IARD
INTERNATIONAL ALLIANCE FOR RESPONSIBLE DRINKING

TOOLKIT

Drink Driving Training Program Workbook

CONTENTS

5 ***Introduction***

5 Acknowledgement
5 Disclaimer
6 Background
6 Objectives
6 Participants
7 Program Structure
7 Resource Book
7 Workbook
8 PowerPoint Presentations
8 Learning Method

9 ***Module 1: Identifying the Drink Driving Problem***

9 Introduction
9 Objectives
9 Learning Outcomes
9 Resource Book Reference
9 Powerpoint Slides
10 Drink Driving Impact
11 Crashes and Alcohol
12 Fatality Crash Risk
13 Alcohol at excessive levels has a substantial effect on people
14 The profile of the drink driver
16 Simplified Effective Drink Driving Program
17 Training Course Components
17 Questions and Discussion

18 ***Module 2: Situation Assessment***

18 Introduction
18 Objectives
18 Learning Outcomes
18 Resource Book Reference
20 The Situation Assessment
21 Situation Assessment information
22 Information Interpretation
23 Legislation Interpretation
24 Community Views
25 Application Task
26 Drink Driving Profile Sheet
27 Don't Know Responses: Suggested Action Sheet

28 ***Module 3: Building Support***

28 Introduction
28 Objectives
28 Learning Outcomes
28 Content
30 Rationale for Building Support
31 Cooperation and coordination
32 Road Safety Council Approach
33 Benefits and Disadvantages of the Road Safety Council Approach
34 Political Leader/Champion
35 Lead Agency Approach
36 Lead Agency Issues
37 The Mixed Approach

CONTENTS

39 Managing the Program
40 Application Task
40 Application Reporting
40 Activity De-Briefing
40 Resource Book Reference

41 Module 4: Potential Drink Drive Initiatives

41 Introduction
41 Objectives
41 Learning Outcomes
41 Content
43 Drink Drive Program Initiatives
44 Drink Drive Initiatives Categories
45 Public Policies
46 Alcohol Policies
52 Publicity and Education
53 Application Task
53 Application Reporting
53 Resource Book Reference
54 Module 4 Group Activity Task - Question Sheet

56 Module 5: Establishing Priorities

56 Introduction
56 Objectives
56 Learning Outcomes
56 Content
58 Many initiatives, can't implement all
59 The Key Initiatives
60 Alcohol driving law
61 Implementation Issues
62 Random stopping and breath testing
63 Impact of RBT
64 Key Elements in Publicity Campaigns
66 Application Task
66 Application Reporting
66 Resource Book Reference
67 Module 5 Task Question Sheet

70 Module 6: The Action Plan

70 Introduction
70 Objectives
70 Learning Outcomes
70 Content
72 Step 1 Objectives
73 Setting Objectives Process
74 Initiatives selection process
75 Strategic Analysis
76 Effectiveness
77 Influence of Scope
78 Cost considerations
79 Other Influences
80 Application Task

CONTENTS

80 Application Reporting
80 Resource Book Reference
81 Module 6 – Task 1 – Setting Objectives
81 Objectives Setting Prompt Sheet
81 Module 6 – Task 2 – Drink Drive Initiatives Descriptions
81 Liquor Licensing
81 Legal Minimum Drinking Age
82 Blood Alcohol Concentration Law
82 Alcohol Purchase Hours
82 Alcohol Content Product Regulations
82 Random Stopping and Preliminary Breath Testing
83 Vehicle Alcohol Interlocks
83 Targeted Enforcement
83 Graduated Penalties
84 Mandatory Penalties
84 License Loss Penalty
84 Road Delineation Treatments
84 Road Barrier Treatments
84 Responsible Serving of Alcohol
85 Free Non-Alcohol Drinks and Non-Alcohol Cocktails
85 Coin in Slot Breath Testers and Community Alcohol Level Trials
86 Designated Drivers
86 Company Fleet No alcohol Policies
86 Repeat Offenders Training Programs (Recidivists)
87 Alternative Transport
87 Publicity Campaigns
87 School Children's Education

88 Module 7: Monitoring and Evaluation

88 Introduction
88 Objectives
88 Learning Outcomes
88 Content
90 Evaluation Rationale
91 Formative Evaluation
92 Summative Evaluation
93 Program Monitoring
94 Practical Evaluation
95 Application Task
95 Application Reporting
95 Resource Book Reference
96 Module 7 – Application Task Question Sheet

98 Bibliography

ACKNOWLEDGEMENT AND DISCLAIMER

Acknowledgement

The development of this training course has been funded by the International Alliance for Responsible Drinking (IARD) as part of the Global Actions on Harmful Drinking Initiative. IARD would like to thank Ray Taylor for his work in developing the material and exercises used in the workbook. Other contributors include the Senior Advisory Group of the Global Actions Drink Drive Initiative: David Silcock, Kathy Stewart, and Fred Wegman.

Disclaimer

This publication presents the work product, findings, viewpoints, and conclusions solely of the named author. The views expressed are not necessarily those of any of IARD's sponsoring companies.

INTRODUCTION

Background

Road traffic injuries are a major public health problem and a leading cause of death and injury around the world. The cost to countries, many struggling with both economic and social development concerns, has been estimated at 1% to 2% of their Gross National Product.[1]

Improvements in road safety management that have dramatically decreased road traffic deaths and injuries in industrialized countries were identified by the World Report on Road Traffic Injury Prevention http://www.who.int/violence_injury_prevention/publications/road_traffic/world_report/en/ launched jointly in 2004 by the World Health Organization (WHO) and the World Bank. The United Nations General Assembly passed a resolution on April 14, 2004 urging greater attention and resources to be directed towards the global road safety crisis.

The alcohol industry's involvement in road safety generally, and combating drink driving in particular, has been extensive and long-running, including company-sponsored activities in many countries.

IARD has been leading a collection of industry efforts in drink driving since 2010 which build multi-stakeholder coalitions and apply best practice in targeted interventions, high-visibility enforcements, and monitoring for impact. Programs began as a part of the Global Actions to Reduce Harmful Drinking in Colombia, China, Mexico, Nigeria, Russia, and Vietnam. The pilot programs continued in 2013-2014 as a part of the Producers' Commitments to Reduce Harmful Drinking[2], signed by Chief Executives of 12 major global beverage alcohol producers to undertake targeted efforts that focus on five broad areas over five years (2013 – 2017). New programs in drink driving began in 2015-2016 in Cambodia, Dominican Republic, Namibia, South Africa, and Thailand.

A key element in this program will be a training program on the development and implementation of drink driving countermeasure programs designed to build the capacity of road safety personnel in less developed countries to tackle the issue of alcohol impaired driving. The training program will be guided by the *Good Practice Manual on Drinking and Driving*[3] developed under the auspices of the UN Road Safety Collaboration by the Global Road Safety Partnership (GRSP).

Objectives

The program will:

- Build the knowledge of participants about the components of an effective drink drive program
- Develop skills among participants to enable them to design and establish a drink driver program and advocate for sustainable polices and action which target drink driving; and
- Provide a commencement to a drink drive program through development of potential objectives, initiatives, and an evaluation design for consideration within the jurisdiction.

Participants

The program is designed largely for professionals and staff of institutions who are responsible or likely to be responsible for the preparation and conduct of effective anti-drink driving programs.

The major participants would be drawn from government agencies, including transport, education, health, local government, public works, and police. This group should be augmented by representatives of major NGOs with an interest in road safety and key industry and commercial organizations such as beverage alcohol companies, accident insurers, advertising, public relations, and media.

1 Peden M et.al, eds World report on road traffic injury prevention, Geneva, World Health Organization, 2004.

2 ICAP sponsors are Anheuser-Busch InBev, Asahi Breweries, Bacardi-Martini, Beam Global Spirits & Wine, Brown-Forman Corporation, Diageo, Heineken, Molson Coors, Pernod Ricard, SABMiller

3 Drinking and Driving: a road safety manual for decision-makers and practitioners, Geneva, Global Road Safety Partnership, 2007

INTRODUCTION

Program Structure

The program is proposed to be a modular structure with a variety of informative and participant activities undertaken within each module.

A total of seven modules are proposed for the program supported by a case study drawn from each jurisdiction where the program is conducted. The modules have the following headings:

Module 1	Identifying the Drink Drive Problem
Module 2	Situation Assessment
Module 3	Building Support
Module 4	Potential Drink Drive Initiatives
Module 5	Establishing Priorities
Module 6	The Action Plan
Module 7	Monitoring and Evaluation
Module 8	Drink Drive Program Case Study (China)

Additionally, a number of optional modules are available to enable individual jurisdictions to tailor the program to meet their individual needs and circumstances. These modules are taken from the GRSP Road User Behaviour Change Public Education Program.

Optional Module 8	Deterrence Theory and Enforcement
Optional Module 9	Strategic Road Safety Programs and Publicity
Optional Module 10	How to Conduct and Assess Focus Group Research

The program can be delivered over two or 2½ days which is a time frame likely to be acceptable for release of staff in both government and commercial organizations. Experience with conducting the Behavior Change Public Education program in Malaysia and Vietnam indicates a strong resistance to supporting programs requiring more than this amount of time.

The program is structured around four major elements:

A Resource Book
A Workbook
A set of PowerPoint Presentations and presenters' notes
A current Drink Drive Case Study

Resource Book

The Resource Book includes information on each of the modules in the course. The resource book is designed as a reference book for course participants to use both during and after the completion of the course. It elaborates on elements presented in the course, presents examples of implementation, provides summary information on key supportive research, and includes a list of references. The Resource Book for the program is the publication Drinking and Driving: A Road Safety Manual for Decision-Makers and Practitioners, GRSP, 2007, which is available online at this web address: http://www.grsproadsafety.org/our-knowledge/drinking-and-driving.

Workbook

The Workbook is the major participant document used in the program. It includes hard copy of all PowerPoint Presentations and supportive text provided for each presentation slide. Additionally, the Workbook will include a series of application activities undertaken in the program at the completion of each module designed to provide hands-on experience for participants through practical application of the concepts presented.

INTRODUCTION

PowerPoint Presentations

PowerPoint Presentations will provide summary information of the key concepts presented and wherever possible will include charts and diagrams as methods of communication. Part of the presentation of material will be undertaken by local presenters. These include:

1. A presentation on the profile of drink driving in the jurisdiction by a local presenter in Module 1
2. A presentation on a potential Monitoring and Evaluation plan applicable to the jurisdiction in Module 7
3. A Case Study on a Drink Drive initiative which has recently been implemented in the country (if a suitable case study does not exist, this will be replaced by the case study on drink driving in China which is included in this outline as Module 8)

Learning Method

The program is designed as a series of modules comprising three phases of learning.

- The first phase is the commencement of each module with information, data, and concepts presented to participants via a PowerPoint presentation. This is the traditional lecture style learning mode which enables the rapid transmission of a range of information quickly to all participants.
- The second phase involves participants completing a series of activities which apply the concepts and information presented in the PowerPoint Presentation to scenarios or other situations through pre-prepared stimuli. Much of this work will be undertaken in small groups. This approach provides opportunities for two-way learning between participants and between participants and the presenters. These activities are designed to achieve higher order learning objectives such as application of concepts and analysis of scenarios.

  A number of these application tasks will involve participants in assessing information relevant directly to their country/city/jurisdiction. These include:

  - The application task for Module 2 which uses the profile of drink driving in the relevant jurisdiction as stimulus for the activity and seeks to identify actions that need to be taken to improve the situation analysis and information available on drink driving.
  - The application task for Module 3 where participants will be required to build a potential coordination structure suitable to their jurisdiction for later consideration.
  - The application task for Module 4 where participants will assess the components of specific initiatives and present a range of issues for implementation that would need to be considered and acted upon in their jurisdiction.
  - The application task for Module 6 where participants are required to establish a set of objectives and select suitable initiatives linked to those objectives, which might be applicable to their jurisdiction.
  - The application task for Module 7 where participants are required to assess and improve a draft Monitoring and Evaluation proposal, which has been prepared and presented for their jurisdiction.

  Effective conduct of the small group workshop sessions is greatly enhanced by the participation of local group facilitators as part of the program team. A facilitator working with each table group assists them to understand the nature of the tasks required, overcome difficulties with language, and help build rapport among the group members.

- The third phase is a feedback session involving the whole group of participants with information and responses to each activity. This enables participants to confirm views they may have developed in the small group sessions and refine concepts through articulating meaning to the group. It also enables all participants to be subjected to a range of different responses developed by other small groups. In essence, this is a reinforcement of the learning, as well as exposure to the ideas of others who were not involved in their small group activity.

These approaches represents an application of adult learning principles that underpin the program and are designed to identify and use information and capacities among the participants themselves as key elements in the learning process.

MODULE 1: IDENTIFYING THE DRINK DRIVING PROBLEM

Introduction

This module is designed as an essential foundation to the development of an effective antidrink driving program. The rationale for addressing drink driving is presented together with the facts associated with alcohol impairment and impacts on driving.

Objectives

Knowledge

Participants will know:
- The road safety impact of alcohol impairment worldwide
- The profile of drink driving in their jurisdiction
- The effects of impairment on human behavior
- The impact of alcohol impairment on driving skill

Comprehension

Participants will understand:
- The need in society to address drink driving

Learning Outcomes

At the completion of the module participants will:

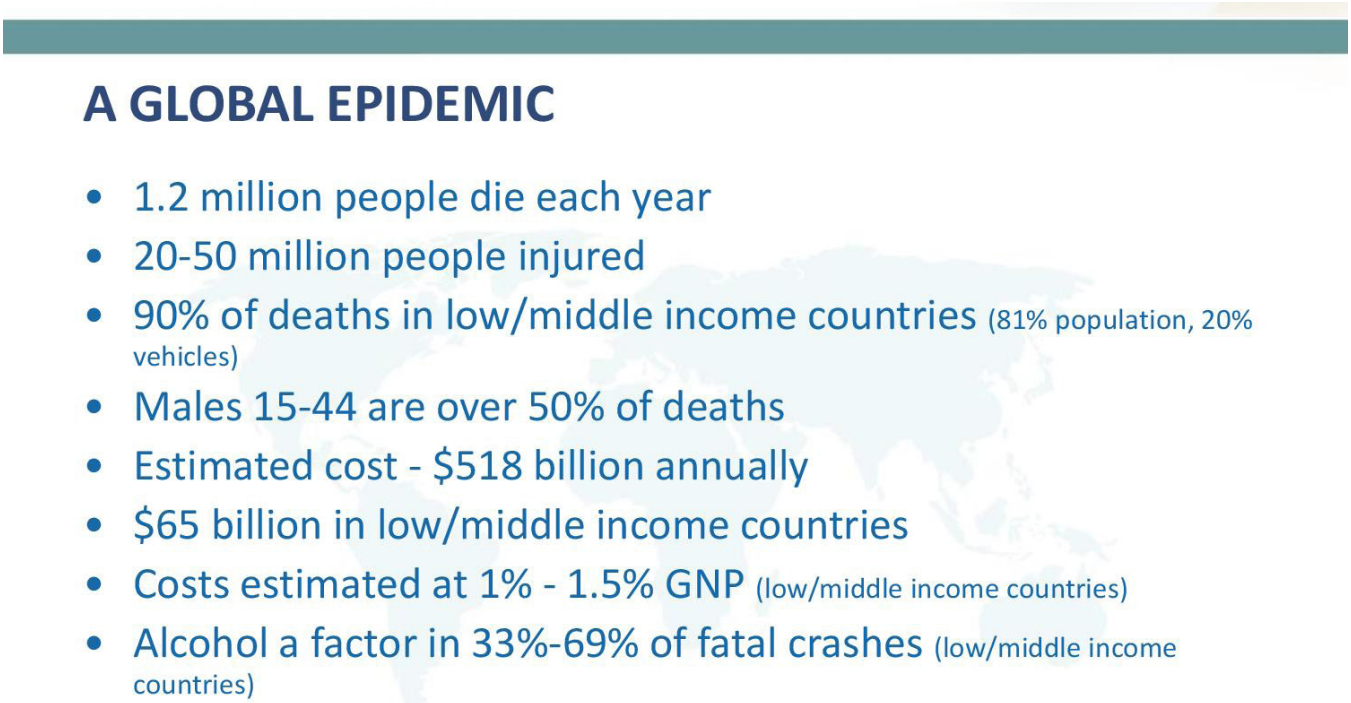
- Know the nature of the drink driving issue around the world
- Identify the key influence of alcohol impairment on driving
- Understand the significance of drink driving as a safety issue in their jurisdiction

Resource Book Reference

Section 1, Pp2 to 22
Section 2, Pp25 to 43

Powerpoint Slides

MODULE 1: IDENTIFYING THE DRINK DRIVING PROBLEM



Drink Driving Impact

Road accidents have a profound impact on our communities. Worldwide, the scale of the effects is simply staggering. The World Health Organization (WHO)4 has estimated around 1.2 million people die each year with 30 to 50 million injured as a result of road traffic crashes. There is also an over-representation of deaths in low- and middle-income countries compared to their proportion of population and share of the global vehicle fleet.

The financial costs are equally staggering, with over USD $500 billion worldwide of which an estimated $65 billion is suffered by low and middle income countries. These costs represent between 1% and 1.5% of GNP in these countries.

Alcohol has been identified as a factor in 30% to 70% of fatal crashes. Even if we assume the lower estimate applies across the world this means that about one-third of all fatal crashes involve alcohol. Clearly there is an overwhelmingly strong rationale for addressing the issue of drink driving in our communities.

4 Peden M. et.al. eds World report on road traffic injury prevention, Geneva, World Health Organisation, 2004

MODULE 1: IDENTIFYING THE DRINK DRIVING PROBLEM

Crashes and Alcohol

Research has identified that the risk of crashing increases with alcohol consumption and the higher the level of alcohol in the blood the greater the risk of crashing compared to a sober driver.

Further, in low- and middle-income countries the proportion of drivers killed with illegal levels of alcohol is substantial.

So, alcohol consumption at illegal levels is a problem for all drivers but has an even greater impact on the levels of road trauma in low- or middle-income countries.

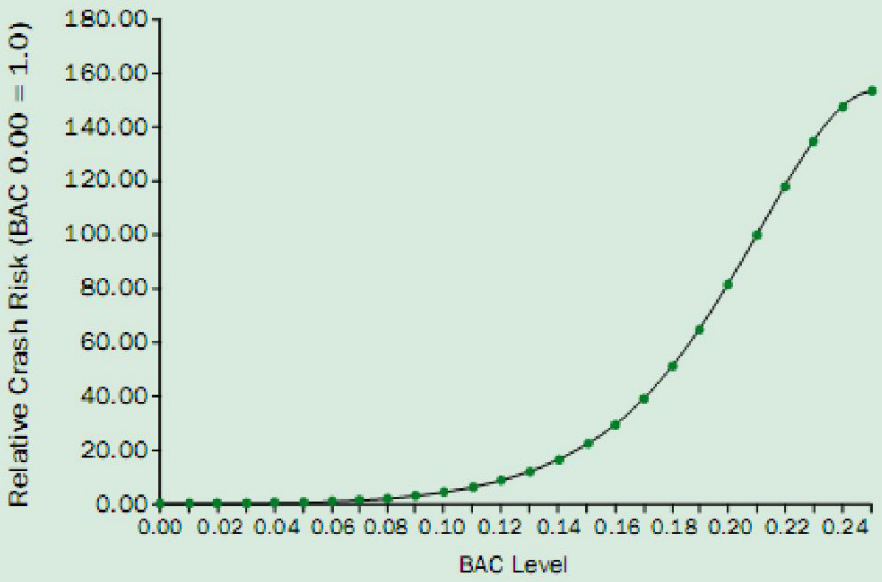
A high proportion of “run-off-road” crashes typically involve alcohol. In this crash type, the driver typically misjudges a bend in the road ahead, or loses control on the gravel shoulder of the road. These crashes can be very severe if the vehicle hits any objects (such as trees or power poles on the side of the road).

Single vehicle crashes (whether run off road or not) often involved alcohol. Additionally, in rural areas where vehicle speeds are higher, a high proportion of high speed crashes have been noted as alcohol-involved.

Alcohol crashes occur more often at night and more often at weekends, which in most societies are the time periods when alcohol is likely to be consumed the most.

MODULE 1: IDENTIFYING THE DRINK DRIVING PROBLEM

Figure 1.2: Estimated relative fatality risk for drinking drivers by age and sex in single-vehicle crashes



Fatality Crash Risk

This chart is the relationship between levels of blood alcohol concentration and the risk of being involved in a single vehicle fatality crash.[5]

The influence of alcohol on the body is measured by the concentration of alcohol in the blood. This is commonly referred to as blood alcohol concentration (BAC). The measure used is grams of alcohol per milliliter of blood. For example, 0.05 is 0.5 grams of alcohol per liter commonly referred to as 0.05 BAC.

The risk of crashing begins to increase at around 0.03 to 0.04 and by 0.05 the crash risk is around double the crash risk of a driver with zero.

The chart also shows that the crash risk climbs at an increasing rate, so that at an estimated 0.1 the crash risk involvement is around five times that of a driver with zero BAC.

Single vehicle crashes are the typical alcohol-involved crash where the driver's impairment affects tracking ability (ability to steer the vehicle) and judgment (especially of speed and distance).

5 Crompton RP et al. Crash risk of alcohol-impaired driving. In: Mayhew DR, Dussault C, eds. Proceedings of the 16th International Conference on Alcohol, Drugs and Traffic Safety, Montreal, 4–9 August 2002. Montreal, Société de l'assurance automobile du Québec, 2002:39–44

MODULE 1: IDENTIFYING THE DRINK DRIVING PROBLEM

Alcohol at excessive levels has a substantial effect on people

In the first instance, alcohol can have either a stimulating and or depressive effect on brain functions. The impact on functions associated with the driving task is clear.

Driver reaction times are slower and the driver's capacity to deal with all the demands on mental functioning which exist in the road network is impaired. Ability to see and recognize a hazard is affected and studies have shown ability to track the vehicle (steering) is impacted.

This is why drivers with a high level of alcohol in their blood often weave across the full width of the road or the lane when driving.

High levels of blood alcohol can also generate complications with any injuries a driver may have received in a crash. For example, an intoxicated driver may be erroneously diagnosed with head injuries due to the effects of alcohol on observed symptoms and clear diagnosis of injuries can be influenced by the difficulties hospital staff encounter when dealing withalcohol-impaired patients. Additionally, the severity of the injury sustained can be elevated through the effects of alcohol in the blood.

MODULE 1: IDENTIFYING THE DRINK DRIVING PROBLEM

The profile of the drink driver

The profile of the drink driver has much in common with the profile of drivers who comprise large components of all crash types. Typically, they are more often male, tend to be younger, often lack education, and come from lower socio-economic groups.

Whilst this is true for most jurisdictions,it is something of a caricature and may be misleading to the road safety professional if they focus on this general profile too much. In most western countries for example a good proportion of alcohol related crashes still involve older male drivers. It is most likely that in developing countries only the relatively wealthy will own vehicles. So it is important to obtain information and build a profile of the drinking driver specifically related to each jurisdiction.

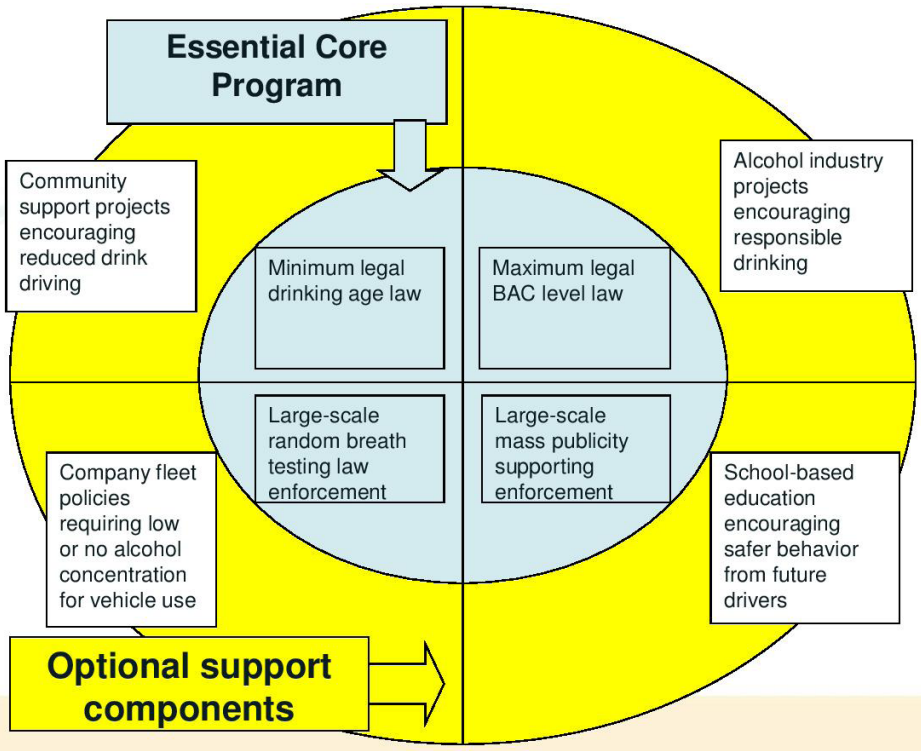
In Australia, for example, the effects of a large range of initiatives focused on the novice driver in their first three to five years of driving have resulted in quite a drop in the involvement of this age group in alcohol related crashes, despite the evidence that there is little or no abatement in the drinking culture associated with people of this age.

