

National Alcohol Strategy. Consultation Paper

Response from Association of Drink Drive Approved Providers of Training (ADDAPT)

1. Background

ADDAPT is the forum that brings together nearly every provider of training of drink drive offenders referred by courts within the terms of the Road Traffic Offenders Act 1988 Sections 34A to 34C. (Rehabilitation Scheme for Drink Drive Offenders).

There are 24 provider organisations which between them serve every court in England and Wales, and most courts in Scotland. The providers come from local authorities, charities, probation services, private sector and health sector. Between them they have in the last few years run courses in alcohol awareness and driving for around 70,000 drink-drive offenders. The offenders attend courses of between 16 and 30 hours in duration and participate actively in completing the course syllabus with objectives prescribed by the Department for Transport.

The scale of this national programme would suggest that it should be recognised as playing a major role in addressing alcohol misuse, albeit in the restricted context of a road traffic offence. Clients of the scheme are as diverse as the general population of alcohol users, and typically courses only rarely have to deal with clients who have a chronic dependency on alcohol. The learning about effects of alcohol and the opportunity to reflect about personal attitudes to alcohol must have a wider application to individual lifestyles.

2. Key issues

2.1 The reduction in mortality and morbidity associated with drinking and driving has been one of the public health successes in the last decade. However, there are signs that the progress has slowed, and some evidence that crashes could be on the rise once again. ACPO figures reveal that the proportion of drivers testing positive after accidents over the Christmas/New Year period has risen steadily every year since 1998/9, and in 2002/3 stood at 8.71%. There is also increasing evidence that alcohol is being mixed with non-prescribed drugs, especially cannabis, to provide complex cocktails that make total impairment difficult to measure.

2.2 Another key issue is the susceptibility of young drivers and riders to alcohol-related crashes. While it is commonly cited that 'young people don't drink and drive, it is the older generations that do this', the facts are that it is those in the 17-25 age group who are most involved in alcohol crashes. While it may be true that it is older drivers that most commonly disregard the laws on drinking and driving, it is younger drivers that are most vulnerable due to their inexperience, lifestyle, exposure and immaturity.

2.3 It is a key issue for most offenders on courses that the current law within the UK permits drivers to drink up to a level that is known to distort their judgement, such that many fall into the trap of continuing beyond that which their better judgement would otherwise suggest. Most offenders advocate the simple solution of a zero limit. ADDAPT, as well as many safety organisations including PACTS and ACPO seek a reduction of the drink drive limit to 50 mg of alcohol per 100ml of blood. This leaves drivers with the near certainty that 'one drink' (two units) is all they can have, and that the alcohol content does not usually have the effect of distorting judgement. If this works for driving, it could also be a public health message for all people at risk of injury through eg fire, or those with a personality adversely affected by alcohol eg those prone to aggression.

Ideas and solutions for future action

3.1 Reduce the drink drive limit from 80mg to 50mg (see above).

3.2 Introduce more alcohol education in the workplace. This is already being developed by some ADDAPT members who approach businesses through their health and safety or fleet managers. While businesses are often motivated by reduced costs from less staff and vehicle down-time, the message can also relate to other hazards within the workplace and personal lifestyles..

3.3 Cease to differentiate between alcohol and 'drugs'. Alcohol is a drug.

- 3.4 Make it a labelling requirement on all alcohol containers that the number of Units in the container, or per standard glasses, are clearly labelled. Include a message, similar to cigarette packets, that alcohol should not be mixed with driving or using machinery.
- 3.5 Involve ADDAPT in the government sponsored drink drive publicity campaign at design stage. There is a wealth of knowledge about the views and perceptions of drink drivers from daily interactions with trainers. This knowledge is currently not being used.

4. Current practices

What has worked well and what could work better.

- 4.1 The Drink Drive Rehabilitation Scheme has been assessed as making participants three times less likely to reoffend than those who do not attend the course. Further research is needed to establish whether those who choose to attend might be more pre-disposed to change their practices than those who decline to accept the court order.
- 4.2 The scheme has the infrastructure in place to accommodate more of the 60% of offenders who choose not to take up the offer. Could further attention be given to making the course compulsory without necessarily burdening the probation service?
- 4.3 The scheme has no effective monitorial or inspection regime such that providers, courts, solicitors and clients can be sure that the best training practices are being consistently applied. It is the aim of ADDAPT to contribute to quality standards, but only DfT is in a position to ensure minimum quality standards are being practised across the board.
- 4.4 Many schemes operate on a small margin and may not be able to provide convincing materials to clients, or present professional audio-visual training aids. It is to be regretted that the Portman Group declined an invitation from ADDAPT to invest in an awareness- raising video for training and other purposes.
- 4.5 There is evidence in parts of the country that there is some confusion as to which clients should be referred to the Probation-run Drink Impaired Drivers Scheme, and which should be referred to the Drink Drive Rehabilitation Scheme. This confusion is exacerbated by the different interpretations that different organisations put upon the term High Risk Offender. This needs resolving.
- 4.6 The Drink Drive Rehabilitation Scheme was set up such that each court area could have multiple providers, and a significant number of courts, particularly in the South East, have to make choices as to which scheme to refer providers to. Without some regulation and inspection there is every incentive for competing schemes to cut their commitment to the courses to a minimum in order to reduce the cost and the time commitment to the clients to a minimum. It cannot be in the interests of the scheme or the long term welfare of the client to reduce overheads such that the quality of the interaction between clients and trainers on courses become un-challenging, un-convincing and a simple hurdle that the client has to undergo in order to reap the reward of a reduced driving ban. This needs urgent attention.

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January 2003.