group indicated that their perception of the risk of being detected while driving over the legal limit was minimal, despite almost twenty years of RBT in the NT (NT Anti-Drink Drive Campaign Focus Group Report, 1997).

Over a four year span the percentage of drivers tested who exceeded the legal limit of .05% was consistently around 1%. There was a marked increase in testing in 1996/97 which was part of a major road safety strategy that resulted in a road fatality free Christmas/New Year period (NT Police Fire & Emergency Services, 1997)

The Road Toll

The NT's road toll has been consistently higher than other states and territories in Australia as shown in Table 1 (NT Road Safety Council, 1996, 1997). The particular characteristics and conditions found in the NT require consideration when designing and implementing approaches to address this issue. The small population is spread across urban and rural communities, pastoral properties, Aboriginal communities, traditional 'homelands' and mining operations. The NT Road Safety Council reports on the 'not insignificant' (1997) number of both interstate and overseas visitors to the Territory included in the number of fatalities. Conversely, and significantly, data taken from 1990 to 1994 indicates that the NT recorded the greatest decrease in its road toll (44%) compared to other states and territories, eg Victoria and the ACT experienced a decrease of 33% and 38% respectively (FORS, 1995).

Table 1 - Road fatalities per 100,000 population

YEAR	NT	SA	WA	VIC	NSW	QLD	TAS	ACT	AUST
1996	40	12.2	14	9.2	9.5	11.5	13.5	7.5	10.8
1997	32	10	11	8.2	9.2	10.6	6.8	5.5	9.5

Data supplied by NT Road Safety Council

Table 2 - Alcohol involvement in NT fatal road accidents

YEAR	1996	1997
% ALCOHOL INVOLVEMENT	63%	52%

Data supplied by NT Road Safety Council

Course Statistics

According to the NT DDE Program Co-ordinator 1997/98 Report, approximately 800 participants attended the DDE course across the NT for that period. Of the total, 85% were male, and 78% were non-Aboriginal. Predominant age groups were between 21 years to 35 years for males, and 26 years to 35 years for females. 75% of participants were from urban areas. While participation levels have remained relatively consistent since the introduction of the course, slight increases have occurred in recent years in participation levels in non-urban/remote areas and in the number of females. The increase in remote area participation could be an outcome of the increase in the number of course providers established in remote areas.

Course Outcomes

The reoffending rate for drivers who relicensed following DDE attendance will be explored in this paper with reference to other areas of evaluation, namely participants' feedback, quality assurance survey, and achievement of learning outcomes.

Participant Feedback

The program has provided two different opportunities to obtain course participant feedback. One is at the end of each course when course participants are provided with feedback sheets for completion. Participants are encouraged to provide constructive feedback on the course content and process, and do not identify themselves on the sheet. This is an ongoing exercise. The other comprises a quality assurance survey carried out in 1997 whereby individuals presenting at MVR offices in the main centres of Darwin and Katherine for relicensing were invited to complete a questionnaire. This survey was conducted over a three month period.

Participant feedback in both instances has been consistently positive overall. The major response volunteered by participants was that they found the course informative. Specific topics covered such as standard drinks, blood alcohol levels, and staying under the limit have generally been noted as most useful. Notably the survey found that 80% of respondents felt that this type of course should be made available to learner drivers (Amity Community Services, 1997). Participants have generally expressed concerns regarding the cost and duration of the course.

Achievement of Learning Outcomes

In the six months 1/1/96-30/6/96, one third of the total number of course participants across the NT attended the first module only, while the remaining two-thirds attended both the first and second modules. In this six month period, 6% of participants failed to successfully complete the course. This percentage includes those who failed to achieve the competencies, or failed to attend the sessions, and thereby did not successfully complete the course (Amity Community Services, 1996).

Reoffending Rate

Research was conducted in September 1998 with the objective of identifying the reoffending rate of drivers who had previously relicensed following successful completion of the NT DDE course. Records were further examined to investigate the relationship between the reoffending rate and the number of modules completed by the studied group.

Methodology

Computerised records from MVR were examined to identify licence numbers renewed between 1 September 1995 and 1 September 1996 where a Statement of Attainment number was also recorded, thereby indicating successful completion of the Course in

Drink Driver Education. The total number of records from this query was 423.

This subset was then queried for further conviction and immediate suspensions relating to drink driving offences up to 1 September 1998, since licence renewal between 1 September 1995 and 1 September 1996. This disaggregation produced 62 records.

The 423 records were scrutinised for duplication due to double entries based on immediate suspensions and convictions, thus reducing the number to 320. The same process was applied to the 62 records of reoffenders which reduced this figure to 41.

The records of the 320 relicensed drivers were compared against a database at Amity Community Services. This is a database used by all but one of the twelve providers of drink driver education to store records of course participants and contains details of modules completed. Information was available on 249 of the 320 relicensing drivers, and 35 of the 41 drivers where MVR records indicated further conviction or immediate suspension.

Limitations of the Study

The limitations of this study included (i) other influences on reoffending, (ii) absence of pre-course reoffending rates, (iii) data availability and (iv) sample bias.

(i) Other Influences on Reoffending Rates

Inconsistencies in law enforcement may impact on reoffending. As outlined earlier, a focus group conducted prior to the 1997 Anti Drink Driver Advertising Campaign expressed the belief that the likelihood of being detected when drink driving was minimal (NT Anti-Drink Drive Campaign Focus Group Report, 1997). This followed fluctuations in random breath testing from more than 30,000 to 11,000 drivers annually over a number of years (NT Police Fire & Emergency Services, 1997). Given that in 1996 the number of licensed drivers in the NT was 100,000 (NT Road Safety Council, 1998), the ratio of drivers tested at random breath testing stations to all NT licence holders for that year was 1:10 or 10%. The testing rate in 1995 in Victoria was 30% of licensed drivers (Vulcan et al, 1995), and it was policy in New South Wales to test 50% of motorists in the same year (Moynham et al, 1995). In 1997, testing in the NT increased again to 30,000 drivers or a ratio of 1:3 licensed drivers.