MODULE 1: IDENTIFYING THE DRINK DRIVING PROBLEM

WORLD STATUS: SUMMARY

- We have a problem.
- Alcohol involved crashes are a high proportion of all severe crashes in many countries
- Alcohol impairs driving performance
- Young, inexperienced males are most at risk
- Typical alcohol involved crash types are known

WHAT TO DO? – CORE & OPTIONS



9

MODULE 1: IDENTIFYING THE DRINK DRIVING PROBLEM

Simplified Effective Drink Driving Program

The diagram represents a very simplified view of an effective drink driving program. **The blue section is the program core. This is the key element of a program and is essential.**

Research has shown that these program components are all associated with substantial reductions in drink driving and alcohol-related trauma where they have been implemented.

It contains four main elements:

- A minimum drinking age law
- A law to set a maximum level of alcohol allowable while driving a vehicle or Blood Alcohol Concentration (BAC) law
- Extensive enforcement of the BAC law through random breath testing
- Extensive publicity supporting the enforcement of the laws

To ensure sustainability of the program and effective targeting, the program should be supported by annual data collection of drinking, drink driving, and alcohol-related road traffic crashes, then knowledge about the who, where, and when of drink driving can direct the program.

Surrounding the core program are yellow options that can be included in a program where community support for these optional activities is available. **The optional activities are not essential**, and very few of the activities undertaken have research evidence showing large-scale reductions in drink driving related directly to them.

However, controlling drink driving behavior is a long term activity requiring substantial action over a number of years. Such intensive action requires high levels of community and political support to be sustained, and the range of initiatives undertaken in the optional category assist in maintaining and building this support.

Exploring such a program and assisting to implement it is the basis of the training program we are undertaking.

MODULE 1: IDENTIFYING THE DRINK DRIVING PROBLEM

COURSE COMPONENTS

Modules	Content	
1.Identifying the Drink Drive Problem	World road trauma Alcohol impairment effects A simplified drink driving countermeasure program	The influence of drink driving Alcohol impairment and crashes
2. Situation Analysis	Situation analysis as the first step	Your jurisdiction's situation analysis
3. Building Support	The need for support from others Key program management roles	Different models of coordination
4. Potential Drink Driving Initiatives	A wide range of initiatives Behavior controls Education	System controls Community action
5. The Action Plan	Program objectives Selection of initiatives Effectiveness criteria Community and political influences	Objective setting process Strategic criteria Scope and costs Program priorities
6. Monitoring and Evaluation	Reasons for evaluation Summative evaluation Practical evaluation	Formative evaluation Program monitoring

Training Course Components

The course we will be undertaking comprises seven modules:

Module 1 addresses the reasons for tackling drink driving, the impact of alcohol impairment and the first step of building a situation analysis

Module 2 introduces the Situation Assessment as the key first step in program development

Module 3 looks at the process of building support for a program as a critical step in implementation

Module 4 deals with the range of initiatives which can be incorporated into a program and how they impact on the problem

Module 5 looks at setting key priorities

Module 6 builds a drink driving action plan for implementation

Module 7 deals with program monitoring and evaluation

Each module will include information presented on the module content and workshop application activities designed to build understanding of the module and proposed initiatives.

Questions and Discussion

The final component of this module is a whole group question and discussion session with key comments listed on a whiteboard for further reference by the course facilitator. The purpose of the discussion session is to provide an opportunity for course participants to signal their interests, outline concerns, and clarify understanding of issues presented in the module.

MODULE 2: SITUATION ASSESSMENT

Introduction

This module commences the process of program development. The module begins with a presentation of the profile of drink driving in the jurisdiction where training is being undertaken. The profile (Situation Assessment) has been pre-prepared and will be presented by a local officer involved in the profile preparation.

Following the local presentation, the module will present the key characteristics to be included in a situation analysis. The purpose of the Situation Assessment is explained together with a method for interpreting the meaning of key data components such as the crash data, legislation, and community perspectives. The likely roles of key agencies are highlighted and the relationship between a program component and the information generated in the situation assessment is explained. The module ends with a group application task assessing the local profile and recommending action to improve the profile information.

Objectives

Knowledge

Participants will know:	The profile of drink driving in their jurisdiction The purpose of the Situation Assessment The major information included in the Situation Assessment

Comprehension

Participants will understand:	The importance of information interpretation as a guide to program design

Application

Participants will be able to:	Assess the adequacy of a locally prepared Situation Assessment and recommend improvements

Learning Outcomes

At the completion of the module participants will:

- Know how to develop a program and what to include in a Situation Assessment
- Understand the importance of data interpretation
- Interpret a set of data
- Evaluate a Situation Assessment

Resource Book Reference

Section 2, Pp25 to 43

MODULE 2: SITUATION ASSESSMENT

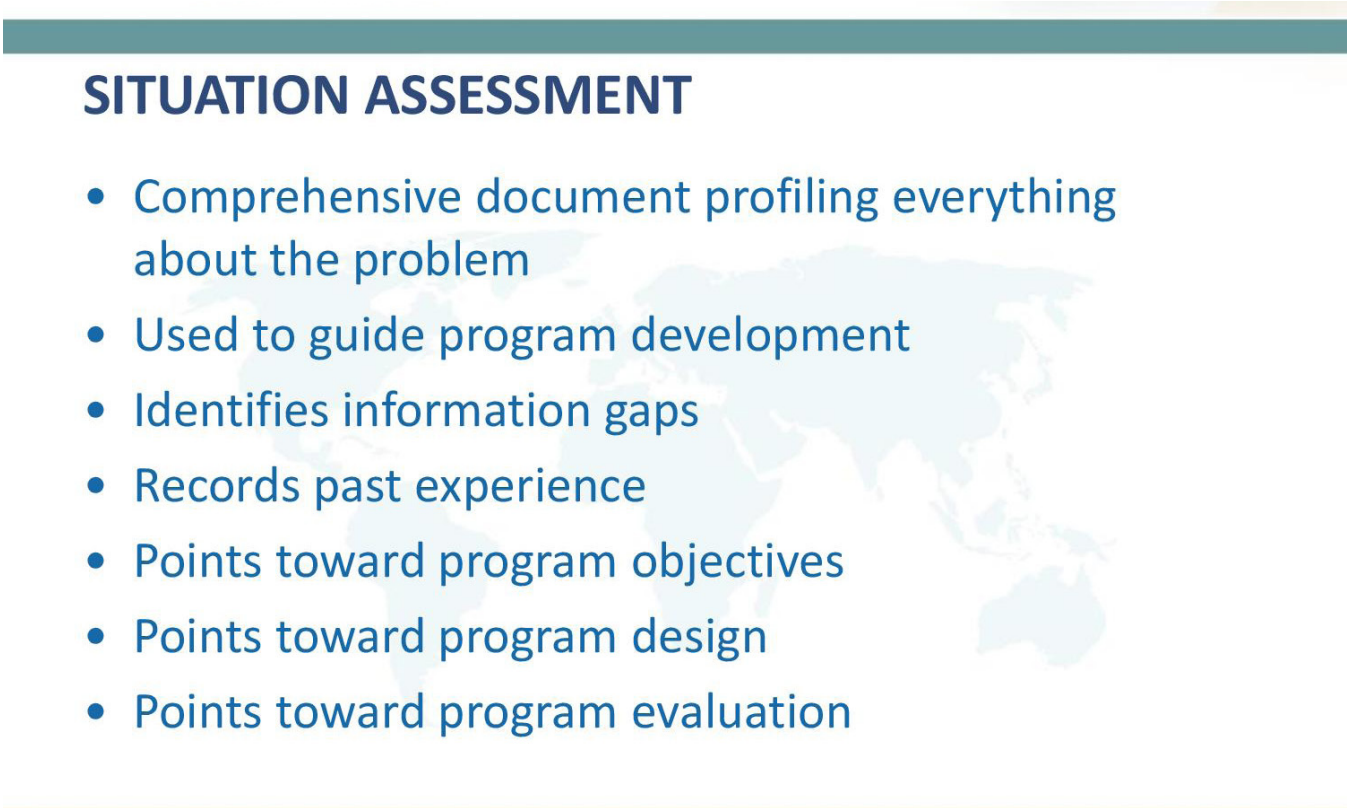
PowerPoint Presentation 1

Presentation of the prepared profile of drink driving in the jurisdiction, or country or city from which participants to the workshop will be drawn. This presentation is provided by one of the local presenters .

The presentation will be incorporated into the workbook prior to printing and the PowerPoint slides will appear at this location in the workbook.

Presentation Slides #2

MODULE 2: SITUATION ASSESSMENT



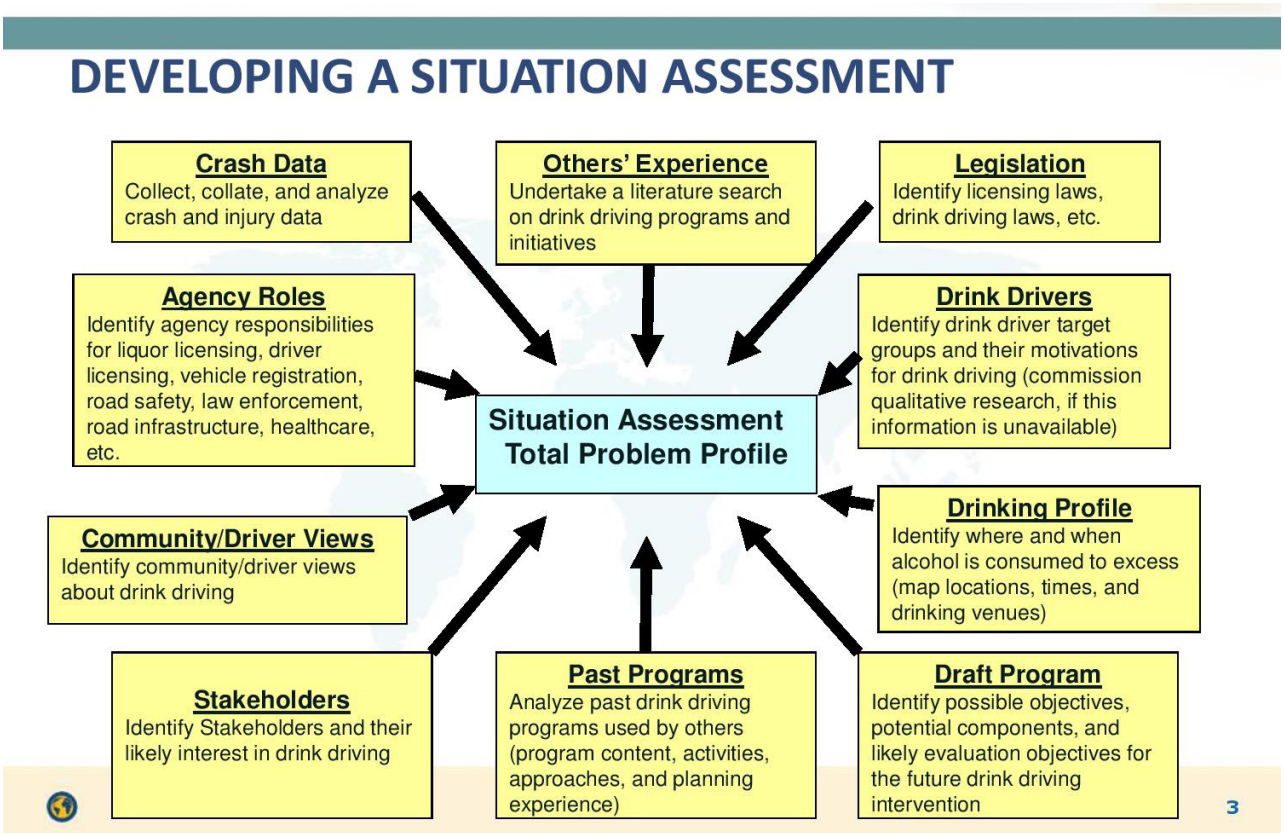
The Situation Assessment

An effective Situation Assessment is the first and most important step to implementing an effective drink driving program. It incorporates all the data and information that is available in a jurisdiction about drink driving. Sometimes it is called a profile or a problem description.

The assessment should include key data collected on the behavior of drink driving, status of the laws and penalties, and existing drink drive and enforcement programs. This includes crash system data; hospital information on admissions; survey information on the nature, extent, and locations of drinking; information on key locations for drink driving; police enforcement information; and current legislation applicable with the penalties identified for non compliance.

The situation assessment is used as the map to guide the program development, its objectives and its evaluation.

MODULE 2: SITUATION ASSESSMENT



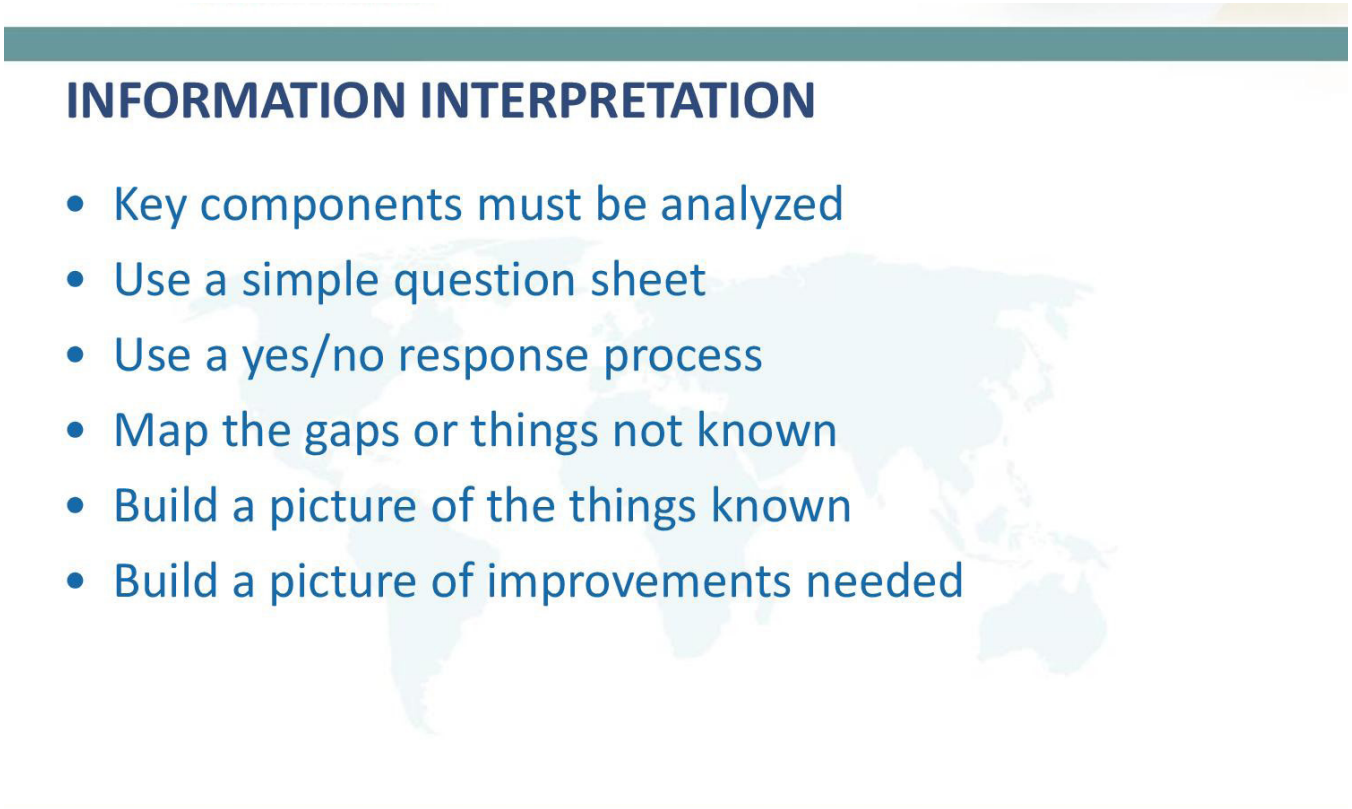
Situation Assessment information

There are a wide range of sources of information which should be tapped to establish the situation assessment. The crash data base is a key source together with hospital admissions, survey information on drink drivers, and drinking profiles. Surveys of community views and attitudes are also important to indicate the degree to which the community understands the problem and is conducive to action designed to address drink driving.

The details of legislation applicable to drinking in the community and drink driving should be noted and the views of key stakeholders identified.

It is worthwhile to tap the road safety literature across the world to gain insights into initiatives which have been successful and jurisdictions which have a similar problem.

MODULE 2: SITUATION ASSESSMENT



Information Interpretation

Once the information has been collected it needs to be interpreted to provide clues and indicators of the type of program which might be undertaken. In the process of information interpretation, a number of gaps in knowledge about the problem will become evident. These gaps in knowledge should be mapped and addressed in the drink drive program developed so that future programs will be based on more complete information.

The collection of information gaps will also assist effective monitoring and evaluation of the program as it proceeds.

A simple way to assess the adequacy of information is to pose a series of questions of the information to determine the degree to which specific details that may be of interest are included.

MODULE 2: SITUATION ASSESSMENT

CRASH DATA INTERPRETATION

Question	Do we know?	What to do?
How many crashes and injuries from road accidents?	Yes	Maintain/improve data
How many crashes and injuries involving illegal alcohol?	No	Law exists, but full data not available, so need a system to collect data
Where and when do alcohol related crashes occur?	No	Include location and times of crashes in agreed data collection system
What types of drivers are most likely to be involved in alcohol related crashes?	Yes	Local surveys have identified but data system does not. Include age, gender, driving experience in agreed data system.

Legislation Interpretation

The same approach can be taken when considering the nature of the legal arrangements pertaining to alcohol and driving.

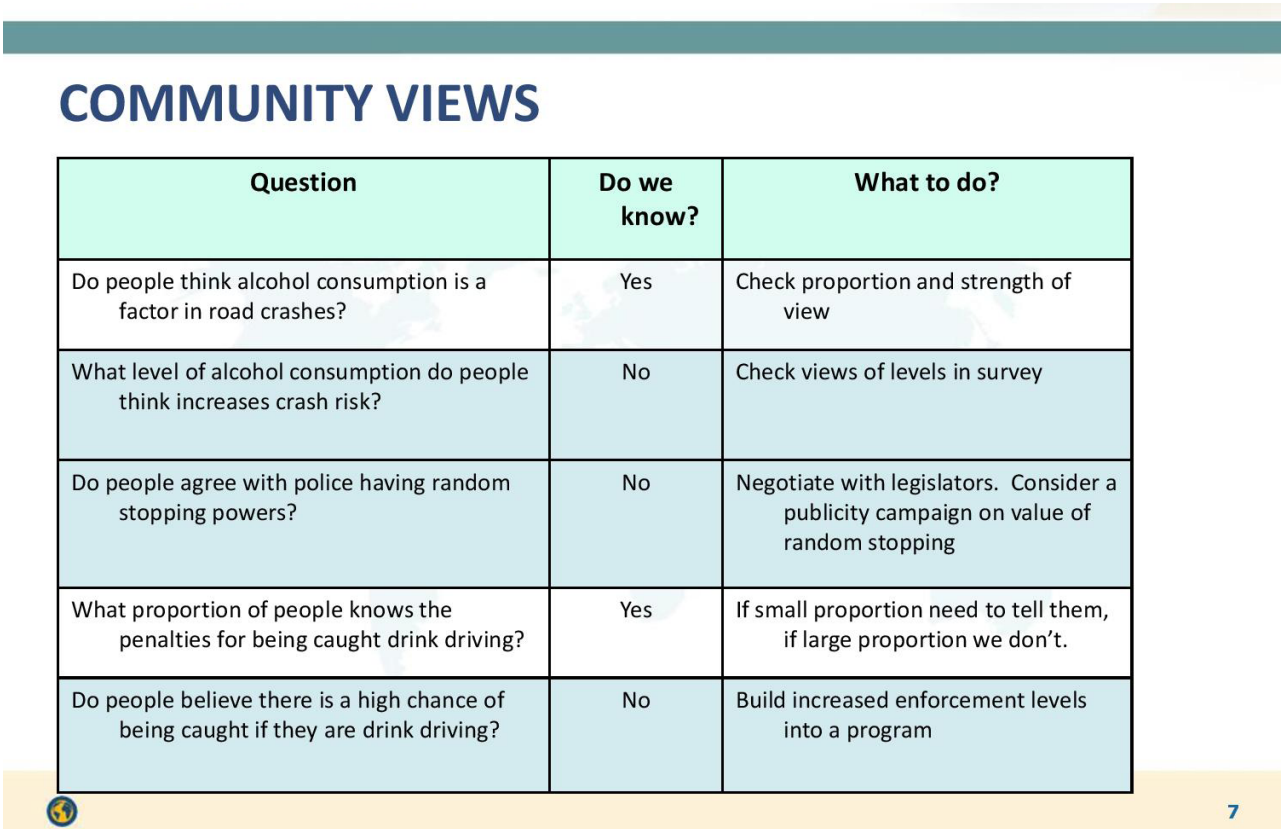
In the example, drink driving has not been proscribed as a legally enforceable law within the jurisdiction. This is a critical element to establishing a program because effective enforcement of drink driving is severely hampered if a clearly defined law does not exist.

Additionally, the extent of police powers to stop drivers and administer tests designed to determine if a driver is alcohol affected needs to be relatively unhindered. The most beneficial system is one where police have the power to randomly stop any motorist for the purpose of testing for alcohol.

Some jurisdictions have laws stating that police must have “reasonable cause” to suspect a driver is alcohol-affected before they can stop them and administer a test. Limitations of police powers in this way means that a large-scale random stopping operation is unable to be undertaken and the deterrence effect of wide scale police operations is lost.

Questions about the existence of laws relating to the supply of alcohol beverages are also pertinent as these laws represent the wider context in which the drink drive laws operate. Limitations to the availability of alcohol beverages are common in many jurisdictions, particularly with respect to young people.

MODULE 2: SITUATION ASSESSMENT



COMMUNITY VIEWS

Question	Do we know?	What to do?
Do people think alcohol consumption is a factor in road crashes?	Yes	Check proportion and strength of view
What level of alcohol consumption do people think increases crash risk?	No	Check views of levels in survey
Do people agree with police having random stopping powers?	No	Negotiate with legislators. Consider a publicity campaign on value of random stopping
What proportion of people knows the penalties for being caught drink driving?	Yes	If small proportion need to tell them, if large proportion we don't.
Do people believe there is a high chance of being caught if they are drink driving?	No	Build increased enforcement levels into a program

7

Community Views

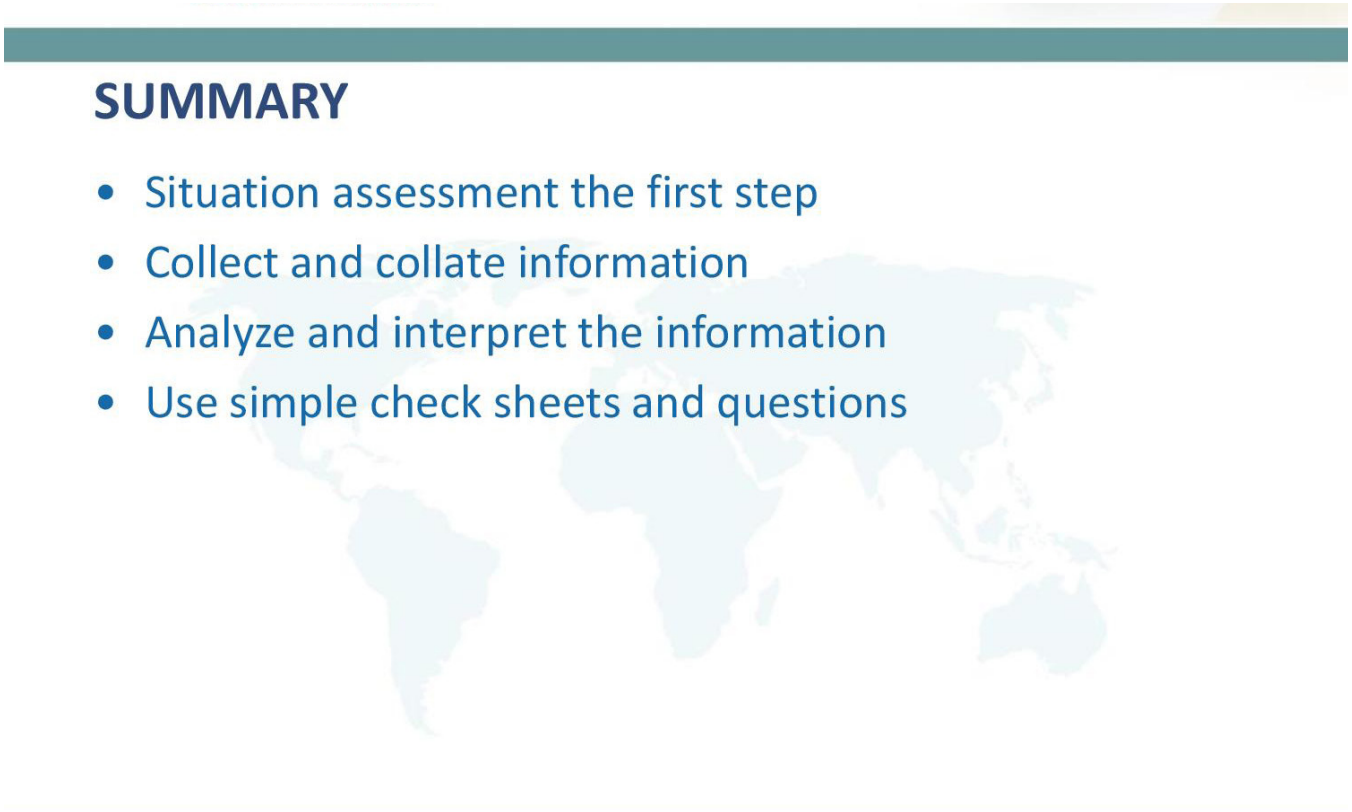
The views of the community with respect to drink driving are equally important information as a basis for an effective drink driving program. General community perspectives influence whether people will choose to drive after drinking and the extent to which new laws or initiatives are able to be implemented. Community views impact on the views of political leaders who are responsible for the legislation and the funding available to conduct a drink drive program.

If the prevailing community view is that drink driving is a factor in road crashes, as in this example, then a positive community perspective exists to support a program.

Further questions of the extent of community understanding of the issue need to be posed. In our example, there is little understanding of the levels of alcohol in the blood that affect driving performance and are a contributing factor to crashes. A community with this broad view would be unlikely to support a law limiting alcohol to 0.05 because many people would ask the question: Why is it set at this level? In this situation it may be necessary to undertake a pre-program publicity campaign advising the general public about the influence of alcohol in crashes and the levels at which alcohol in the blood increases crash risk.

Similar questions need to be posed about views on the enforcement role of police to determine the degree to which more intrusive enforcement methods are likely to be supported.

MODULE 2: SITUATION ASSESSMENT



Application Task

Directions

- Participants move into small groups of no more than eight to 10 people per table.
- Each table elects a group leader for this task.
- The group leader's role is to keep the group on track to completing the task within the time allowed.
- Each table also elects a reporter.
- The table reporter's role is to record the responses of the group and report to all the participants the findings of the grup at the completion of the application task.
- If the table wishes to, the group leader and table reporter can be the same person.

The Task

Using the profile of drink driving presented for your jurisdiction/country/city presented by XXXXXXX, provide:

1. A group response to each question listed in the Drink Driving Profile Sheet provided below. If the group does not know the answers to the question place a tick in the Don't Know box. Record the results on the sheet for the reporter to use when reporting
2. A group suggestion for what action should be taken for every question where the group has ticked the Don't Know box. Record these actions in the Don't Know Action Sheet provided

MODULE 2: SITUATION ASSESSMENT

Drink Driving Profile Sheet Group No _____

QUESTIONS	GROUP RESPONSE	DON'T KNOW
What is the age grouping and gender of most drink drivers?		
What is the nature of the drinking venue which is most popular?		
Are motorcycle riders strongly represented among the drink driving group?		
Are there a large number of pedestrians involved in drink driving crashes?		
What beverages are most likely to be consumed by drink drivers?		
What is the proportion of truck (lorry) drivers among identified drink drivers?		
Do drivers generally know the penalty for drink driving?		
What is the penalty for drink driving?		
Do police have the power to stop drivers for an alcohol test without any prior suspicion of alcohol consumption?		
Are breath alcohol test results admitted in a court of law as evidence of drink driving?		
What proportion of the total population in your country are alcohol consumers?		
What information is accepted in courts of law as evidence of drink driving?		
What is the proportion of alcohol-involved accidents in the total fatality count from road trauma?		
What are the reasons given by drink drivers to justify their drink driving behavior?		
What periods of the day represent a peak in drink driving behavior?		
What days of the week represent a peak in drink driving behavior?		
Are there particular locations in the country or within cities that have a greater prevalence of drink driving behavior?		
Do drink drivers also undertake other unsafe driving behaviors such as speeding or not wearing a seat belt or motorcycle helmet or using drugs?		

MODULE 2: SITUATION ASSESSMENT

Don't Know Responses: Suggested Action Sheet

DON'T KNOW QUESTIONS	SUGGESTED ACTION

MODULE 3: BUILDING SUPPORT

Introduction

This module highlights the importance of gaining political and community support as a necessary ingredient to establishing a successful drink driving program. The reasons why building support is necessary are outlined and four potential models of coordination are presented as mechanisms to establishing support and maintaining support during program operation. The advantages and disadvantages of each model are considered, and why a hybrid model involving stakeholder working groups linked to a small management committee of the key agencies is preferred.

Objectives

Knowledge

Participants will know: The reasons why building support is important
Four different models for coordination
The advantages and disadvantages of each model

Comprehension

Participants will understand: The need for building support for program sustainability

Application

Participants will be able to: Build a possible coordination model suitable for their country

Learning Outcomes

At the completion of the module participants will:

- Understand the reasons why support should be built
- Know the different models of coordination
- Understand the advantages and disadvantages of each model
- Establish a model of coordination they think is suitable for their country

Content

- Reasons for building support
- Four models for coordination
- The Road Safety Council model including advantages and disadvantages
- The Champion model including advantages and disadvantages
- The Single Authority model including advantages and disadvantages
- The Hybrid model – Management Committee and Working Groups
- Advantages and disadvantages of the Hybrid model
- A potential Hybrid model sub group structure
- Key management roles required for effective coordination

MODULE 3: BUILDING SUPPORT

PowerPoint Presentation Slides

MODULE 3: BUILDING SUPPORT

Rationale for Building Support

Alcohol is a feature of many societies and alcohol consumption is often central to social mores and culture. In these societies attempts to limit alcohol consumption, regardless of the purpose, can be met with opposition, so building support for drink driving action can be important to developing a responsive community perspective.

In many cases communities may not be aware of the impact of illegal alcohol consumption on road trauma and this lack of knowledge can limit their support for action. In these circumstances political leaders may well be less eager to support drink drive programs for fear of lack of community support, and so may also be unwilling to pass the necessary laws.

Support will be needed from key stakeholders such as the alcohol industry (producers, retailers, pub owners, etc.), hoteliers, and equipment manufacturers whose support will assist the implementation of a program. Critically, the nature of road safety means that responsibilities for action to improve road trauma typically are spread across a number of government departments. These usually include transport, police and emergency services, health and public works as well as others. Support needs to be established across a range of departments so that the initiatives will be implemented effectively within each department.

Finally, building support is important for the future, which may require different initiatives to be considered. These will be likely to be easier to implement if public opinion is conducive to change and has been established surrounding road safety initiatives.

MODULE 3: BUILDING SUPPORT

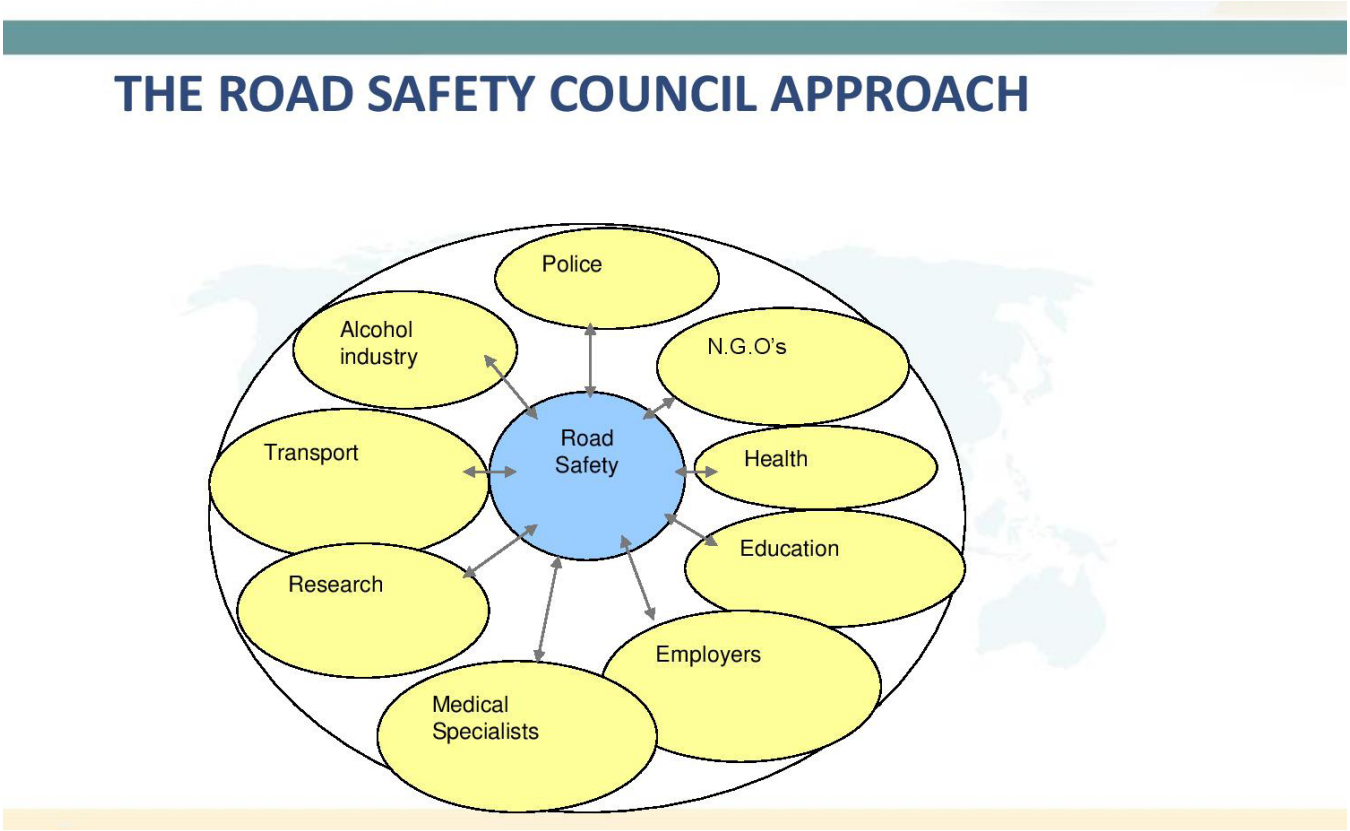
Cooperation and coordination

The implementation of road safety initiatives requires the support and active involvement of a range of agencies and political commitment and leadership. Relevant agencies include key government departments as already outlined, but also major NGOs, industries, licensed premises, vehicle manufacturers, and community agencies, including local community road safety agencies and councils.

While initiatives can be implemented through individual agency action, coordinated efforts and tapping the resources and interest of other agencies leads to more sustainable interventions. However, coordination of efforts and initiatives needs to be addressed for these benefits to accrue. There are many approaches which have been employed in countries across the world to establish effective coordination regimes and some of these are described in the form of coordination models.

The most effective approach for your jurisdiction will depend on many factors which could be unique to your situation, so the form of coordination employed may be different from the examples presented here. This does not matter, what is important is that some coordination of effort is undertaken otherwise effectiveness is diminished.

MODULE 3: BUILDING SUPPORT



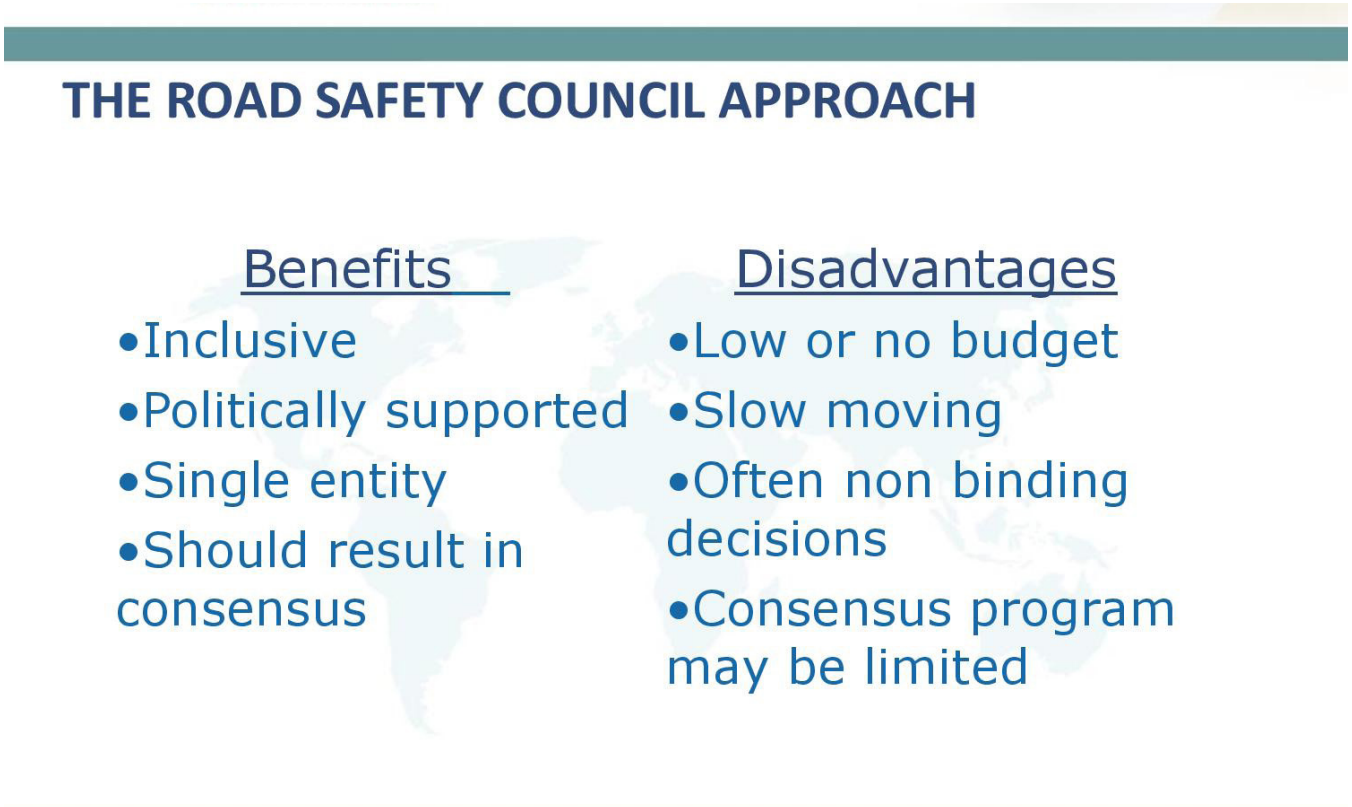
Road Safety Council Approach

Many countries have established a road safety council as a peak coordinating body to oversee road safety initiatives and strategies. Generally, the council includes representatives of all relevant government departments, key industries, and major NGOs.

The council can be chaired by an independent chairperson or by a government appointee from one of the key responsible agencies. Most council structures sit outside the departmental operational responsibilities of government, although they are generally linked to the department most responsible for road safety performance. This type of coordination structure is similar to the one operating in Vietnam, where the council chairperson is appointed from within the Ministry of Transport. A similar structure was applied, with variations, in Thailand during the 1990s.

The council approach provides a forum for agencies and NGOs with a stake in improved road safety performance although operational responsibility for initiatives is generally undertaken within the government departments which are responsible for their performance to the appropriate minister.

MODULE 3: BUILDING SUPPORT



Benefits and Disadvantages of the Road Safety Council Approach

This approach ensures that all key agencies and organizations are represented in the structure and should support decisions made by the council. It often has strong political support because it is inclusive. It highlights that a single body is responsible for the coordination and strategy recommendations for road safety in the jurisdiction.

In general, however, the road safety council operates outside the "line" responsibility of individual government departments and as a result often has minimal budget within the council to use for road safety initiatives. Instead, decisions require commitment to the provision of budget and resources from each of the agencies represented on the council who are the operational bodies. This can limit the degree to which decisions are implemented and can lead to individual agencies considering decisions as not necessarily binding on their operations, particularly if road safety decisions have to compete with actions within the area of the agencies' substantive administrative responsibility.

In this way, road safety can sometimes be seen as the business of everyone, but not the responsibility of anyone except the council.

MODULE 3: BUILDING SUPPORT

Political Leader/Champion

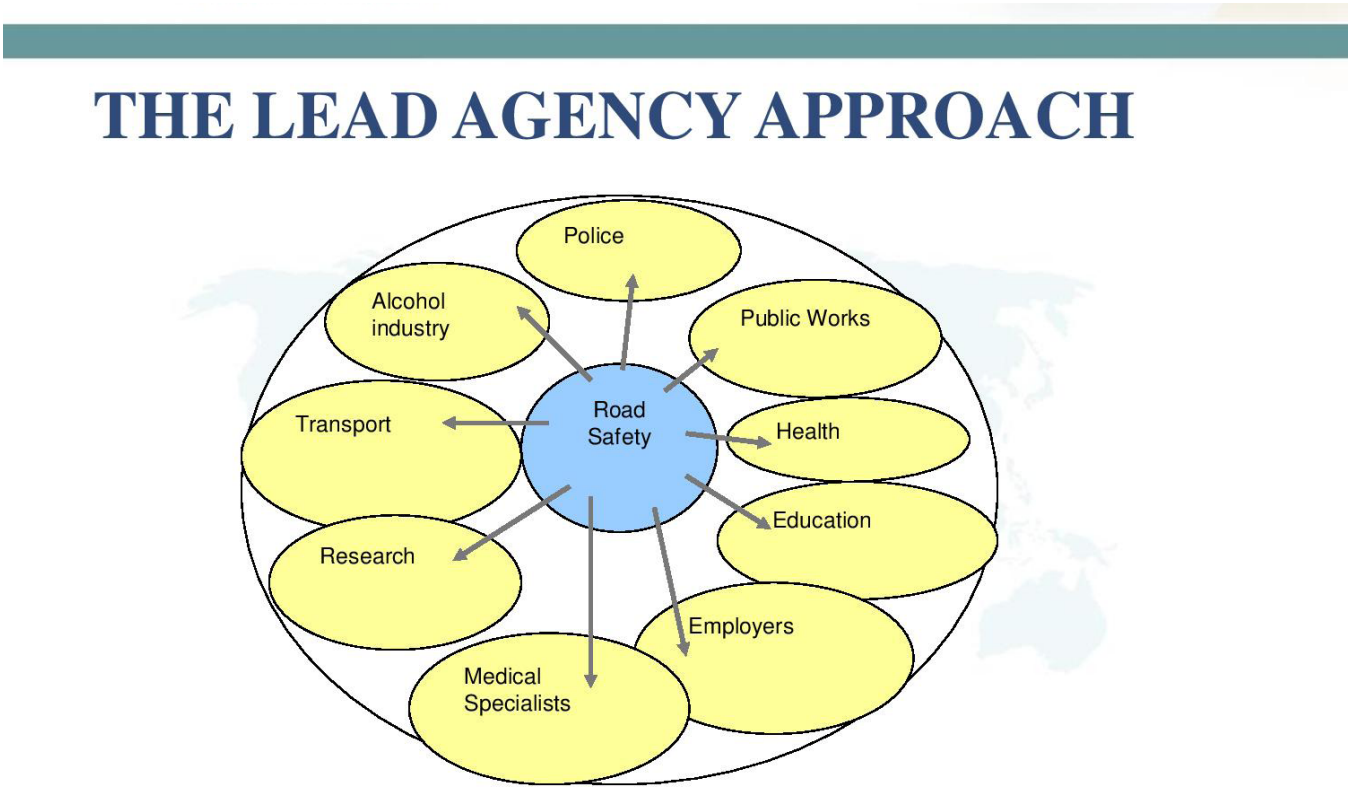
This is where a key individual, often in government, takes up the task of building effective road safety interventions for the benefit of the people. Most recently, France's president has acted in this role to set the agenda and establish key priorities resulting in reforms to the drink driving situation in that country with very beneficial results. During the 1980s, Japan's prime minister took a leading role in championing road safety interventions.

Generally, these change agents will seek the support of an advisory council with similar membership to that of the road safety council model. In this case, however, the council role is advisory. The operational responsibility is taken up by the relevant government departments, often formed into a committee, who report directly to the key leader who almost always is a key figure in the government.

This can be very powerful, with the ability to set goals and strategies quickly, direct the use of budgets and resources to agreed programs, and implement agreed initiatives. The major weaknesses of this approach include:

1. The structure lacks on-going sustainability. If the champion loses interest or office road safety can lose its priority.
2. The approach is not inclusive of the community (apart from the advisory council) and can lead to an expectation that government will "deliver" road safety to the community, leading many to believe they have little do themselves to improve road trauma.

MODULE 3: BUILDING SUPPORT



Lead Agency Approach

This approach is where a single authority is given the responsibility for the conduct and achievement of improved road safety in a jurisdiction. This can be through the creation of a specialist road safety authority as part of the government departmental structure, or it can be through allocating road safety responsibility to an existing authority. This approach was followed in Australia during the 1970s through the creation of separate road safety and traffic authorities in individual states.

MODULE 3: BUILDING SUPPORT

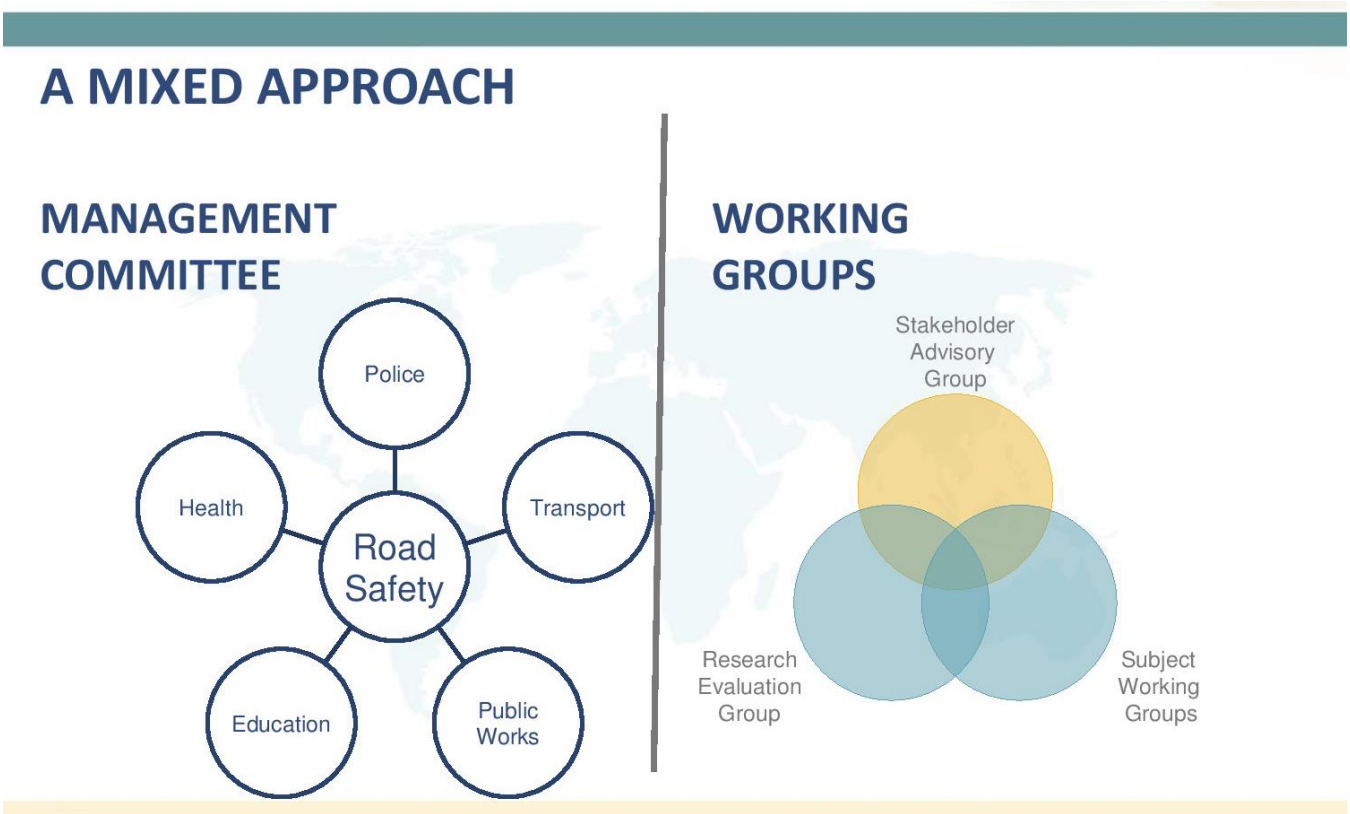
Lead Agency Issues

At first glance this approach has great appeal. The responsibility is given to one organization, which has a budget to spend on road safety initiatives. It is not burdened by other responsibilities, so can focus on the road safety issues without distraction. This approach can also meet political needs to show the community something is being "done about road safety."