Apart from law enforcement, a variety of other factors existed which could have influenced people's choice to drink and drive and thereby impact on reoffending. The print media covered the rising road toll during the study period highlighting drink driving consequences with front page headlines. One Friday paper's front page read "Drinking mum's crash: son dies" (NT News 15/11/96). Interestingly the advertisement at the bottom of the same front page reads "Bundy weekend at Berrimah" which means "Bundaberg Rum weekend at Berrimah Hotel". This clearly indicates the contradictory messages put out through the media.

During the time frame of the study advertising was also placed by the Living with Alcohol Program and the NT Road Safety Council (Road Safety Council Annual Report) aimed at discouraging drink driving. As well there were other activities such as Living with Alcohol Program initiatives including community and workplace education aimed at fostering more responsible use of alcohol. All these activities may have had an unmeasured influence on reoffending rates.

(ii) Absence of Information Regarding pre-Drink Driver Education Course Reoffending Rates

This study did not identify any NT data on pre-Drink Driver Education Course reoffending rates. However, previous studies indicated a 30-50% recidivism rate in Australia (Road Safety Policies & Programs, 1993:13). As alcohol consumption in the NT is twice the national average its possible that higher rates of drink driving exist. This may impact on

the reoffending rate. While there was an initial attempt to quantify pre-course reoffending rates it became clear that the task was beyond the scope of the current resources.

(iii) Data Availability

The data available for this study came from two sources. The primary source was the MVR database and the secondary source was the Amity Community Services database.

The difficulties experienced with the MVR database were predominantly 1) limited access due to priority given to 'millennium bug' upgrading, 2) variations in past data entry, 3) changes to fields in the database, and 4) inaccuracies in data entry. Added to this, the Amity Community Services database held data from only 11 of the 12 course providers. This limited the amount of data from each source that could be matched.

(iv) Sample Bias

Apprehension rates in urban and remote communities have varied (NT Police Fire & Emergency Services, 1997) and may be due to the resources required to introduce and maintain detection campaigns. The relicensing drivers in this study are not identified by location and therefore variations in enforcement of drink driving according to location are not taken into account. If the sample is unrepresentative the results could be biased.

Results

Of the 320 drivers who had relicensed between 1 September 1995 and 1 September 1996 following the successful completion of the NT DDE course, 41 had been reconvicted or had received an immediate suspension for a further drink driving offence up to 1 September 1998. This indicates a reoffending rate of 12.8% within this group.

Of the 249 relicensing drivers where module details were available from the Amity Community Services database, 184 had completed both modules of the course and 65 had been required to complete the first module only. Of the 35 reoffenders where module details were available from the Amity Community Services database, 29 had completed both modules and 6 had completed the first module only. This indicates that 15.7 % of the study group who had completed both modules reoffended in the stated time period, and 9.23% of the same group who completed the first module only had reoffended in the same period.

Discussion

The object of this study was to identify the reoffending rate of DDE participants. The aim of the NT DDE course is to reduce the drink driving reoffending rate. This initial examination indicates a reoffending rate of 12.8% over the two years following the 1995/96 period selected for the study. Before this can be used as a measure as to whether the course has achieved its aim, pre-course reoffending rates need to be identified and other influences need to be examined in terms of their impact on reoffending rates.

When records from the primary source (MVR) were matched with records from the secondary source (Amity Community Services) to establish the number of modules completed, those with a first offence and a BAC of less than .15% and had successfully completed the DDE course had a reoffending rate of 9%. Those with a BAC of .15% or more or multiple offences or had refused to supply a sample and had successfully completed the DDE course had a reoffending rate of 16%. As can be anticipated, the study indicates a higher percentage of reoffending occurring in groups with high BAC's and multiple offending compared to groups of first offenders with lower BAC's. This could be a reflection of the position which alcohol maintains in the lifestyle of those required to complete both modules.

As outlined throughout this paper there are several factors associated with the broad

issue of drink driving, the road toll and road safety in the NT. To date these are neither constant nor consistent. This in turn can have the effect of impacting on the reoffending rate and therefore skew any evaluation of the DDE course. However now that baseline data has been established and a study group identified, ongoing tracking of this group can provide further information on the reoffending rate following attendance at the DDE course.

Conclusion

This paper describes the Northern Territory Drink Driver Education course and places it in the context of the system in which it is a component. The study on reoffending rates after successful completion of the course has provided a baseline figure of 12.8%, and indicates that drivers who were required to complete both modules, ie high BAC's or multiple offences, recorded a higher reoffending rate than those who were required to complete one module only.

It is recommended that resources be made available to enable further examination of existing data to establish pre-course reoffending rates. It will be through the comparison of pre-course reoffending rates and post course reoffending rates that conclusions can be made as to whether the Northern Territory Drink Driver Education course has reduced recidivism and thereby played its part in the Northern Territory's response to road crashes involving alcohol.

The Northern Territory Drink Driver Education course is but one component of the system. We argue that a consistent strategic approach to law enforcement, matched with a co-ordinated media campaign to reinforce policing and to maximise the impact of strategies developed by other components of the system, such as drink driver education, creates the environment that further inhibits drink driving.

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