Unfortunately, it has some substantial limitations. The first is that road safety initiatives invariably take a broader perspective than that covered by the authority's responsibility and budget, so other organizations must be convinced to support road safety from their own activities. Examples include initiatives involving substantial on-road engineering. Inevitably, this is part of the responsibility of public works, or a road authority whose budgetary decisions cannot be directed from the road safety authority. In many cases this leads to inter-departmental rivalries. Consequently, initiatives which require coordinated and tough decisions are likely to be frustrated.

Additionally, if things go wrong with the operation of road safety, the single authority finds itself in a weak position trying to deal with a growing level of road trauma because it does not have the influence over enough initiatives to implement a substantive response to the problem.

MODULE 3: BUILDING SUPPORT



The Mixed Approach

This approach incorporates some of the elements of those previously presented. It involves a small management group of the key agencies lead by the agency with the major road safety responsibility. The management group is supported by the road safety council advisory group arrangement that divides the road safety activity into a series of areas that are the responsibility of a working group, which brings forward strategies and plans for presentation to the management group.

This model draws somewhat from commercial organization management arrangements where a senior management group is supported in its strategic decisions by more detailed advice from skilled staff in departments and divisions of a company.

MODULE 3: BUILDING SUPPORT

The Mixed Approach (cont.)

This approach provides for faster project decision making and budgetary resource allocation decisions than the council approach because of the small number of agencies in the management group, but probably not as fast as may occur with the leader/champion approach or even the lead agency approach.

The lead agency has the ultimate responsibility for goal achievement, but the resources of all the agencies in the management group are available to bring to bear on issues and problems.

The working group structure provides access to a wide range of expertise and, like the road safety council approach, provides opportunities for all key stakeholders to participate in the program and in the decision making process.

To be effective however it does require that all members of the management group agree on the agency tasked with the senior road safety role. Internal jealousies could destabilize the operations. Additionally, some time and effort needs to be expended to make the arrangements work as they are more complex than other approaches, and high level negotiation skills are required of senior officials to ensure the management committee works well and the advisory groups feel their work is appropriately valued and considered.

MODULE 3: BUILDING SUPPORT

Managing the Program

Regardless of the coordination arrangements agreed upon, there are a number of functions that need to be shared among the operational agencies to ensure a program is delivered effectively and efficiently.

In most coordination approaches, agencies will have multiple responsibilities for some of these roles. For example the coordination role may well be the responsibility of the road safety agency, which might also be responsible for publicity operations. In many jurisdictions, police might have operational responsibility for enforcement, but also often take a leading role in advocacy due to their strong links with media.

Senior independent research organizations are often requested to take leading roles in providing advice and inevitably are the major players in program evaluation.

MODULE 3: BUILDING SUPPORT

Application Task

Directions

- Participants move into small groups of no more than eight to 10 people per table.
- Each table elects a group leader for this task.
- The group leader's role is to keep the group on track to completing the task within the time allowed.
- Each table also elects a reporter.
- The table reporter's role is to record the responses of the group and report to all the participants the findings of the group at the completion of the application task.
- If the table wishes to, the group leader and table reporter can be the same person.

The Task

Participants, in small groups, are required to develop a potential coordination structure suitable for their country/city/jurisdiction. The structure is designed to build support for a drink drive program, ensure key agencies are involved, achieve political support, and be able to act to implement a program.

The recommended approach is to be presented on the butcher paper provided for each group. The group can determine the format for presentation it wishes to use. It can be diagrams, text, bullet points, pictures, or any combination they think is suitable.

Application Reporting

The application reporting will take the form of a verbal report from the group elected reporter presenting the coordination structure as presented by the group. As each group presents the structure, it will be recorded in summary form by the program facilitator using an electronic photocopy whiteboard with a pre-prepared summary table. At the completion of the module each participant is provided with a copy of the summary structures the groups have provided.

Activity De-Briefing

At the completion of this activity a whole group debriefing session will be conducted by the facilitator, designed to tease out commonalities in the approaches taken by each group and identify issues which might need to be addressed before a workable approach for the jurisdiction can be applied.

Resource Book Reference

Section 3, Pp51 to 55

MODULE 4: POTENTIAL DRINK DRIVE INITIATIVES

Introduction

A wide range of potential drink drive initiatives are presented to the group to identify that there are many options available for consideration.

The 30 potential initiatives are categorized into four groups:

Policy Initiatives
Behavior Modification
Community Action
Education and Publicit

Each initiative is analyzed describing how it operates and the effectiveness of the initiative (if generally known in the research literature). The most promising or likely to be effective initiatives are color coded for use in the application task.

Objectives

Knowledge

Participants will know:	A wide range of initiatives is available to address drink driving Some of the issues to consider when implementing initiatives

Comprehension

Participants will understand:	The broad nature of each initiative Initiatives require different preparations for implementation The need for specific agency consultation for effective implementation

Application

Participants will be able to:	Build a picture of initiative implementation requirements

Learning Outcomes

At the completion of the module participants will:

- Know a broad range of initiatives is available to address drink driving
- Understand the major features of each initiative
- Be able to establish issues to be addressed in implementation for initiatives

Content

- List of 30 potential initiatives
- Potential initiatives presented in four categories
- Public Policy initiatives and how they work
    - Liquor licensing
    - Legal drinking age
    - Blood Alcohol Concentration (BAC) law
    - Alcohol premise location regulations
    - Alcohol purchase hours
    - Alcohol production regulations
- Behavior Control initiatives and how they work
    - Random stopping and preliminary breath testing
    - Vehicle alcohol interlocks
    - Targeted enforcement
    - Graduated penalties
    - Mandatory penalties
    - License loss penalty
    - Road engineering
- Delineation treatments

MODULE 4: POTENTIAL DRINK DRIVE INITIATIVES

- Barrier treatments
- Community Action initiatives and how they work
    - On-premise initiatives
        - -- Responsible serving
        - -- Free non-alcohol drinks
        - -- Non-alcohol cocktails promotions
        - -- Coin breath testers
    - Designated drivers
    - Company driver fleet policies
    - Alternative transport
    - Identifying your alcohol level activities
    - Recidivist training programs
- Education and Publicity initiatives and how they work
    - Publicity campaigns
        - -- Behavior change campaigns
        - -- Agenda setting campaigns
        - -- Information campaigns
    - School curriculum
    - Public relations
    - Campaign promotions
    - In-premises promotions

PowerPoint Presentations

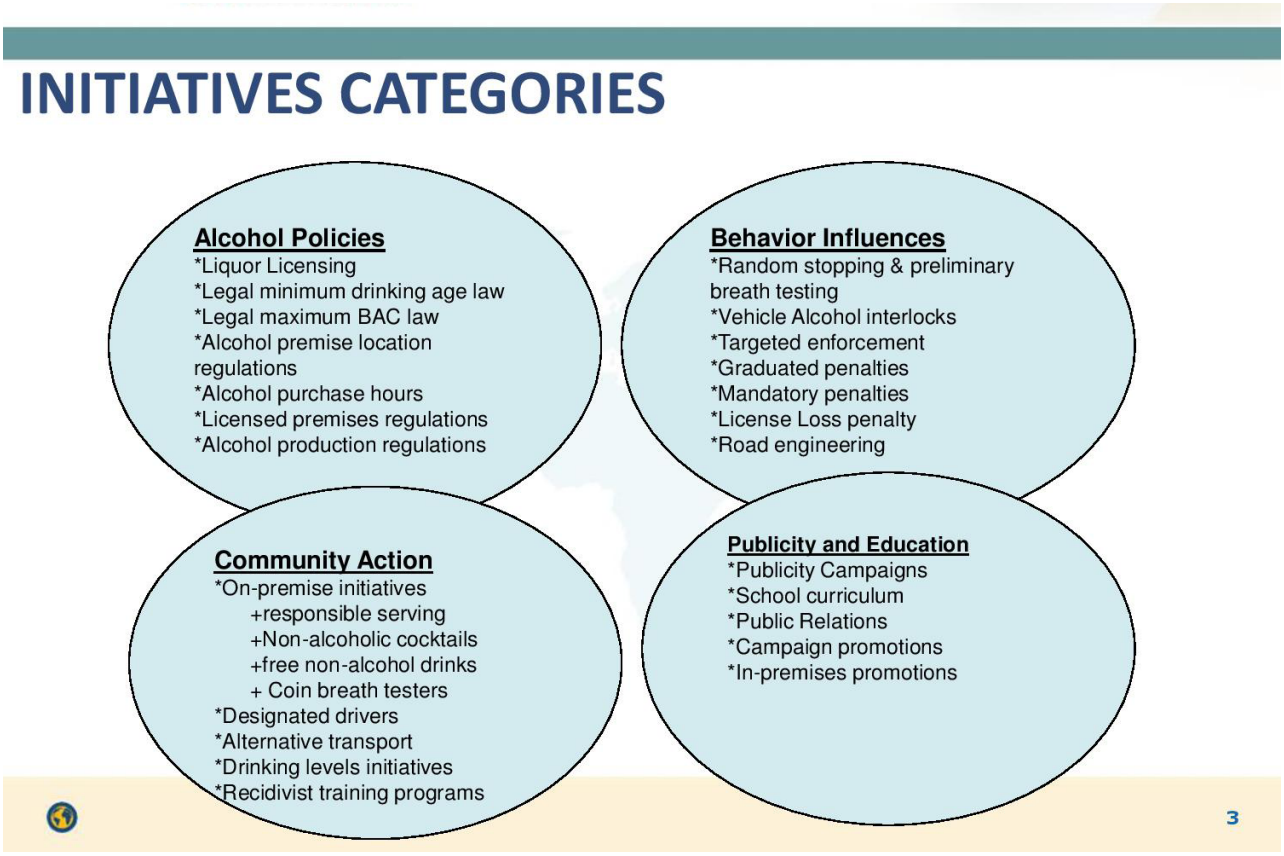
MODULE 4: POTENTIAL DRINK DRIVE INITIATIVES

Drink Drive Program Initiatives

There is no shortage of initiatives and ideas which have been implemented in programs across different jurisdictions to limit the influence of drink driving on road trauma. This is a list of 30 of the more common initiatives which are often developed for a program. Not all initiatives have evidence of success in addressing the problem so a priority assessment needs to be undertaken in considering initiatives for a program It is rare that an initiative will be used on its own to attempt to overcome the problem. It is even rarer to find an application of a single initiative which has recorded substantial success in reducing drink driving. Even random breath testing works much better when supported by publicity than its application alone.

More often a range of initiatives is selected designed to address the particular nature of the problem in an individual jurisdiction. The strategic benefit of building a program of initiatives is it provides a basis for the involvement of key stakeholders and assists with gaining stakeholder ownership of the problem.

MODULE 4: POTENTIAL DRINK DRIVE INITIATIVES



Drink Drive Initiatives Categories

To enable selection of appropriate initiatives for a program, the list has been categorized in the diagram into four categories.

Alcohol policies include a range of initiatives that generally work to establish a system for the purchase and consumption of alcohol. These policies generally have wider application in society beyond their impact on drink driving. For example, setting a minimum age for alcohol consumption is more likely based on general health policies and community perspectives of the appropriate age for the "right" to drink. The extent to which these policies limit irresponsible drinking can have a direct bearing on the likely level of drink driving.

Behavior Influences are those designed to limit or change the behavior of drinking and driving. Because widespread behaviors are rarely changed voluntarily, many of these initiatives are associated with specific legal requirements and the applications of deterrence theory through enforcement of the law.

Community Action includes initiatives undertaken by community agencies and the commercial sector designed to assist the community understand issues associated with drink driving and to drink moderately, even when drinking and not driving.

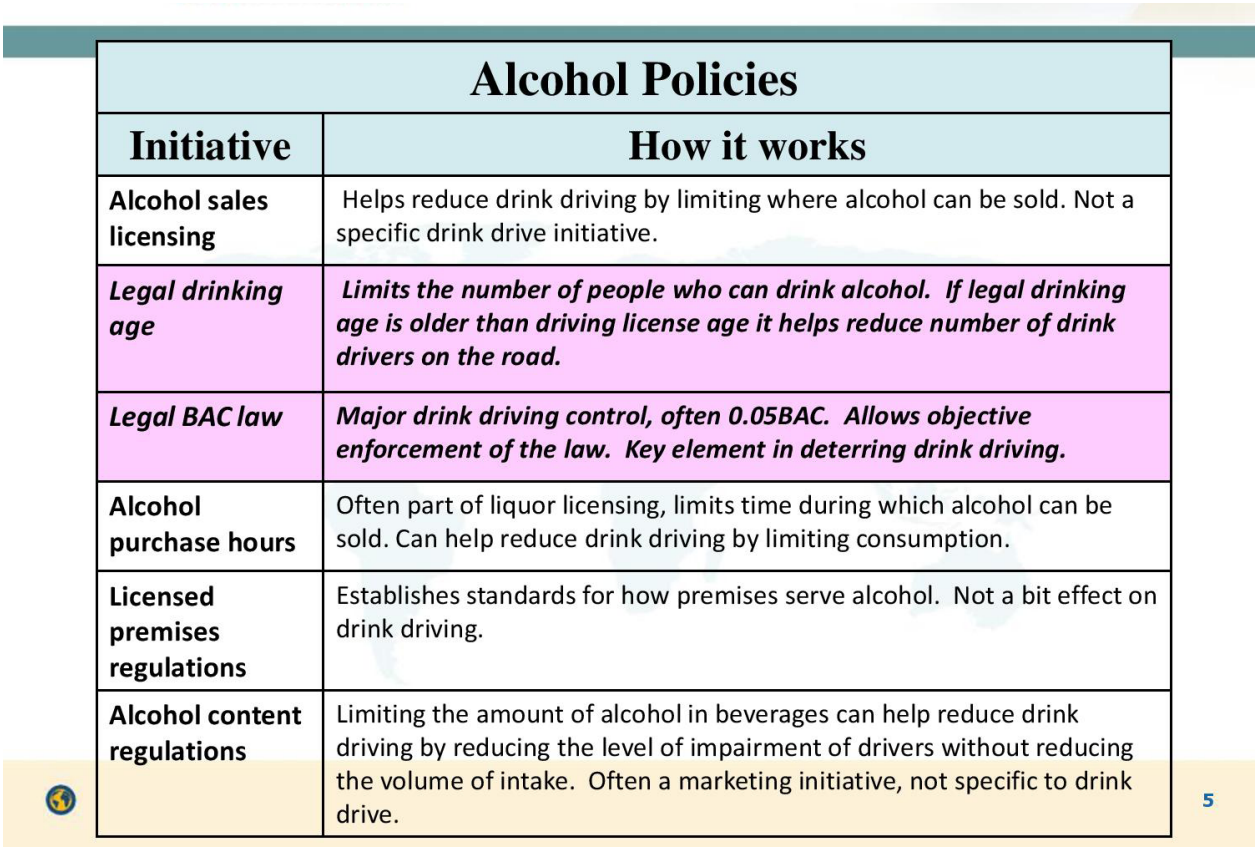
Publicity and Education Initiatives are those designed to ensure the community understands the issues associated with drink driving and is aware of the social and other costs associated with drink driving. Major publicity campaigns, supported by extensive public relations, are key features of this group of actions, which needs to be undertaken in close association with enforcement activity and other behavior modification and public policy measures for best effect.

MODULE 4: POTENTIAL DRINK DRIVE INITIATIVES

Public Policies

Let's look at each category of initiative in turn, commencing with the Public Policy Category.

MODULE 4: POTENTIAL DRINK DRIVE INITIATIVES



Alcohol Policies	
Initiative	**How it works**
Alcohol sales licensing	Helps reduce drink driving by limiting where alcohol can be sold. Not a specific drink drive initiative.
Legal drinking age	***Limits the number of people who can drink alcohol. If legal drinking age is older than driving license age it helps reduce number of drink drivers on the road.***
Legal BAC law	***Major drink driving control, often 0.05BAC. Allows objective enforcement of the law. Key element in deterring drink driving.***
Alcohol purchase hours	Often part of liquor licensing, limits time during which alcohol can be sold. Can help reduce drink driving by limiting consumption.
Licensed premises regulations	Establishes standards for how premises serve alcohol. Not a bit effect on drink driving.
Alcohol content regulations	Limiting the amount of alcohol in beverages can help reduce drink driving by reducing the level of impairment of drivers without reducing the volume of intake. Often a marketing initiative, not specific to drink drive.

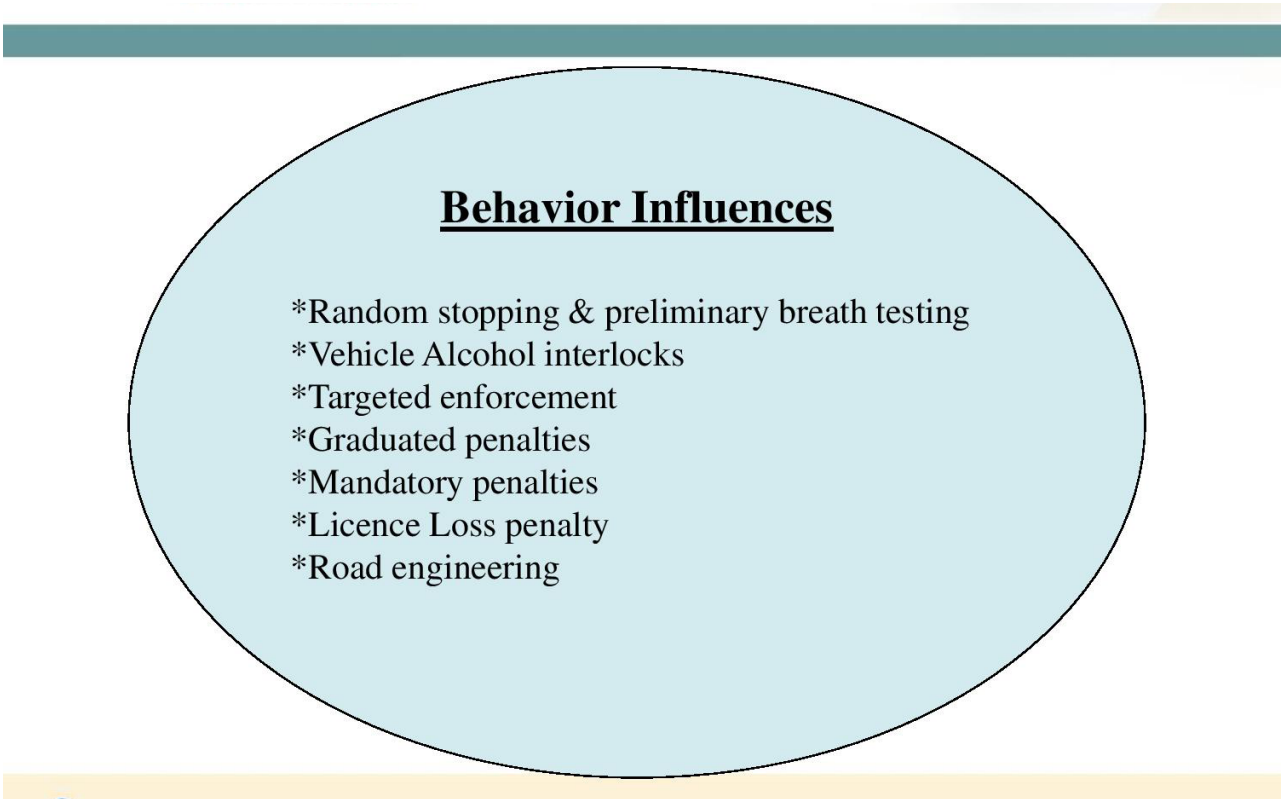
Alcohol Policies

Three main mechanisms are generally applied:

1. ***A range of laws designed to regulate the provision of alcohol.*** These include limiting the number of outlets through ***licensing***, limiting the hours and sometimes days on which alcohol can be purchased, and ***setting the age*** at which a person can purchase and consume alcohol. The nature of licensed premises is also often regulated under licensing provisions requiring quite stringent arrangements for the comfort and convenience of patrons. Some jurisdictions also pass laws controlling the nature and extent of advertising of alcohol products.
2. ***A specific law relating to drink driving*** whereby the maximum allowable alcohol level in the blood (BAC) whilst driving is prescribed. **Such a law is a critical ingredient for any effective attack on the behavior of drink driving**.
3. ***Laws requiring low-alcohol beverages to be available*** are also common. These can work positively on drink driving by limiting the alcohol level for each drink. For example, low alcohol beer is now commonly available, some with alcohol levels low enough to substantially reduce the level of impairment of the drinker.

The initiatives in bold and italics are those vital to influencing drink driving. Those colored pink are also linked more closely to drink driving than others in the table.

MODULE 4: POTENTIAL DRINK DRIVE INITIATIVES



Behavior Influences	
Initiative	**How it works**
Random stopping & preliminary breath testing	***Deters drink driving by creating threat of being caught. Preliminary road side testing allows large numbers of drivers to be assessed. Key enforcement for behavior control and maximizing deterrence.***
Vehicle alcohol interlocks	Prevents drink driver from starting and driving the vehicle. Used effectively for those drink drivers who are continual offenders.
Targeted enforcement	Preliminary testing at known alcohol consumption locations. Useful for hot spots of excessive consumption. Does not deter as well as random stopping.
Graduated penalties	Penalties increase as BAC reading increases. Reflects greater crash risk with higher BAC. Helps deterrence Allows tough penalties for serious offences.
Mandatory penalties	Often linked to graduated penalties. Prevents judicial discretion for cases. Increases deterrence threat by increasing certainty of being penalized.
License loss penalty	***Major penalty concern for many drivers. Increases the deterrence threat. Can lead to increased unlicensed driving if used for minor breaches.***
Road Engineering	Low cost treatments which help drivers see the road ahead – delineation, pavement markers, signage etc. - can reduce drink driving crashes. Other treatments which protect drivers in crashes – roadside barriers, centre line barriers – also help to reduce injury levels Applies to other crashes as well.

7

MODULE 4: POTENTIAL DRINK DRIVE INITIATIVES

Behavior influences all work to ***deter*** drink driving behavior, to prevent the behavior in certain circumstances, or, in the case of road engineering treatments, to limit the likelihood that the behavior will result in major injury.

Random stopping enforcement deters drink driving behavior by elevating the threat of being detected for the offence. The random nature of the activity is very important to establish a high degree of uncertainty among drivers about where and when enforcement will occur. Drivers stopped are deterred by being tested, but also drivers passing are deterred by avoiding the test "just by chance." Random stopping is a critical component of deterrence based approaches. The provision of ***mandatory penalties also adds to deterrence*** by ensuring that if drivers are detected, the penalty will be applied with few opportunities to escape through legal representation in the courts.

A range of penalties identified by drivers as concerning and impacting on their lifestyle, should they be subject to them, is an important factor in deterring drink driving behavior. ***Graduated penalties*** and the ***license loss penalty*** are examples.

Targeted enforcement is where police, through analysis of data on drinking, drink driving, and offences have identified locations, times or days where the incidence of drink driving is high. In these circumstances, police may well mount specific breath testing enforcement targeting the particular area. The deterrence here is specific to those drivers detected at the location and there is no flow on deterrence to other drivers because they do not see the operation.

Road engineering treatments which aid drivers in steering the car, such as edge lining or curve delineation can impact on drink drivers by limiting potential for running off the road. Roadside barriers work to reduce the injury severity if they do run off the road.

MODULE 4: POTENTIAL DRINK DRIVE INITIATIVES

Community Action	
Initiative	**How it works**
1. On-premise: - Responsible serving	Industry bar staff trained to identify impaired patrons and to limit or deny further liquor service. Encourages moderate consumption. Displays industry concern with drink driving. Can be difficult for bar staff.
- Non Alcoholic cocktails	Non alcoholic cocktails available. Allows socializing for those who don't wish to drink alcohol.
- Free non-alcoholic drinks	Allows a designated driver for a group to be alcohol free. Industry shows positive support for designated driver approach by providing these free.
- Coin breath testers	Allows patrons to test their BAC level before leaving licensed premises. Helps drivers stay under the limit.
2. Designated drivers	One driver in a group agrees to be alcohol free for the evening and be the driver. Used especially by younger ages. Drivers swap roles each evening.
3. Alternative transport	Cheap taxi fare agreements, community buses late at night. Allows drinker not to drive and return following day for their vehicle.
4. Company fleet drink drive policies	Policies implemented by companies for their professional drivers. Usually involve 0.00BAC requirement and sometimes random or daily breath testing.
5. BAC education	Community drinking tests to show drinkers how different types of alcoholic beverages affect them in relation to the legal BAC law. Part of drinker education.
6. Recidivist training programs	Specialist programs for continual drink drivers. Seek to identify and treat the reasons for their drink driving. Expensive and small numbers only.

9

MODULE 4: POTENTIAL DRINK DRIVE INITIATIVES

Community action programs by themselves are not as powerful as the alcohol policy and behavior influence initiatives. The provision of ***alternative transport*** is an exception, which, if used, reduces drink driving by ensuring drinkers do not drive, however the scale of such initiatives is rarely large enough to have a major impact on drink driving behavior across a jurisdiction.

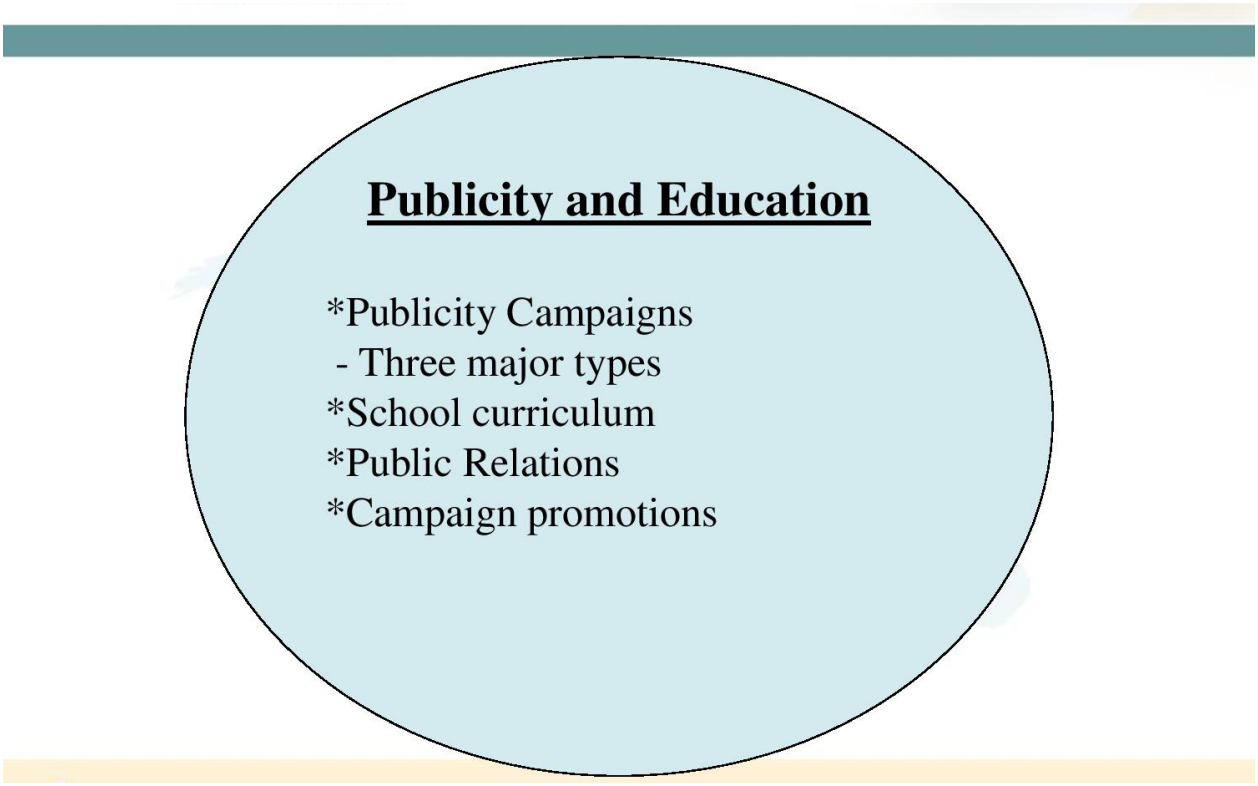
Responsible serving of alcohol policies designed to control intake and limit or avoid "happy hour" promotions, as well, the provision of ***Non-alcohol cocktails*** and ***free non-alcohol drinks*** can all work to reduce drink driving by limiting the amount of alcohol intake among patrons. These initiatives are rarely of such a scale and intensity to impact on a vast number of drivers but they are important initiatives to send messages to patrons that licensed premises are serious about their concern for drink driving.

The provision of ***coin-operated breath testers*** and ***community run drinking levels*** initiatives work to help drinkers identify their alcohol level before they think of driving and to become accustomed to the quantity of alcohol they can consume and still be below the legal limit for driving.

Designated drivers are those who agree to be alcohol free and are designated to drive a group on a social event. Many young groups with members subject to 0.00 BAC in the early years of licensing use this idea and rotate the designated driver role for each event.

Companies can influence potential for drink driving with their commercial drivers by establishing ***fleet drink drive policies*** with high level penalties, such as loss of job, for offenders. In this way individual companies can contribute to tackling drink driving with little disadvantage to the business. ***Recidivist training*** generally includes specialist counseling programs for those who appear unable to stop drink driving. They target small numbers of individuals.

MODULE 4: POTENTIAL DRINK DRIVE INITIATIVES



Publicity and Education	
Initiative	**How it works**
Publicity - Behavior change	***Linked to random stopping enforcement; adds to deterrence and reduces drink driving behavior. Campaigns focusing on consequences of drink driving also help change behavior.***
- Agenda setting	Campaigns targeting the general community to advise about the consequences of drink driving. Designed to create a conducive community view supporting tough initiatives.
- Information	Campaigns providing specific information if research shows drivers are ignorant. The legal BAC level, or size of penalties are examples. Important first step to deterrence.
School Curriculum	School programs regarding alcohol, impairment and drink driving. Useful for long-term changes in attitudes of future drivers & riders.
Public Relations	Press releases, articles, radio talk back, spokesperson press conferences, all add to community understanding. Costs less than advertising.
Campaign promotions	Events, posters, stickers and other materials often displayed at drinking venues. Valuable additions but not central if budget is tight.

11

MODULE 4: POTENTIAL DRINK DRIVE INITIATIVES

Publicity and Education

Publicity and education initiatives can work in two ways:

1. To support behavior modification by highlighting enforcement, penalties, or consequences of license loss among drivers. Publicity measures of this type can be an important part of short-term and immediate action to reduce the level of drink driving.

   Typical initiatives in this area are large scale multi-media publicity programs often using television, radio, and other forms of media. They are designed to extend the deterrence effect of behavior controls by elevating the perception of the threat. Research[6] has shown that campaigns of this type can be very effective and are a critical part of deterring drink driving.

2. Education initiatives are also important in generating a long-term shift in community views and attitudes about drink driving. In the long term, effective road safety strategies should be attempting to generate voluntary compliance among drivers with safe driving behaviors. It takes time to change perspectives, and an educational initiative in schools is a good example, which is designed to create a new generation of safer drivers.

6 Elliott, B, Metaanalysis

MODULE 4: POTENTIAL DRINK DRIVE INITIATIVES

Application Task

Directions

- Participants move into small groups of no more than eight to 10 people per table.
- Each table elects a group leader for this task.
- The group leader's role is to keep the group on track to completing the task within the time allowed.
- Each table also elects a reporter.
- The table reporter's role is to record the responses of the group and report to all the participants the findings of the group at the completion of the application task.
- If the table wishes to, the group leader and table reporter can be the same person.

The Task

Each table selects three initiatives from 30 provided on slips of paper in a hat. Selection of the initiatives for each group is based on chance. For each initiative selected the group is required to respond to the question sheet below detailing a range of issues to be considered in implementation of the initiative as if it were part of a drink drive program to be conducted in their country/city/jurisdiction.

Application Reporting

The application reporting will take the form of a verbal report from the group elected reporter presenting the question responses for each initiative. As each group presents the structure it will be recorded in summary form by the program facilitator using an electronic photocopy whiteboard with a pre-prepared summary table. At the completion of the module, each participant is provided with a copy of the summary structures the groups have provided.

Resource Book Reference

Section 3, P61

MODULE 4: POTENTIAL DRINK DRIVE INITIATIVES

Module 4 Group Activity Task

Question Sheet

1. Please list as many of the skills and abilities you think are required of individuals in agencies responsible for implementing the initiative.

2. Identify any skills or abilities which will require training. Also provide an estimate of the time required to train the individuals in these skills.

3. Make a list of the organizations, companies, industries, agencies, NGOs, and community groups who you think should be consulted about the initiative prior to and during implementation.

4. Can you identify any prior activities, laws, or initiatives which must be undertaken before your initiative can be implemented? Please list these.

5. Is there a need for any special equipment or materials to be provided? Please list and suggest the lead times which might apply before each item is available for use.

MODULE 4: POTENTIAL DRINK DRIVE INITIATIVES

6. Please list the information you would require to be collected in order to evaluate whether the initiative, once implemented, has had an impact on drink driving behavior.

7. Please provide a description explaining your groups general view about the current public perspective on the\ initiative. Is this perspective likely to influence potential success of the initiative?

8. Are there any important people or individuals who need to support the initiative to ensure it will be implemented? Please list and advise what action you recommend to obtain the support of these people?

9. Does you initiative require the development of products to enable implementation? If so, list the products and estimate the lead times required for their development.

10. Is the initiative likely to impact on other behaviors or aspects of the community beyond drink driving? If so, list what these might be and the organizations or individuals who would need to be consulted.

MODULE 5: ESTABLISHING PRIORITIES

Introduction

- Action plan initiatives from Module 4 are reviewed and a set of priority initiatives are outlined.

Three priority initiatives represent the vital program components that must be included in a program if reductions in drink driving behavior are to occur. The priority initiatives are:

- **BAC law**
- **Random stopping and preliminary breath testing**
- **Publicity campaigns – behavior change, information, and agenda setting**

The rationale behind the selection of the priority initiatives is provided and a series of implementation hints included, to assist those involved in program implementation.

Objectives

Knowledge

Participants will know: The key initiatives which impact on drink driving

Comprehension

Participants will understand: How to implement a priority drink driving program

Application

Participants will be able to: Analyze the adequacy of one aspect of the priority program (publicity) when presented with actual program stimulus material

Learning Outcomes

At the completion of the module participants will

- Know what constitutes an effective priority program
- Analyze the effectiveness of one aspect (publicity) given real world examples

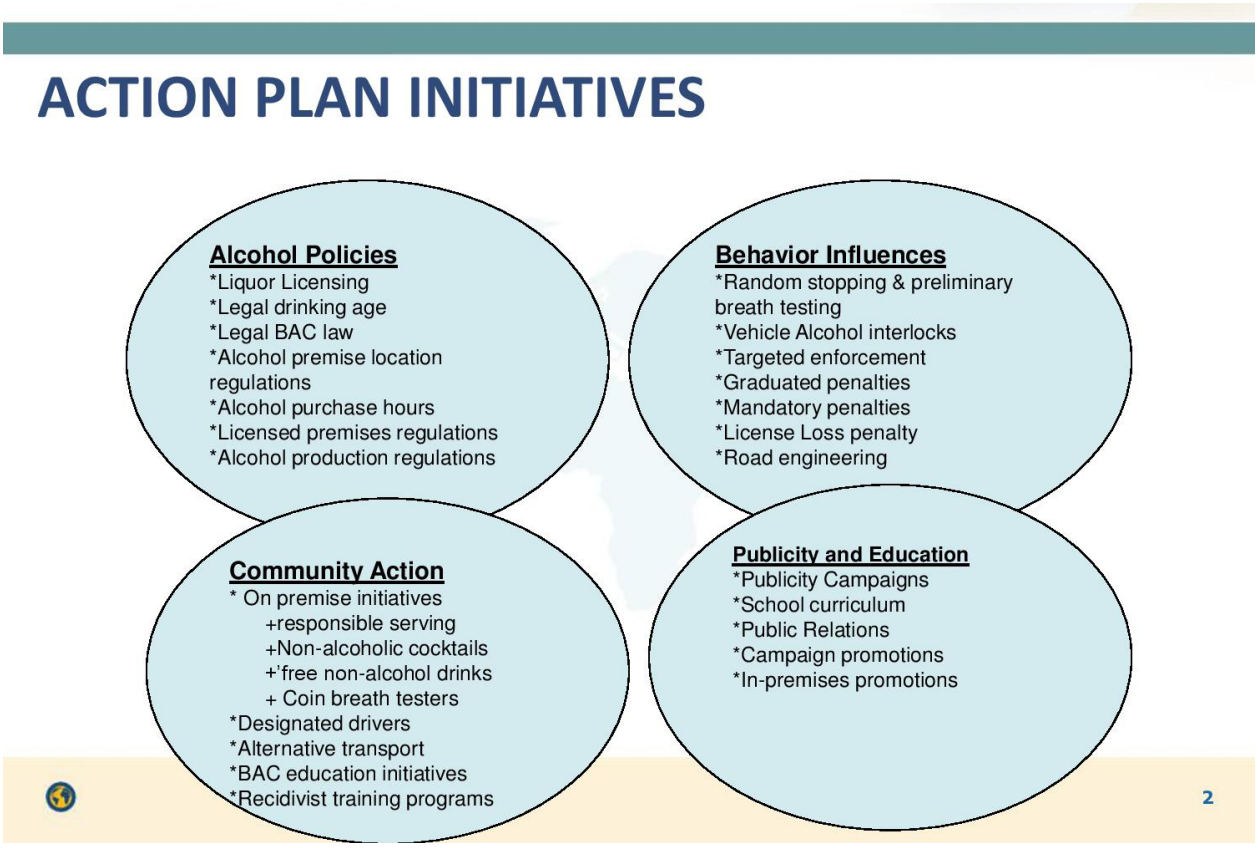
Content

- Action plan initiatives
- The key initiatives
- Priority program details
    - BAC law
        - -- Minimum requirements
        - -- Options
        - -- Implementation
    - Random Breath Testing
        - -- Operational principles
    - Publicity Campaigns
        - -- Effectiveness
        - -- Content
        - -- Communications style
        - -- Uses of different types of campaigns

MODULE 5: ESTABLISHING PRIORITIES

PowerPoint Presentations

MODULE 5: ESTABLISHING PRIORITIES

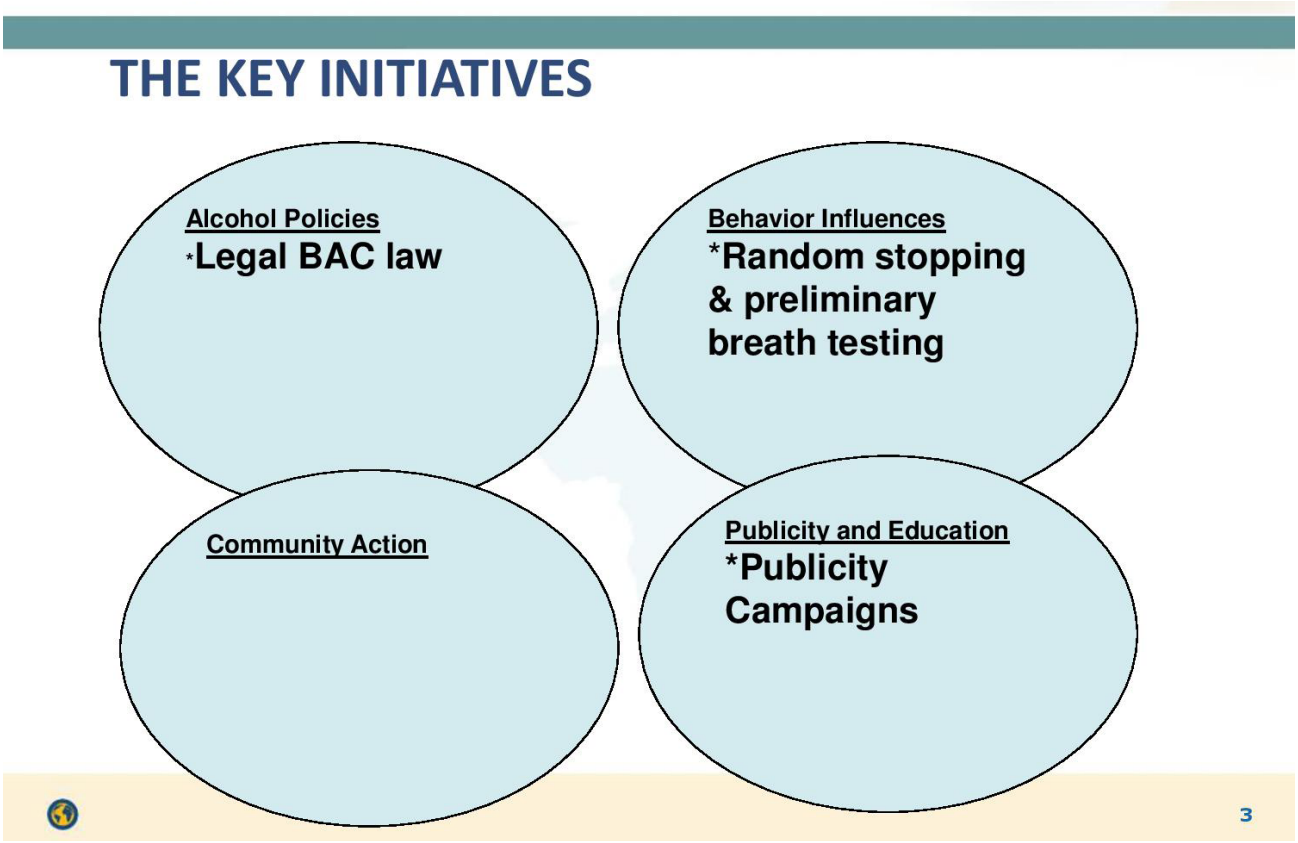


Many initiatives, can't implement all

The range of initiatives to tackle drink driving is represented in the diagram above. Whether we consider alcohol policies, driver behavior initiatives, community action, or driver education there are too many to undertake.

The systematic selection process undertaken in Module 4 should isolate those initiatives that are most likely to generate road trauma reductions and provide opportunities for action in each category.

MODULE 5: ESTABLISHING PRIORITIES



The Key Initiatives

The priority initiatives are:

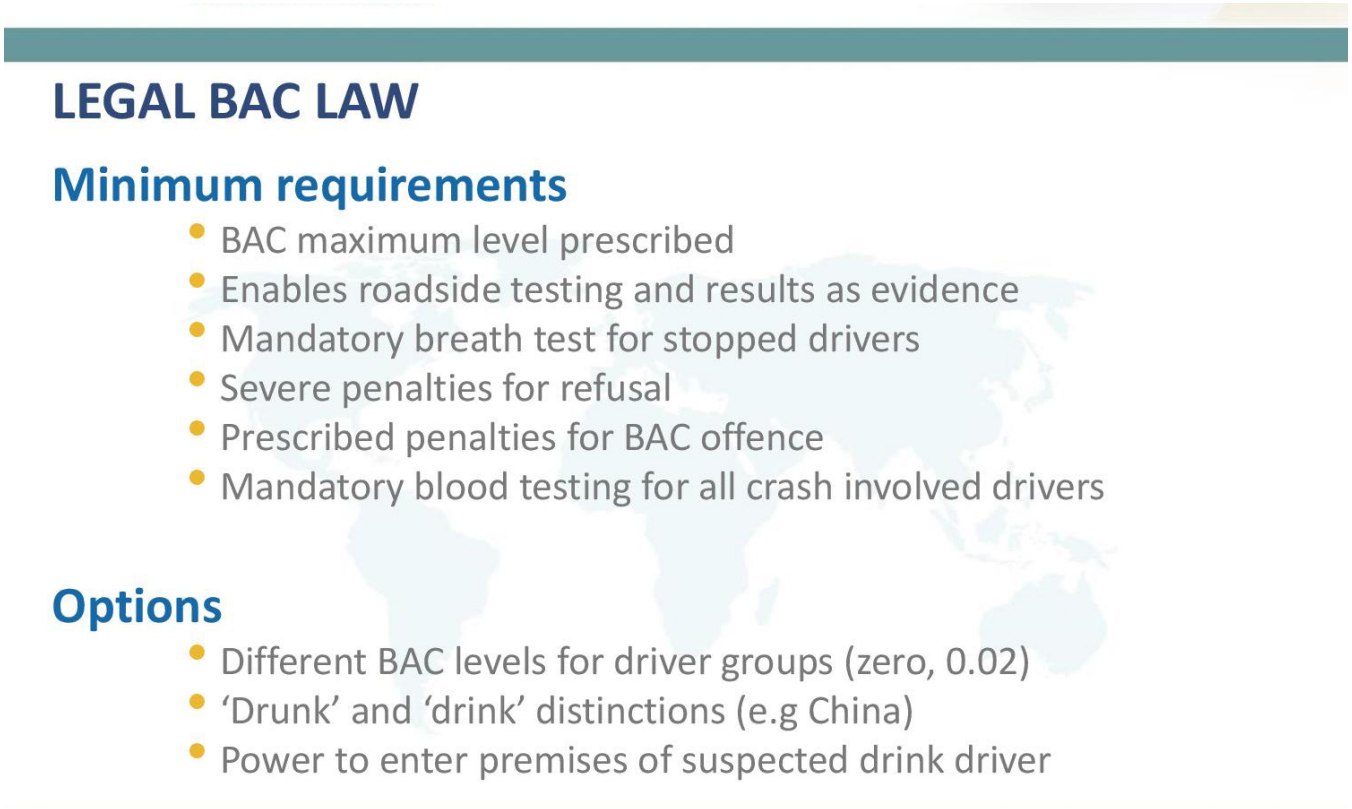
- BAC law
- Random stopping and breath testing of drivers
- Publicity supporting the law enforcement activity

These initiatives are essential ingredients in an effective program. It is very difficult to successfully address drink driving if there is no objective measure for the behavior. Convincing motorists, enabling efficient enforcement, and ensuring effective court action are all substantially enhanced with a proper drink driving law.

Additionally, enforcement of the law is required for it to be accepted by drivers. The application of random stopping techniques using the methodology of behavior deterrence has proved the most effective method for creating major shifts in drink driving behavior.

Finally, research has shown that the provision of well constructed and resourced publicity can enhance the deterrent effect of the enforcement and lead to greater changes in behavior and reductions in trauma from drink driving than would be the case with the application of enforcement alone.

MODULE 5: ESTABLISHING PRIORITIES



Alcohol driving law

The first of the three minimum program components is to ensure an objective, measurable maximum BAC level law is enacted. In many jurisdictions such a law may already exist. Even if this is the case, it is important to ensure that the law itself contains a number of minimum components which enable effective enforcement of the law and provide reduced potential for offenders to sidestep penalties and punishment through the court system.

Additionally, there can be optional provisions in the law which provide for varying limits for some classes of drivers such as novices, who in many jurisdictions face a zero blood alcohol law for the first year, or perhaps first two or three years of licensing. Equally, many jurisdictions require a zero BAC for commercial drivers – both goods carrying and passenger transport – on the basis that these drivers have an added responsibility within the road system.

In some jurisdictions, different levels are provided to distinguish between drivers that are mildly affected from those greatly impaired by alcohol, and in some cases, police have the power to arrest drivers by entering private premises where they believe the driver has entered the location for the main purpose of avoiding detection for drink driving.

MODULE 5: ESTABLISHING PRIORITIES

Implementation Issues

A number of implementation issues need to be addressed in establishing the BAC law, or in creating amendments to existing law to make it more effective.

The first issue is to assess the lead times required for legislation. In countries with parliamentary democracies, the lead times can be inordinately long. There is a need for parliamentary draftsmen to write the legislation, committee procedures often apply, the ability to obtain a time in the parliamentary program to introduce the legislation can be difficult, and finally the debate, the various readings, and enactment all take time. It is not unusual for the lead times to be 12 to 18 months with contentious legislation.

In addition to time provided for the technical process, there is a need to ensure key stakeholders (politicians, judges, lawyers) are briefed and consulted about the new laws. During this process it may emerge that the preferred limit from a road safety perspective may not be achievable politically, and require a compromise solution. Often the judiciary will oppose penalty regimes, which set mandatory penalties for different offence levels, on the basis that such an approach reduces the capacity of the courts to consider extenuating circumstances and deliver a just judgment.

MODULE 5: ESTABLISHING PRIORITIES

Random stopping and breath testing

Random breath testing also requires substantial lead times even after the alcohol law and enabling legislation has been passed. The activity takes a reasonably high level of police manpower and two key methods have been developed.

One uses high profile buses with a large number of police selecting a high number of drivers from a traffic stream. The second uses marked police cars with two or three officers. There are strong advocates among police for both methods, and the research shows that both methods are effective.

Equipment requirements include hand held preliminary breath testers with a data logging facility, a highly accurate evidential breath analysis machine to record precise levels of drivers who fail the preliminary test, flares, lights, reflective clothing, light batons, signs, and other operational items. Finally, there needs to be training for police on operational methods as well as the philosophy and principles, which are based on preventative police strategies.

Operations need to be large in scale. In Australia, a typical scale is that one in three licensed drivers can expect to be tested each year. This high scale helps to ensure high visibility and increases driver perceptions of the chances of being detected. Randomness of locations and times of operations is an important principle. It creates doubt in drivers minds about where and when operations will be mounted.

MODULE 5: ESTABLISHING PRIORITIES

RBT IMPACT IN AUSTRALIA

State	Type of Accident	Initial Impact	Duration of Introduction Effect[1]	Accidents Prevented in First Year
New South Wales	All serious	19%	15 months	522[2]
	Fatal	48%	4.5 months	204[2]
	Single-vehicle night-time	26%	10 years	686[2]
Tasmania[5]	All serious	24%	1 year	36[3]
Western Australia	All serious	13%	Ongoing	334[4]
	Fatal	28%	Ongoing	72[4]
	Single-vehicle night-time	26%	Ongoing	212[4]
Queensland	All serious	19%	Ongoing	789[4]
	Fatal	35%	Ongoing	194[4]

7

Impact of RBT

This information is taken from a study of the effects of RBT over the long term.[7] It shows substantial and sustained impact on different crash types related to drink driving and also all fatal and serious injury crashes in each jurisdiction.

In the case of New South Wales, some of the effects have been sustained for a very long period of time and cover a decade since 1982.

7 Hendstridge J, et.al., The Long term effects of Random Breath Testing in four Australian states: A time series analysis, Federal Office of Road Safety, Consultant Report 162, 1997

MODULE 5: ESTABLISHING PRIORITIES

Key Elements in Publicity campaigns

If the campaign is targeting behavior change of drink drivers, it is critical to link it together with the enforcement of the drink drive laws. This can be done with messages (highlighting the level of enforcement), timing (ensuring the campaign runs at the same time as enforcement), and consequences messages (targeting key concerns and fears of the target audience if they are caught).

Enforcement support messages can include the extent of activity (under 05 or under arrest), the low chance of avoiding the system (every police car is a booze bus), and the unpredictability of location and time (anytime, anywhere).

Typical concerns of drivers identified through market research include potential loss of license, major effects on lifestyle, and worry about injuring loved ones.

The key action is to conduct market research on the audience's perspectives and motivations first, then research the understanding of different messages second. Don't guess, do the research!!!

MODULE 5: ESTABLISHING PRIORITIES

Key Elements in Publicity Campaigns (cont.)

Messages highlighting the chance of death or injury to oneself have consistently been lower order concerns in market research.

A range of campaign styles have been shown to be effective for different behaviors. Humor, abstract, realistic, and emotional themes can all be beneficial if well prepared. However, the approach should relate to the views and perspectives of the local population and be based on pre-campaign research with the target group. Care should be taken in elevating the fear of crashing as a motivator as excessive fear appeals can generate a "this is not me" response, which allows people to sidestep the message.[8]

For effectiveness, campaigns need to be ongoing (remember the leaking bucket) and gaps in the knowledge of the target group should be plugged with information campaigns. Additionally, campaigns designed to soften up the community for future drink drive initiatives (agenda setting campaigns) may be needed.

8 Tay, R, Exploring the effects of a road safety advertising campaign on the perceptions and intentions of the target and nontarget audiences to drink and drive, Traffic Injury Prevention, Vol 3, No 3, 2002, pp195–200.

MODULE 5: ESTABLISHING PRIORITIES

Application Task

Directions

- Participants move into small groups of no more than eight to 10 people per table.
- Each table elects a group leader for this task.
- The group leader's role is to keep the group on track.
- Each table also elects a reporter.
- The table reporter's role is to record the responses of the group and report to all the participants the findings of the group at the completion of the application task.
- If the table wishes to, the group leader and table reporter can be the same person.

Task

Participants will be provided with the stimulus of three different advertising approaches to drink driving campaigns through videotapes. Campaign advertising will be presented in electronic format for groups to analyze and small groups participants will be required to respond to the Question sheet below.

Application Reporting

Each group leader will present the group view in response to the question sheet. A whiteboard summary of each group response will be provided by the facilitator during the group reporting. An activity debrief will be conducted by the facilitator where the actual program surrounding the advertisement is disclosed and compared to group responses.

Resource Book Reference

Section 3, P69–107, Pp146–148

MODULE 5: ESTABLISHING PRIORITIES

Module 5 Task Question Sheet

For each of the advertisements answer the following questions:

QUESTIONS	HOTEL BARMAN
Is this advertisement a. providing information b. setting an agenda c. changing behavior?	
What is the main message(s) being presented?	
Please provide a brief description of the target group.	
What fears or concerns of the target group are highlighted in the advertisement?	
Does the campaign support deterrence of drink driving behavior? How?	
How would you describe the level of fear aroused in the advertisement?	
Do you think a similar advertisement would work in your jurisdiction? Why?	

MODULE 5: ESTABLISHING PRIORITIES

Module 5 Task Question Sheet

For each of the advertisements answer the following questions:

QUESTIONS	GOOD LUCK
Is this advertisement a. providing information b. setting an agenda c. changing behavior?	
What is the main message(s) being presented?	
Please provide a brief description of the target group.	
What fears or concerns of the target group are highlighted in the advertisement?	
Does the campaign support deterrence of drink driving behavior? How?	
How would you describe the level of fear aroused in the advertisement?	
Do you think a similar advertisement would work in your jurisdiction? Why?	

MODULE 5: ESTABLISHING PRIORITIES

Module 5 Task Question Sheet

For each of the advertisements answer the following questions:

QUESTIONS	ONLY A LITTLE BIT OVER
Is this advertisement a. providing information b. setting an agenda c. changing behavior?	
What is the main message(s) being presented?	
Please provide a brief description of the target group.	
What fears or concerns of the target group are highlighted in the advertisement?	
Does the campaign support deterrence of drink driving behavior? How?	
How would you describe the level of fear aroused in the advertisement?	
Do you think a similar advertisement would work in your jurisdiction? Why?	

MODULE 6: THE ACTION PLAN

Introduction

This module identifies the importance of setting measurable and achievable objectives as the first step in developing the action plan. The relationship between injury reduction goals, behavior change, and operational performance indicators is outlined.

Initiatives selection is presented as the second step, and the module takes participants through a systematic process of selecting relevant initiatives for the drink driving program. Two criteria relating to systematic selection processes are described. These are:

- Selection based on the strategic impact of initiatives on road trauma outcomes
- Selection based on expected effectiveness of each initiative

The influence of political, community, economic, and cultural perspectives is presented as factors that are likely to vary initiatives selected solely on the basis of a systematic analysis.

Participants are involved in a process of setting objectives and selecting potential initiatives as part of the module.

Objectives

Knowledge

Participants will know:	The difference between objectives and performance indicators Two methods of systematic initiative selection The initiatives most likely to be effective

Comprehension

Participants will understand:	The basis of identifying key initiatives The influence of cultural and community influences on the process of initiative selection

Application

Participants will be able to:	Know how to establish measurable objectives and performance indicators Understand the rationale for identifying key initiatives Prepare suitable objectives for a program and select initiatives

Learning Outcomes

At the completion of the module participants will:

- Understand the range of objectives suitable for a drink drive program
- Know how to set suitable objectives
- Know how to systematically select initiatives
- Understand the influence of cultural and community context
- Negotiate a potential program

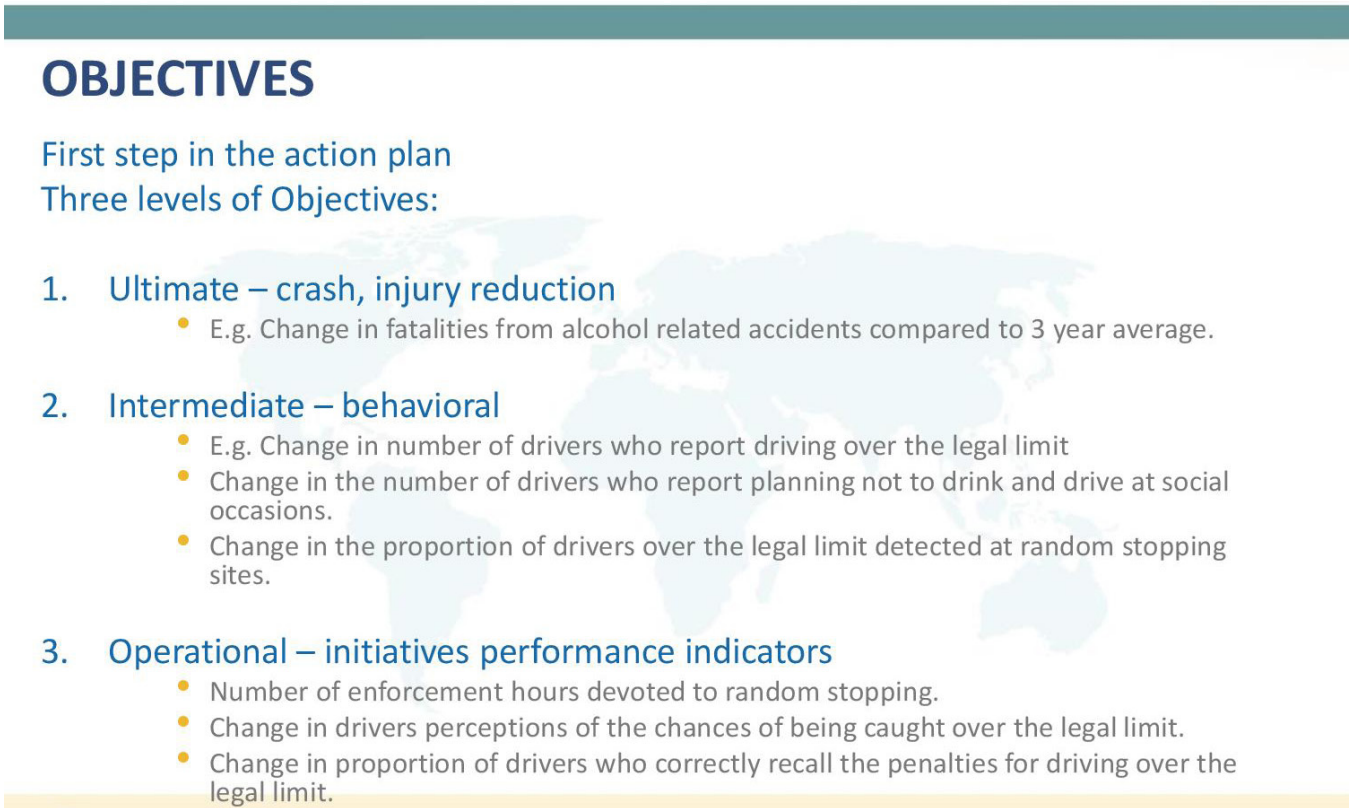
Content

- Objectives – First step in the action plan
  - •Ultimate – crash, injury reduction
  - •Intermediate – behavioral
  - •Operational – initiatives performance indicators
- Objective setting process
- Initiative selection
- The importance of a systematic process
- Selecting initiatives using expected strategic impact
- Selecting initiatives using expected effectiveness on injury reduction
- Community, political, and economic considerations

MODULE 6: THE ACTION PLAN

PowerPoint Presentations

MODULE 6: THE ACTION PLAN



Step 1 Objectives

Clear, documented, and measurable objectives are the key first step to developing an effective action plan. The ultimate objective of each road safety program is to contribute to reducing the level of death and injuries from road accidents. This measure is vital for the total program of activities undertaken by a jurisdiction. However, it is unlikely that a statistically significant change will be achieved by a single program, such as a drink driving initiative, in the short term.

Movements in crashes and injuries must be monitored to ensure overall program success, but the key objectives must relate to the behavior being treated. For drink driving this can include measures of the number of impaired drivers on the road, self reported incidences of drink driving, and the number of alcohol impaired drivers involved in crashes. These objectives relate directly to the behavior being addressed and can be measured by survey or observations.

Programs should also include performance measure objectives. These relate to the nature of the program and its implementation. Performance measure objectives should relate directly to the initiatives which make up the program. If a program has a substantial increase in police enforcement activity, the actual level of that activity to be achieved should be clearly stated and measured. Similarly, objectives related to publicity should be stated and these can include target group knowledge of the campaign message, views about drink driving, perceptions of enforcement, or other attitudes. A good program should include objectives from each category.

MODULE 6: THE ACTION PLAN

Setting Objectives Process

Objectives should be ideally set through a consultation process with the key agencies and stakeholders involved in the program, and especially those agencies who will have responsibility for the implementation and carriage of parts of the program.

This can be time consuming and requires strong negotiation skills to ensure the program direction is maintained and not diluted through the negotiation process. Inevitably, agencies will be at different levels of readiness to undertake their part of the program and those who are less prepared are likely to want less stringent targets to reduce the potential of program failure.

Agreement can often be reached over the nature of the objective to be measured, however strong debate is often generated over the level of performance to be achieved. It is important however that a target performance level is included in the objectives. This provides a benchmark for all agencies to use when driving their component of the program and provides a common target for all.

Program performance indicators must have the agreement of the responsible agency with respect to both the nature of the indicator and the target level of performance.

MODULE 6: THE ACTION PLAN

Initiatives selection process

Once objectives have been set, the program initiatives can be selected to achieve the objectives. Ideally, the process of selecting appropriate initiatives should be undertaken using a systematic, scientific analysis of potential initiatives and arriving at those which are likely to be most effective as the range of initiatives to be undertaken.

While this is important, perhaps the most important analysis to apply, there can be other reasons for selecting initiatives which need consideration. For example it may be that an idea has a substantial degree of political support and would be relatively easy to implement, but is not as effective in reducing drink driving as other approaches. Do we leave it out of the mix because of its lower effectiveness or include it because it will be supported?

Equally, it may be that an initiative, by its nature, has a longer time frame for its effectiveness than something with more immediate impact. Do we leave it out of the mix in favour of something with more immediate impact, or include it as an element of a program designed for future improvements?

To account for such difficult questions a selection process is needed which clearly identifies the criteria used for selection of initiatives so that the rationale for selection can be easily understood.

MODULE 6: THE ACTION PLAN

THE STRATEGIC MATRIX

Initiative Assessment

	Fast Impact	Medium term impact	Long term impact
Human Factors	drink drive enforcement & publicity	Community action on drink driving	Drink drive education in schools
Road Environment	Line marking	Roadside barrier treatments	Duplicated roads
Vehicle Factors		Alcohol interlocks for recidivists	All vehicle alcohol interlock fitment

5

Strategic Analysis

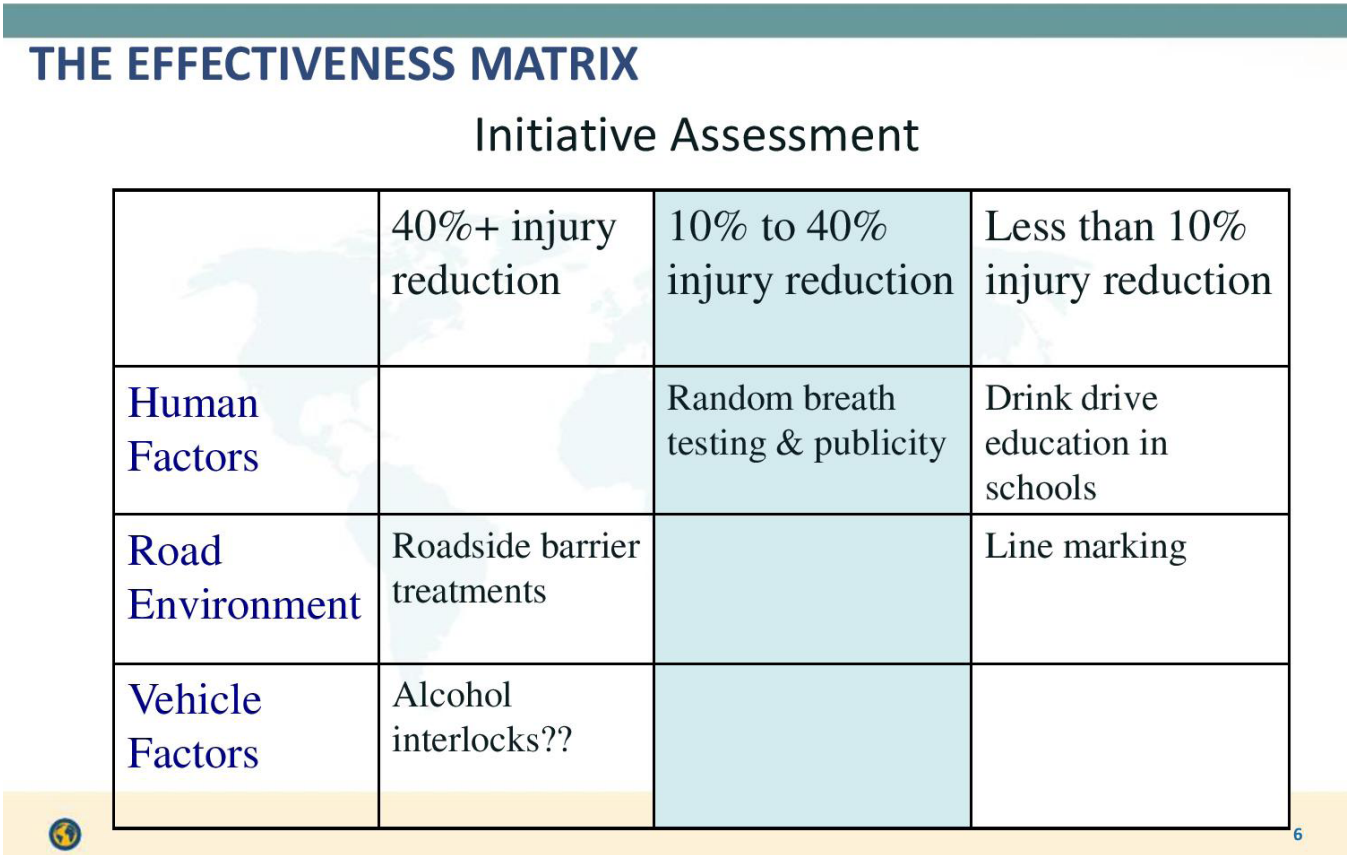
One way to consider the mix of initiatives required is to assess the impact they will have over time. Such a time line approach is often used by senior road safety managers in mapping out the key approaches they will apply across the whole road safety arena, but it can equally be applied to a specific behavior such as drink driving.

Enhanced and visible enforcement of drink driving laws using random stopping of drivers supported by publicity can have an immediate impact on the level of drink driving by deterring drivers from the behavior through enhancement of the perception of the threat of punishment.

However, such an approach used alone will be unlikely to establish large scale voluntary change in behavior. To achieve this aim requires “winning the hearts and minds” of the driving public through educational means. This approach requires a longer term strategy.

The application of “black spot” road treatments, such as central or roadside barriers will reduce the injury severity of crashing drink drivers. These treatments take some time to be applied to the road network, but work more quickly than the gradual impact of education, so are viewed as medium term impact initiatives.

MODULE 6: THE ACTION PLAN



Effectiveness

The best method to apply to initiative selection is through the known effectiveness of the initiative on crashes, injury levels, or behavior.

Initiatives addressing human factors directly generally have a lower injury reduction impact than those applied to the road environment and to vehicles. This is because the task relates to changing the behavior of drivers, and sustaining such a change in behavior.

Road environment treatments have been assessed as providing a wide range of reductions on injury levels, however they have an effect over a wide range of crash types, not just drink drive crashes.

The same is largely true of many of the major vehicle factor initiatives. Research reports have indicated that provision of air bags as supplements to seat restraints and the more recent fitting of electronic stability control (ESC) have been associated with high levels of injury and crash reduction, however the only vehicle initiative with a strong direct link to drink driving crashes is the fitment of alcohol interlocks. To date, these have been applied only to recidivist drink drivers with no sustainable effects noted after the interlock has been removed.

Why don't we simply select those initiatives with the best effectiveness record?

One reason is that not all initiatives have been assessed scientifically. A second reason is the question of **scope**, and a third reason is the question of **cost**.

MODULE 6: THE ACTION PLAN

THE QUESTION OF SCOPE

Initiative Scope

Initiative	Effectiveness	Scope	Injury impact
Low effectiveness large scope	5% injury reduction	100% of injury	**5%** reduction in all injuries
High effectiveness small scope	40% injury reduction	5% of injury	**2%** reduction in all injuries

Influence of Scope

The proportion of injury targeted by the initiative is equally as important as its effectiveness. A highly effective initiative that can only target a small proportion of the injury can have a lesser effect on the total injury numbers than a less effective initiative which addresses a larger proportion of the problem.

Many of the more effective initiatives in fact target small proportions of the problem. For example, road based treatments only address the crashes that occur at the particular road location treated. This is typically a very small, often minute proportion of the total injury, especially for alcohol related crashes.

Random stopping enforcement however, because it is based on deterring the behavior of all drink drivers targets a large proportion of injury crashes. While not all drivers will be deterred from drink driving by the initiative, a small effect is all that is needed to generate a worthwhile reduction in the total alcohol involved crash numbers.

MODULE 6: THE ACTION PLAN

THE QUESTION OF COST

Initiative Cost

Initiative	Effect	Scope	Injury impact	Cost $US	Cost Benefit
Low effectiveness large scope	5% injury reduction	100% of injury	5% reduction in all injuries	$1m	**5:1***
High effectiveness small scope	40% injury reduction	5% of injury	2% reduction in injuries	$2m	**1:1***

*Assume each 1% reduction in injury saves $US1 million

Cost considerations

The cost of the initiative is also a factor to be considered before the ultimate program is selected. Enhanced police enforcement and supportive publicity is an expensive initiative, but so is the application of on road treatments if applied to sufficient sites to address a reasonable proportion of the problem. Equally, vehicle treatments such as alcohol interlocks are expensive to fit and if used solely to address recidivist drink drivers will only attack a small proportion of the problem.

Cost effectiveness analysis is the way to identify the best initiatives. This table is a very simplified approach based on the initiative scope table in the previous slide. In this case, the lesser effective initiative has a higher cost benefit (5:1) than the high effectiveness initiative. This is partly due to the effects of targeting a larger scope and partly due to the lower cost of the initiative. The 5:1 benefit cost reduction (BCR) means the benefit returned to the jurisdiction from implementing this initiative is five times its cost.

For the high effectiveness initiative, however, the BCR is 1:1, which means its benefit is the same as the cost. On the basis of cost effectiveness alone this initiative would not be part of the program.

MODULE 6: THE ACTION PLAN

Other Influences

Selection of initiatives based on a systematic analysis of effectiveness and strategic fit is the fundamental approach. However, issues pertinent to the community, finances, and even lead times may well influence the final choice of initiatives.

In some circumstances **community or political views** about the efficacy of some initiatives may require them to be part of the program package, even if they would not be assessed highly under the systematic analysis. Support for educational programs in the school system is often a good example. Additionally, the cost of some initiatives may rule them out if budget is limited. Large scale application of road engineering targeting many sites, or retrospective fitting of alcohol interlocks to vehicles, are generally too expensive to represent major leading initiatives targeting drink driving.

Initiatives which have **long lead times** might need to be planned for a future phase of a program. This can be the case where legislation has to be passed, substantial equipment purchased, or personnel trained. Elevated police enforcement using random testing does require substantial lead times.

It may also be valuable to raise initiatives when events, such as a rapidly rising road toll in the short term, or a series of high profile drink driving crashes occurs. In these circumstances, the political environment is likely to be conducive, but there may not be time to implement the preferred package of initiatives.

MODULE 6: THE ACTION PLAN

Application Task

Task 1. Groups will be requested to establish a proposed set of objectives for a drink driving program, developed to address the problems identified in the profile of their country/city/jurisdiction as presented in Module 1. An objectives setting prompt sheet is provided (below) to assist participants in this process.

Task 2. Groups will swap their set of objectives with those produced by another group. Using the objectives each group will select a maximum of five initiatives for implementation which they think will be likely to meet the objectives, and are likely to be supported in your jurisdiction. The initiatives description list below will assist with this task.

Application Reporting

Each group will report on the program objectives and initiatives selected to the whole group. A summary table of each groups program will be prepared by the facilitator during the reporting process.

Resource Book Reference

Pages 146 to 148

MODULE 6: THE ACTION PLAN

Module 6 – Task 1 – Setting Objectives

Objectives Setting Prompt Sheet

1. Re-read the Situation Analysis profile presented in Module 1. List down any key gaps or actions required as a preparation for implementing a program. E.g., legislation needed, training required, equipment to purchase, etc.
2. Note down some suggested objectives which can relate to these items. Also note a potential target. For many of these items the target can be a time when the required activity is completed.
3. List some potential objectives in each of the three categories – ultimate, behavioral, and performance indicators.
4. Generate discussion across the whole group and try to establish agreement with the list of objectives. Don't try to establish target levels of performance at this stage, just try to get agreement with each indicator.
5. When each objective is agreed commence discussion on an appropriate performance target for each. You should consider the following:
    - The current level of performance for this behavior (if known)
    - Levels of performance achieved in other similar jurisdictions
    - The level of performance which would be supported politically
    - The level of performance seen as achievable by the road safety agency
    - The level of performance seen as achievable by the implementing agency
    - The percentage change in performance from current levels (Note: If this is too large the target will lack credibility with some stakeholders, but if it is too small the program will not be seen as achieving worthwhile improvements.)

Module 6 – Task 2 – Drink Drive Initiatives Descriptions

Liquor Licensing

A method employed to control the number and style of establishments able to sell and serve alcohol beverages. Some jurisdictions allow widespread provision through sales at supermarkets in addition to specialist packaged outlets. Additionally, venues can be licensed to serve alcohol to patrons at hotels, restaurants, and wine bars. Licensing is not a specific initiative targeting drink driving and the nature of the licensing controls reflects the general social and community views about the extent and ease of access to purchase alcohol. It has been argued that the more limited the access, however, the more likely that this initiative will have some influence on the number of drink drivers on the roads. Anderson[9] reports increases in public drunkenness and social problems associated with increased alcohol consumption in Scandinavian countries where access to alcohol has been varied. A study in Iceland also indicated increases in drink driving cases presenting at hospitals associated with extended hours of access. However, there is also evidence to suggest that extended hours of access do not result in increases in alcohol-impaired driving. In Australia in 1993 or the United Kingdom in 2003, for example, no increase was found in drink driving cases following the extension of licensing hours.[10]

Legal Minimum Drinking Age

Implementing a minimum age for the consumption and purchase of alcohol is often a specific component of liquor licensing controls; however, these provisions are often circumscribed in separate legislation as well. The major rationale for the provision relates to social views about the "appropriate" age for alcohol consumption as a general health measure rather than a specific initiative related to drink driving. Anderson cites evidence of a strong relationship between reduced alcohol consumption among minors and alcohol-related crime and traffic accidents, but only if the age-related alcohol

9 Anderson P & Baumberg B, Alcohol and Public Health in Europe, Institute of Alcohol Studies, UK, 2007 P. 26

10 International Center for Alcohol Policies (2009).Physical availability of beverage alcohol: monopolies, licensing, and outlet density. ICAP Issues Briefing. Washington, D.C.

MODULE 6: THE ACTION PLAN

sales laws are enforced. Fell[11] identifies substantial reductions in alcohol-related accidents associated with laws related to a minimum drinking age of 21 in the U.S. compared with a minimum age of 18.

Blood Alcohol Concentration Law

This is a vital measure for the effectiveness of drink driving enforcement. Identification of a quantifiable upper limit of alcohol in the blood for drivers and riders allows definitive enforcement by police of the law and, provided the equipment used is properly calibrated, ensures few opportunities of avoiding the penalties through court procedures. The most common BAC limit employed is 0.05, although some jurisdictions apply a zero BAC, and others 0.08. The rationale for 0.05 was established by Borkenstien[12] and has been reinforced in more recent research[13] where the crash risk for a driver at this level of alcohol content is approximately double the risk of a sober driver. While establishment of the legal limit, of itself, does not necessarily impact on alcohol related accidents, it remains a necessary precondition for the effectiveness of random stopping enforcement to be employed.

Alcohol Purchase Hours

This measure relates to circumscribing the hours, and days when alcohol can be purchased. The provision is often an element of licensing provisions and works in much the same way (see the description under Liquor Licensing).

Alcohol Content Production Regulations

These are measures designed to limit the amount of alcohol in particular beverages. The common method is to measure the alcohol by total volume of liquid and define limits for particular beverage types. These regulations can often be supported with taxation regimes designed to encourage the production and purchase of low alcohol beverages as part of community health initiatives. There is some evidence that consumption of low alcohol beverages, especially together with food, is associated with lower blood alcohol levels[14] but a strong direct linkage with lower alcohol beverages and related alcohol crashes is not evident in research to date.

Random Stopping and Preliminary Breath Testing

This is a very effective method of enforcement. It does rely on enabling legislation in two areas. The provision of a legal limit for alcohol in the blood for driving and the power to undertake random stopping for the purposes of a breath test are necessary pre-conditions for effective operations.

Random stopping is based on deterrence theory which emphasizes the threat of being detected “over the limit” and being punished by the penalties in the legislation. High visibility, randomness of locations and time of operations, and testing of large numbers of drivers are all features which reinforce the deterrence effect.

This method influences the behavior of drivers tested, and also those who see other drivers tested but are not selected themselves in the random selection process. It encourages drivers not to take the chance. RBT operations seldom result in large numbers of drivers actually identified and penalized for exceeding the limit as the form of deterrence is generalized across a large number of drivers who see operations on the road network, rather than being specific to those drivers caught. RBT is associated with substantial reductions in alcoholrelated accidents, deaths, and injuries.[15, 16]

11 Fell JC; Fisher DA; Voas RB; Blackman K; Tippetts AS The impact of underage drinking laws on alcohol-related fatal crashes of young drivers, Alcoholism: Clinical and Experimental Research , Vol 33, No 7, 2009, pp1208–1219

12 Borkenstein, RF et. al The Role of the Drinking Driver in Traffic Accidents, Bloomington, IN, Department of Police Administration, Indiana University, 1964

13 Crompton RP et al. Crash risk of alcohol-impaired driving. In: Mayhew DR, Dussault C, eds. Proceedings of the 16th International Conference on Alcohol, Drugs and Traffic Safety, Montreal, 4–9 August 2002. Montreal, Société de l’assurance automobile du Québec, 2002:39–44

14 McLean, S., Wood, L. & Davidson, J. (1991), Risk Factors for Drink Driving, Paper presented at “Window of Opportunity”: First National Congress, Drug and Alcohol Services Council, South Australia.

15 Homel, R Policing the Drink Driver: Random Breath Testing and the process of deterrence, Report CR 42, Federal Office of Road Safety, Australia, 1986

16 Prabhakar, T et.al, Factors involved in the long-term benefits of Random Breath Testing in NSW, Department of Psychology, University of Sydney, Australia, 2006

MODULE 6: THE ACTION PLAN

Vehicle Alcohol Interlocks

Interlocks are devices fitted to the ignition of the motor vehicle. They require the driver to blow into an alcohol testing device and will prevent the vehicle from starting unless the driver breath test is less than a pre-determined level. Interlocks are developments from breath testing machines and require constant calibration (usually monthly) to ensure correct readings. Devices can be set to non-operational status if calibration has not been completed.

The interlock is very expensive and in most developed countries the device is used as an alternative to sentencing for repeat drink drivers who wish to continue driving. Under these arrangements the driver bears all the costs of the machine, fitment, and ongoing calibration. This is often seen by the courts as reasonable because the device allows a continuation of driving for an offender who would otherwise have a suspended license for a period of time.

Research in West Australia[17] suggests repeat drink drivers can account for up to 20% of all drink drivers. The International Council on Alcohol, Drugs and Traffic Safety[18] suggests when embedded in a proper program of control, reporting, and management the devices are associated with reductions in alcohol driving offences within the range of 40% to 95%. Theynote, however, that the devices do not lead to long term behavior change as when removed repeat drink drivers' behavior mostly returns.

Targeted Enforcement

Targeted enforcement is an approach to addressing drink driving by identifying locations and times when alcohol consumption is likely to occur and then deploying appropriate police resources. Deployment of resources is often covert in order to maximize the number of offenders caught.

This approach is best described as specific deterrence, in the sense that, those drivers who are apprehended and penalized may see the threat as sufficiently great that their behavior may change in similar circumstances in the future. This approach generally works on those drivers detected and has little influence on the behavior or perspectives of other drivers, as many would not even be aware of the existence of the enforcement activity.

Targeted enforcement is generally not a first level strategy because the number of drivers influenced remains too small to have a large effect on the overall drink driving behavior. Targeted enforcement can be valuable when used as a adjunct to random stopping by focusing specific resources on hot spots while the RBT impacts on the wider driving public.

Graduated Penalties

A system of applying more severe penalties as offenders transgress the drink drive laws with higher blood alcohol levels. Typically initial penalties for drivers exceeding the prescribed limit (mostly 0.05 BAC) are a fine and loss of demerit points that accumulate towards ultimate license loss.

More severe transgressions of the drink drive laws, usually commencing at 0.1 BAC attract increased penalties, usually higher fines, and a period of immediate loss of license. A third graduation is often applied usually at 0.15 BAC which involves an extensive loss of license period, and in some jurisdictions, the prospect of a jail sentence. The evidence of the benefits of more severe penalties is not clear with some research showing little or no benefit when compared to loss of license.[19]

Graduated penalties are designed to increase the deterrence effect of drink drive enforcement by encouraging drivers to limit their intake. Graduated penalties are also likely to be well supported by the general public because the more severe offences are punished more heavily. Like all penalty regimes however, the impact of graduated penalties is dependent ondriver perceptions of their likelihood of being caught drink driving. This perception is driven largely by the level and visibility of enforcement and supportive publicity together with the swiftness of applying the penalty.

17 Ryan A, et al Repeat Drink Drivers in Western Australia 198401994, Report CR 168, Federal Office of Road Safety, Australia, 1996

18 ICADTS Working Group on Alcohol Ignition Interlocks, Alcohol Interlock Devices Position Paper, International Council on alcohol, Drugs and Traffic Safety, 2001

19 Vingilis, ER, et al, Effects of sentence severity on drinking driving offenders Alcohol Drugs and Driving Vol 6, No 3–4, 1990, pp189–197

MODULE 6: THE ACTION PLAN

Mandatory Penalties

Mandatory penalties are a system where penalties for drink driving offences are specifically prescribed in the law, usually in association with graduated penalties. Mandating penalties is designed to increase the certainty of punishment for offenders by reducing the potential for courts to consider extenuating circumstances and apply more lenient sentences.

The judiciary is often opposed in principal to mandatory sentencing provisions as they often wish to maintain the option of varying sentences for individual cases. Jurisdictions seeking to include mandatory penalties as part of the drink drive law are well advised to undertake consultation with their judiciary before contemplating this approach.

License Loss Penalty

Loss of license to drive is a significant influence on the decisions of potential drink drivers. It has been identified as the most important component of the penalty regime and to lose the license is seen by drivers as a major consequence of being caught drink driving.[20] A number of publicity campaigns have focused on this issue as a result of market research with drivers identifying the high level of concern among drivers if they lost their license.

The extent of this concern is linked to drivers perception of the likelihood of being caught drink driving in the first instance, and then their likelihood of being caught driving without a license. The power of the license loss penalty is reduced substantially if drivers believe they are unlikely to be detected driving unlicensed. In these circumstances many drivers will take the chance and flout the law.

Road Delineation Treatments

Delineation treatments are the group of on-road initiatives designed to clarify the direction of the road to the driver and give indication of the nature and severity of any changes in horizontal geometry. Delineation treatments include edge-lining (using both paint and audible edge line materials) center lines, reflective road markers (often called cats eyes), and indicators of curves such as curve signage and chevron markers (reflective black and white arrows). These treatments typically target “run-off-road” crashes which often involve contributory factors such as speed, fatigue, and alcohol impairment.

While these treatments are designed more often to control speed related crashes, there is the potential for an overflow effect on drink driving crashes.

Road Barrier Treatments

Road barriers are designed to reduce the impact forces of crashes by creating a more controlled and slower crash. A roadside crash into a tree or pole creates substantial crash forces and typically generates severe injuries and fatalities. A roadside barrier protecting drivers from trees and poles reduces the potential for severe injury. Drink drive related crashes on open roads involve a high proportion of “run-off-road” crashes, and barriers placed in these locations reduce severity, but not the incidence of the crash.

When used as a central median on divided highways, these treatments also reduce the potential for head on crashes by physically separating traffic. Evaluations of barrier treatments have identified substantial injury reductions due to their deployment.[21]

Responsible Serving of Alcohol

Hospitality venues such as hotels, restaurants, wine bars, and bistros can become partners with government agencies addressing drink driving. These establishments invariably are concerned about the long term viability of the business and are keen to ensure alcohol consumption among patrons is moderate.

Responsible serving arrangements involve the venue accepting the principle of not consciously serving patrons who are clearly impaired and building into their operations policies that support the principle. These can include reducing or omitting happy hour promotions, promoting service with food, and highlighting food as a key part of the establishment.

20 Nichols JL, Ross HL, The effectiveness of legal sanctions in dealing with drinking drivers, Alcohol Drugs and Driving, Vol 6, No 2, 1990, pp33–60

21 Larsson, M. et. al, Flexible barrier systems along high-speed roads: a lifesaving opportunity, Monash University Accident Research Centre, Australia, 2003

MODULE 6: THE ACTION PLAN

The principle is reinforced in many jurisdictions by short training courses for bar staff to equip them with skills to avoid serving alcohol-impaired patrons. As part of local community activities these arrangements sometimes involve agreements with local police to assist.

Responsible serving arrangements are ways in which venues can show their contribution to a drink drive program in the course of their normal business operations, and at the same time, inform their patrons of the commitment to responsible serving. Some survey and observation studies[22] have shown increases in refusals to serve intoxicated patrons among responsible serving establishments; however, other studies have shown no effects. One study where server intervention was embedded in a five strategy community program, including enhanced local drink driving enforcement, identified crash reductions and improvements in alcohol serving practices.[23]

Free Non-Alcohol Drinks and Non-Alcohol Cocktails

Another strategy employed within licensed premises to support drink driving involves the provision of free non-alcohol drinks. This is generally designed to support groups of patrons who designate one person to be the group driver and remain alcohol free.

Promotion of non-alcohol cocktails has similar elements. Non-alcohol cocktails are fruit juice based mixed drinks with no alcohol content. They enable group members who do not wish to consume alcohol to consume interesting mixed concoctions with their friends as part of their group celebration. Non-alcohol cocktails are often seen as merely additions to the available drinks menu and are priced accordingly rather than being provided free.

These strategies should be seen as a positive commitment of a relevant stakeholder rather than a leading drink drive reduction initiative in its own right.

Coin in Slot Breath Testers and Community Alcohol Level Trials

Coin in slot breath testers provided in hospitality venues can be used by drinkers to test their blood alcohol level prior to leaving the premises. If there alcohol level is too high they need to wait and re-test (usually about 30 minutes or so) to determine if their alcohol level is rising or falling, and if it has fallen below the legal limit.

Licensed premises can arrange for the machines to be placed in their venue to provide such a service. In practice, the machines are not used by sufficient patrons to generate large numbers of drivers avoiding driving over the limit. The main reasons include:

- Machines are used by intoxicated patrons to play “alcohol testing” games to see who can generate the highest reading. In some cases this involves blowing alcohol into the machine.
- Machines require monthly calibration and if this is not done, they either close down, so are not available to drinkers, or provide a false reading which leads drinkers to question the credibility of the device.
- Drinkers find it difficult to learn the need for at least a 20 minute wait since their last drink before conducting a test. The failure to do this leads to a high reading based on mouth alcohol and consequent loss of credibility.

Despite these problems, the use of these devices remains a potential action for licensed venues and could represent a positive support for a drink drive campaign.

A community program to arrange controlled alcohol consumption tests among drinkers to show drinkers how to estimate their likelihood of reaching the legal BAC limit with different classes of beverage has been undertaken. Anecdotal advice from those organizing the functions suggests they are a popular approach to education about alcohol levels; however the number of patrons contacted by such an initiative is far to small to impact the scale of the problem. Nevertheless, initiatives such as these represent ways in which innovative community action can provide support for a campaign.

22 Warpenius K, et al, Effects of a community intervention to reduce the serving of alcohol to intoxicated patrons, Addiction, March 2010
23 Holder H D, Community prevention of alcohol problems, Addictive Behaviors Vol 25, No 6, 2000, pp843–859

MODULE 6: THE ACTION PLAN

Designated Drivers

Designated drivers is a community supported strategy for reducing drink driving by ensuring that one driver in a group is alcohol free and agrees to undertake the driving for the evening. Typically, groups of friends will share this role on a roster. Designated driver programs have some support among younger drivers, especially in jurisdictions where novice drivers face a tougher alcohol limit, such as 0.00 BAC. In these cases the support for such programs relates to the fear of losing the license, which most members of the group have only recently obtained, rather than any positive support for the designated driver principle itself. The research is equivocal. Lange[24] shows substantial reductions in alcohol levels among designated drivers where other interventions support the program; however, a review by Ditter[25] is inconclusive. In general, it does appear the programs are associated with reduced numbers of alcohol-impaired drivers.

Company Fleet No alcohol Policies

Commercial vehicle fleets comprise a substantial proportion of the total vehicle fleet in all jurisdictions. Commercial fleets include heavy goods carrying vehicle fleets, passenger bus and coach operations, and company car fleets. Companies have been encouraged to contribute to improved road safety by establishing company fleet safety police in many jurisdictions. Typically these policies relate to vehicle selection (purchasing safer vehicles), driver training, accident reporting, and safe driver encouragement awards.

In some instances supporting a zero tolerance alcohol policy is included in the fleet safety program. Where this is the case, daily breath testing, random breath testing, or provision of alcohol interlocks in vehicles is used as a measure to support the policy. A Swedish[26] program showed strong support among companies and a low level of non-starts as a result of the interlock intervention.

Repeat Offenders Training Programs (Recidivists)

A range of training and education programs for drink drivers have been developed and conducted in a range of jurisdictions. In general, programs are targeted at repeat offenders and in some cases attendance at the program is part of a sentencing regime by the judicial system.

Programs are generally of two types:

1. Programs targeting “problem” drinking, which tend to be long term treatments for those with alcohol problems. The intensive nature of these programs means very small numbers of people will be treated and so the potential impact is low.
2. Programs targeting “problem drivers” which tend to be short term group session style approaches. These programs are typically those used by courts as part of sentencing directives. The potential for effective behavior change however is low. The period of treatment is necessarily very short – often two to four sessions. The partici pants can be reluctant; many see it as simply a way to avoid losing their license. An assessment of program effec tiveness in Australia[27] identified a range of pre-conditions for the operation of effective programs, which few of those operating at the time possessed, resulting in low level effectiveness. A further review[28] provided some very cautious support for group based programs.

24 Lang J.E. et.al, The efficacy of experimental interventions designed to reduce drinking among designated drivers, Journal of Studies on Alcohol Vol 67, No 2, 2006, pp261–268

25 Ditter S.M, et. al, Effectiveness of designated driver programs for reducing alcohol-impaired driving: a systematic review [Taskforce on Community Preventive Services] American Journal of Preventive Medicine Vol 28, No 5, Supp 1, 2005, pp280–287

26 Bjerre B, Kostela J, Primary prevention of drink driving by the large-scale use of alcolocks in commercial vehicles, Accident Analysis and Prevention Vol 40, No 4, 2008, pp1294–1299

27 Sanson Fisher R, et al., Drink driver rehabilitation programs - an Australian perspective, Alcohol Drugs and Driving Vol 6, No 3–4, 1990, pp133–145

28 Stoil, M.J, Evaluation of impaired-driver programmes in Australia, Alcohol Health and Research World, Vol 11, No 4, 1987, pp88–89

MODULE 6: THE ACTION PLAN

Alternative Transport

A number of community programs have been established where alternative transport is provided for drinkers to avoid the need to drive. If a drinker is aware he/she is over the legal limit they can access the transport to reach home and return the following day to retrieve their vehicle. Transport is usually in the form of a community bus that takes drinkers from the venue to a number of central stops on a pre-determined route. Drinkers would be required to walk from the stop to their ultimate destination. In some locations, a cheap taxi scheme is in operation that has the benefit of providing door to door service.

Each of the schemes requires some funding to operate. In some cases, funding from part of the drink drive program is provided with a model where the community provides a share of the cost themselves, which can prove popular. In some areas, an arrangement has been made between the transport provider and the hospitality venue to share a proportion of the costs as a positive contribution to a drink drive program.

These schemes work to the extent that they take intoxicated drivers off the road. In most instances, however, the numbers are small and they are best viewed as a community contribution rather than a central anti-drink driving initiative.

Publicity Campaigns

Properly constructed campaigns that address key concerns of the target audience are an important part of an effective drink drive initiative. Campaigns based on a behavior change theory and with support of road police enforcement have been assessed as effective.[29] Identifying the motivation for drivers to consider behavior change is a key element of campaign development. Driver fear of license loss, the lifestyle consequences of being caught drink driving, the injury consequences to loved ones, and a heightening of the visibility of police enforcement have all been the focus of many campaigns. Paradoxically, market research often finds that fear of death or serious injury to oneself is often not a key motivator, particularly with younger drivers.

In addition to supporting the behavior change strategy, campaigns can also be used to provide information where market research has identified that driver ignorance may well be a factor inhibiting behavior change. Examples include instances where drivers are unaware of the penalties (which means threats of being penalized are weak) and where law changes have been undertaken (if drivers don't know the law, they can't respond positively).

Campaigns need to be developed in close consultation with key stakeholders to maximize effectiveness. Police, health officials, medical personnel, and license authorities are examples of agencies that have an intimate interest in the detail, timing, and extent of campaigns.

School Children's Education

In many jurisdictions, education of school children about road safety issues is seen as an important part of the overall road safety strategy. Alcohol consumption and driving is often a feature of curriculums, especially for teenagers in the years just prior to them reaching the licensing age. Where education programs have been treated purely as a crash or injury reduction initiative in direct competition with other activities, they have failed to show positive effects. Even where programs have sought to generate behavior change, evaluations have failed to find positive outcomes, although improvements in student knowledge about a topic and in some cases attitudes to an issue have been noted.[30]

Despite these limitations, many jurisdictions still encourage a program of road safety education in schools as part of a longer term strategy to establish voluntary behavior change among the next generations of drivers.

29 Elliott and Shanahan Research, Road Safety Mass Media Campaigns: A Meta Analysis, Consultant Report No. 118, Federal Office of Road Safety, Australia, 1993

30 Lund A.K et.al., High school driver education: further evaluation of the DeKalb County study, Accident Analysis and Prevention, August, 1986 pp349–57

MODULE 7: MONITORING AND EVALUATION

Introduction

This module distinguishes between program monitoring and evaluation. It details when summative and formative evaluation methods should be employed and identifies the information sources relevant to program monitoring. The rationale for undertaking evaluations is presented and guidance for establishing practical evaluations is provided.

As part of the module, a further presentation of a potential Monitoring and Evaluation plan for a drink driving program in the country/city/jurisdiction will be provided.

This will be presented by a local researcher.

Objectives

Knowledge

Participants will know:	The difference between program monitoring and evaluation The difference between summative and formative evaluation The key elements making up a practical evaluation

Comprehension

Participants will understand:	The role of program monitoring The elements required to generate a practical quasiexperimental evaluation model

Application

Participants will:	Assess a proposed monitoring and evaluation and provide a critique of the information provided

Learning Outcomes

At the completion of the module participants will be able to:

- Know the difference between program monitoring and evaluation.
- Know the difference between summative and formative evaluations.
- Assess the adequacy of a proposed evaluation in terms of the criteria presented.

Content

- Why Evaluate?
- Evaluation Types
    - Formative (program development)
    - Summative (program evaluation)
- Program Monitoring
    - Purpose
    - Information types
- A “Practical Evaluation”
    - Difficulty of total control
    - Quasi-experimental approach
    - Principles
    - Interpretation of results

MODULE 7: MONITORING AND EVALUATION

PowerPoint Presentations

MODULE 7: MONITORING AND EVALUATION

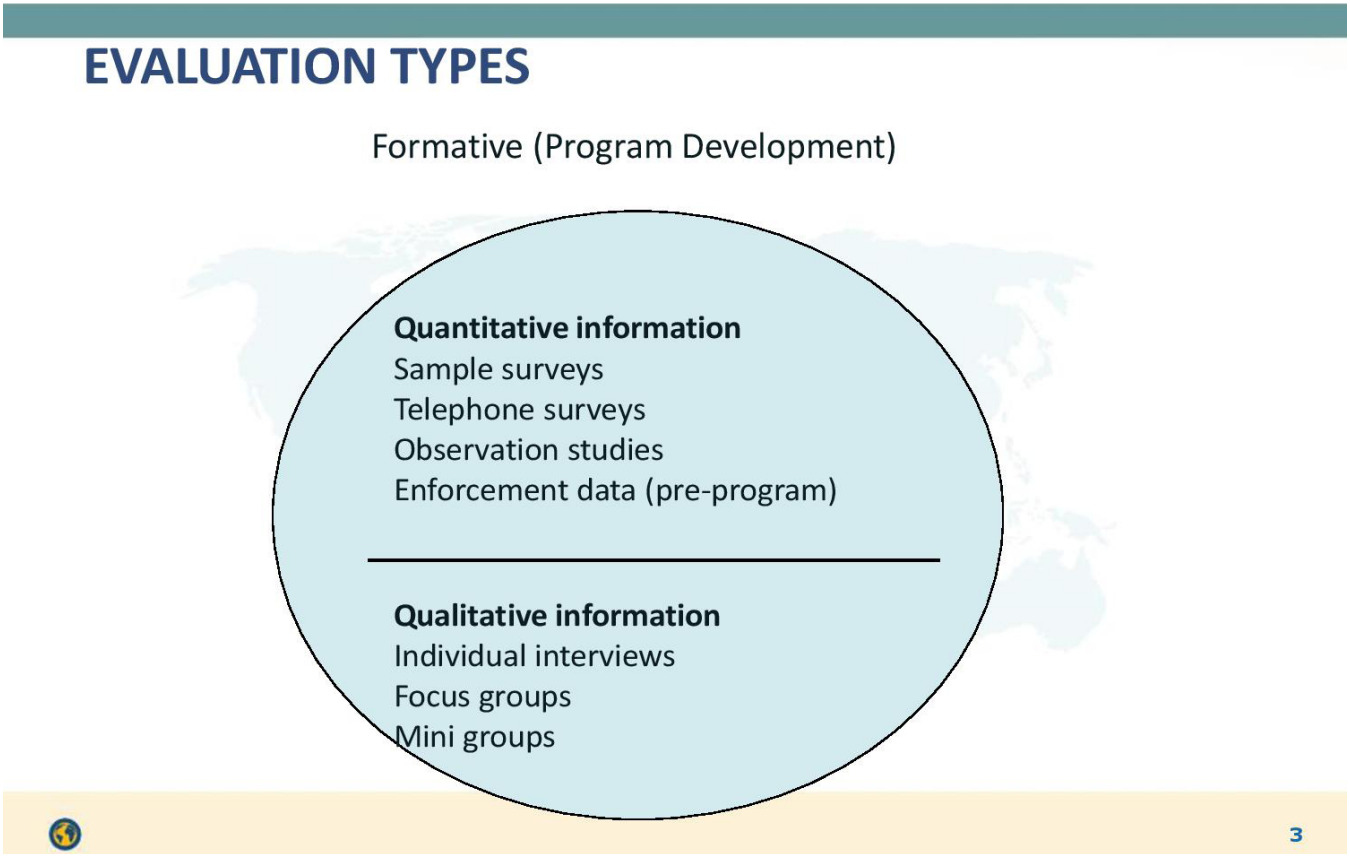
Evaluation Rationale

The key technical reason for evaluation is to diagnose program performance and use the information from that diagnosis to improve the next phase of the campaign. As shifting ingrained behavior is a long term process, this rationale should be sufficient in its own right. Lessons can include the reasons why some aspects were successful, but equally it is important to identify why some elements did not work.

Additionally, it is important to build information from observed behaviors and road trauma progress so that trend information can be generated over time. This allows agencies and stakeholders to see the level of progress and map it against the scale of the problem. Evaluation that provides this sort of information can be a motivating force for future phases of a program for all the key participating agencies and their staff.

Finally, of course, evaluation is essential to ensure the use of public money (almost always the case with road safety) has been well spent and can be justified in relation to objectives. This also provides strength for advocacy of future programs within the political system.

MODULE 7: MONITORING AND EVALUATION



Formative Evaluation

There are essentially two major types of evaluation that can be used to assess the benefits and establish the content of drink drive campaigns. The first is formative, which is research information collected mainly for the purpose of development of the detailed program.

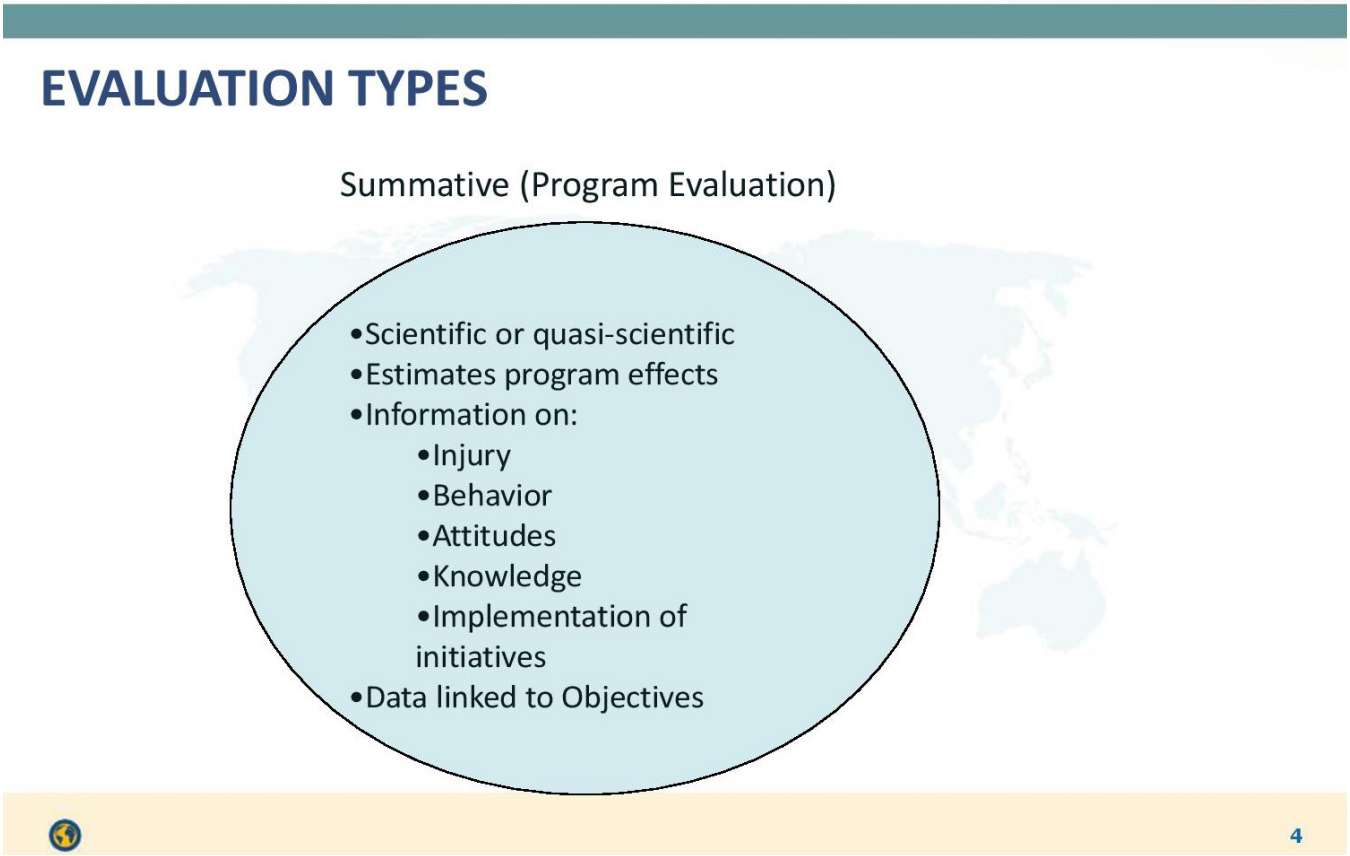
There are two categories of information that can be collected to assist with forming the program. They are:

Qualitative information – data and perspectives collected from individuals relating to their beliefs, motivations, concerns, prejudices, and the like. This information is vital for the publicity campaign component of a program, but it can also provide information on the presentation of enforcement methods. Typical qualitative methods include focus groups, individual interviews, and mini-groups. These require skilled analysis to identify and summarize key perspectives and should be undertaken by experienced research personnel.

Quantitative information – is data providing information on the number and percentages of behaviors, attitudes, beliefs, concerns, and motivations within the target population.

Quantitative information provides details of the scale of importance of issues and behaviors likely to be addressed. Typical quantitative methods include observations, surveys, telephone polls, and pre-program enforcement or offence data. Quantitative behavioral information is critical to provide pre-program benchmarks of key objectives.

MODULE 7: MONITORING AND EVALUATION



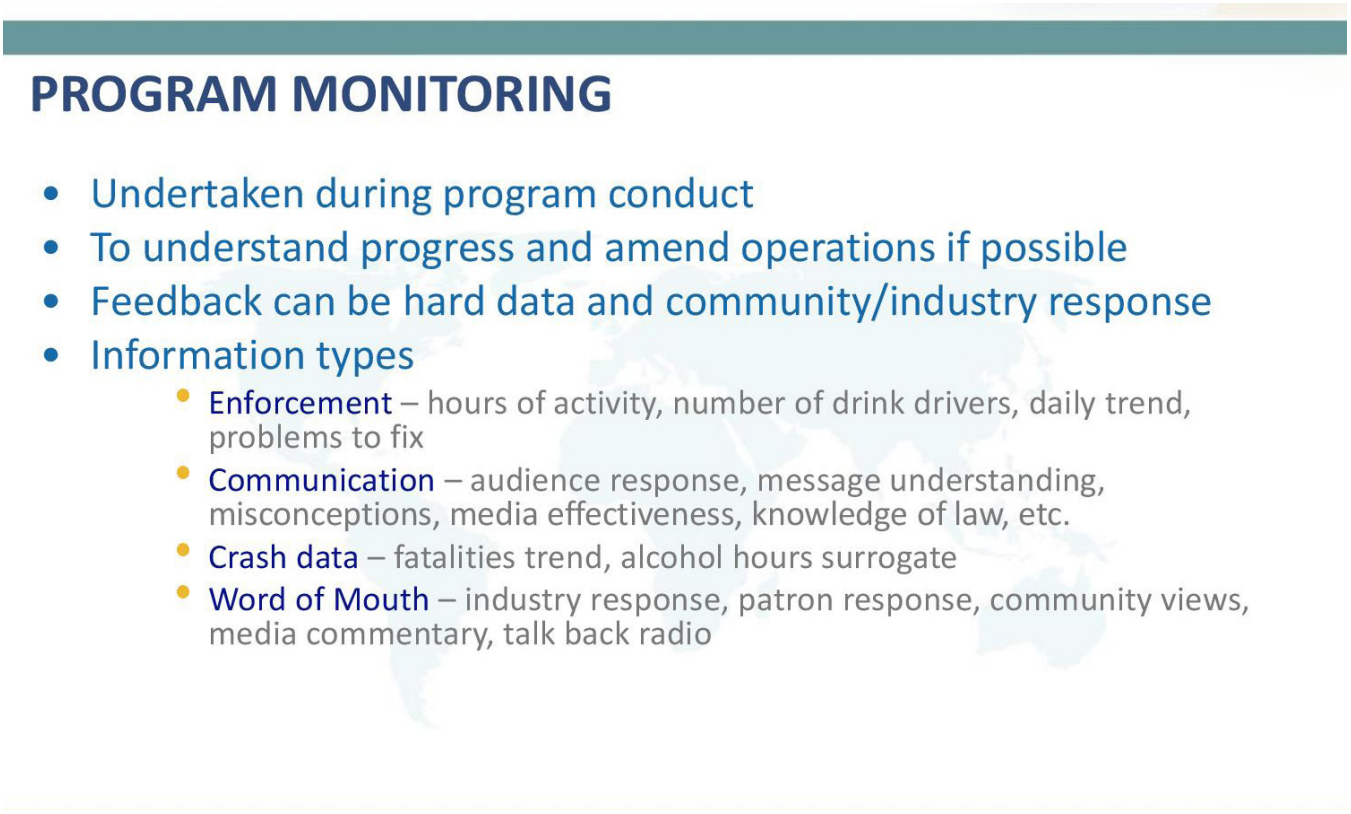
Summative Evaluation

Summative evaluation is concerned with identifying whether the program worked or not, and which components of the program were most influential. It requires close attention to evaluation design to ensure that as many confounding issues, which might affect the behavior being assessed, can be controlled. These include the representativeness of the groups from which information is collected, the days and times of collection, and identification of any events occurring that might influence the behavior.

The ideal design is a true experimental method that collects information from a control group as well as the group being treated, and uses this for comparisons of program effectiveness using statistical measures to determine significance. In road safety, it can be difficult to establish a valid control group often because of the need to ensure that the control is not exposed to the program. For this reason, quasi-experimental designs are often employed using pre- and post-program data collections. These can provide correlations between program activities and changes in behaviors, indicating that the program most likely has resulted in the changes noted.

Data collected for summative evaluation should include information from each of the three levels of objectives outlined in Module 6 (crash and injury data, observations of behaviors, attitudes and beliefs, and knowledge and information on program element delivery such as offences, hours of enforcement, and rating points for publicity).

MODULE 7: MONITORING AND EVALUATION



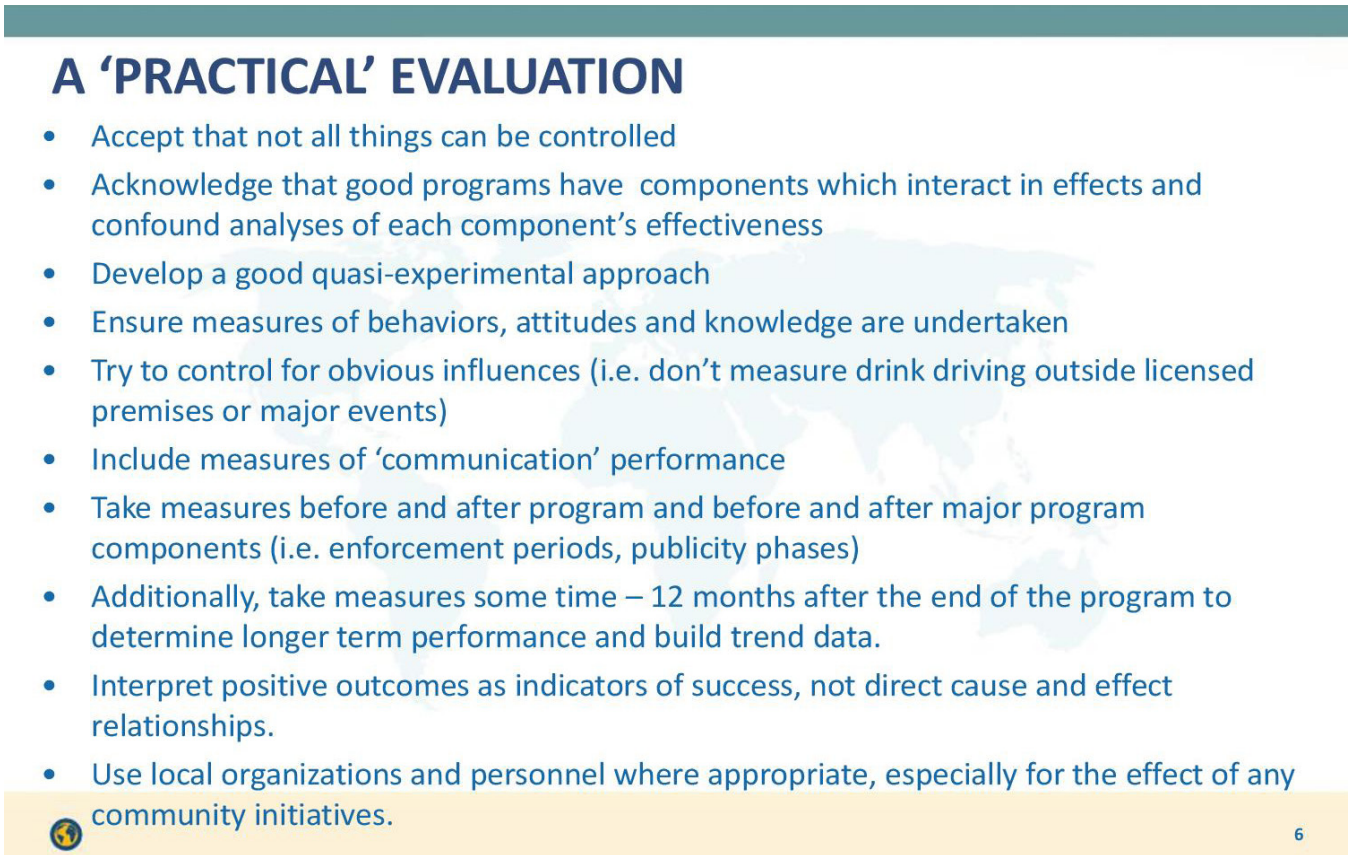
Program Monitoring

As a program proceeds it is important to monitor progress with information from the field. The information likely to be available will be similar to that being collected for the summative evaluation; however, in the course of the program it will be incomplete.

For the purpose of monitoring, however, incomplete and partial information is sufficient. Fatality crash data is often available on a timely basis to monitor progress overall. Enforcement data is also available reasonably readily and can give clues about the level of activity, major locations, and proportion of positive BAC readings encountered during RBT operations. This can quite quickly give an indication of whether the deterrence effect is working.

Information on the response to publicity is likely to be more subjective at this stage, but this can be helpful for assessing any need to vary publicity quantities or locations where extra effort may be required. A good form of immediate feedback can be provided through monitoring media and public relations activity. Talk back radio is a big factor in some societies; in others, village discussions and newspaper commentary may be more significant.

MODULE 7: MONITORING AND EVALUATION



Practical Evaluation

In road safety, it is often difficult to withhold the treatment from one group, good control groups can be difficult to establish, and because program components all operate together it is very difficult to identify the effectiveness of individual components. Evaluation designs need to take account of these realities.

An evaluation should ensure all key objective measurements are undertaken both before and after the program operation, and during key elements of the program. It should seek sample sizes that can provide some confidence in the resulting outcomes. It is important to understand the outcomes of such an evaluation will be correlations, and so should be identified as indicators of success rather than iron clad "cause and effect" outcomes.

MODULE 7: MONITORING AND EVALUATION

Application Task

Participants will be provided with a proposed drink driving monitoring and evaluation design suitable for their country/city/jurisdiction. The design will be prepared before the workshop by a local researcher, or group of researchers, as input into the workshop.

In small groups, they will be required to respond to a prepared question sheet addressing the issues raised in the presentation as they apply to the prepared evaluation design.

Application Reporting

Each group leader will present the group view in response to the question sheet. A whiteboard summary of each group response will be provided by the facilitator during the group reporting.

Resource Book Reference

Section 4 Pp 121–133

MODULE 7: MONITORING AND EVALUATION

Module 7 – Application Task Question Sheet

Read the details of the evaluation design provided and presented, then respond to each of the following questions.

1. Is this design for a formative or summative evaluation?

2. Is data planned to be collected on all of the program stated objectives? If not, which ones are missing?

3. Is there a control group proposed for the evaluation? Discuss the range of items proposed to be included as a basis for control. Do you agree with all of them? Are there others that you think should be included?

4. Make two lists headed “Qualitative” and “Quantitative,” then include each of the variables of data proposed to be collected under one of the two headings

Qualitative	Quantitative

5. Has the design outlined the sample sizes to be used for data collection?

6. Is there information on the expected confidence in results which can be generated from the sample sizes proposed?

MODULE 7: MONITORING AND EVALUATION

Module 7 – Application Task Question Sheet (continued)

7. Please identify which behaviors are to be assessed, what knowledge is expected to be passed on, and what attitudes of the target group will be measured. List these below in one of three columns.

Behavior	Knowledge	Attitudes

8. Outline any of the variables – behavior, knowledge, attitudes – that will be collected by more than one data collection method.

9. Has the evaluation included data collection before the program operates?

10. Consider the timing for each period of data collection and list social events, sporting events, or other activities that may influence the collection of data. Describe the likely influence.

11. Are there any collection methods for data proposed that might skew or corrupt the information as a result of the method employed?

12. Would your group support an evaluation of this type for a drink drive program?

BIBLIOGRAPHY

Anderson P & Baumberg B, Alcohol and Public Health in Europe, Institute of Alcohol Studies, UK, 2007

Austroads, Guide to Traffic Engineering Practice Series, Part 4, Treatment of Crash Locations, Canberra, Australia, 2004

Bjerre B, Kostela J, Primary prevention of drink driving by the large-scale use of alcolocks in commercial vehicles, Accident Analysis and Prevention Vol 40, No 4, 2008,

Borkenstein, RF et. al The Role of the Drinking Driver in Traffic Accidents, Bloomington, IN, Department of Police Administration, Indiana University, 1964

Crompton RP et al. Crash risk of alcohol-impaired driving. In: Mayhew DR, Dussault C, eds.

Proceedings of the 16th International Conference on Alcohol, Drugs and Trafc Safety, Montreal, Société de l'assurance automobile du Québec, 2002:

Ditter S.M, et. al, Effectiveness of designated driver programs for reducing alcohol-impaired driving: a systematic review [Taskforce on Community Preventive Services] American Journal of Preventive Medicine Vol 28, No 5, Supp 1, 2005,

Drinking and Driving: a road safety manual for decision-makers and practitioners, Geneva, Global Road Safety Partnership, 2007

Elliott, B, Effective road safety campaigns: A practical handbook, Federal Office of Road Safety, Report CR80, Australia, 1989

Elliott and Shanahan Research, Road Safety Mass Media Campaigns: A Meta Analysis, Consultant Report No. 118, Federal Office of Road Safety, Australia, 1993

Fell JC; Fisher DA; Voas RB; Blackman K; Tippetts AS The impact of underage drinking laws on alcohol-related fatal crashes of young drivers, Alcoholism: Clinical and Experimental Research , Vol 33, No 7, 2009,

Hendstridge J, et.al., The Long term effects of Random Breath Testing in four Australian states: A time series analysis, Federal Office of Road Safety, Consultant Report 162, 1997

Holder H D, Community prevention of alcohol problems, Addictive Behaviors Vol 25, No 6, 2000,

Homel, R Policing the Drink Driver: Random Breath Testing and the process of deterrence, Report CR 42, Federal Office of Road Safety, Australia, 1986

ICADTS Working Group on Alcohol Ignition Interlocks, Alcohol Interlock Devices Position Paper, International Council on alcohol, Drugs and Traffic Safety, 2001

Lang J.E. et.al, The efficacy of experimental interventions designed to reduce drinking among designated drivers, Journal of Studies on Alcohol Vol 67, No 2, 2006,

Larsson, M. et. al, Flexible barrier systems along high-speed roads: a lifesaving opportunity, Monash University Accident Research Centre, Australia, 2003

Lund A.K et.al., High school driver education: further evaluation of the DeKalb County study, Accident Analysis and Prevention, August, 1986

McCartt AT; Hellinga LA; Kirley BB, "The effects of minimum legal drinking age 21 laws on alcohol-related driving in the United States," Journal of Safety Research, Vol 41, No 2, 2010

McLean, S., Wood, L. & Davidson, J. (1991), Risk Factors for Drink Driving, Paper presented at "Window of Opportunity": First National Congress, Drug and Alcohol Services Council, South Australia

Nichols JL, Ross HL, The effectiveness of legal sanctions in dealing with drinking drivers, Alcohol Drugs and Driving, Vol 6, No 2, 1990,

Prabhakar, T et.al, Factors involved in the long-term benefits of Random Breath Testing in NSW, Department of Psychology, University of Sydney, Australia, 2006

BIBLIOGRAPHY

Peden M et.al, eds World report on road traffic injury prevention, Geneva, World Health Organization, 2004.

Ryan A, et al Repeat Drink Drivers in Western Australia 198401994, Report CR 168, Federal Office of Road Safety, Australia, 1996

Sanson Fisher R, et al., Drink driver rehabilitation programs – an Australian perspective, Alcohol Drugs and Driving Vol 6, No 3–4, 1990,

Sheehan M, Alcohol Social Controls and Drink Driving, Federal Office of Road Safety, Australia, 1994,

Stoil, M.J, Evaluation of impaired-driver programmes in Australia, Alcohol Health and Research World, Vol 11, No 4, 1987,

Tay, R, Exploring the effects of a road safety advertising campaign on the perceptions and intentions of the target and nontarget audiences to drink and drive, Traffic Injury Prevention, Vol 3, No 3, 2002,

Vingilis, ER, et al, Effects of sentence severity on drinking driving offenders Alcohol Drugs and Driving Vol 6, No 3–4, 1990,

Warpenius K, et al, Effects of a community intervention to reduce the serving of alcohol to intoxicated patrons, Addiction, March 2010

Toolkit

IARD Toolkits provide an overview of key topics, including approaches to developing and implementing alcohol interventions, policies, and situation assessments. While the *Toolkits* provide a comprehensive overview we recommend they be used in conjunction with IARD's other, more comprehensive resources, including *IARD Policy Reviews*.

© International Alliance for Responsible Drinking (IARD) 2015

IARD is a not-for-profit organization dedicated to addressing the global public health issue of harmful drinking. Our mission is to contribute to the reduction of harmful drinking and promote responsible drinking worldwide. This is a problem that requires new insights, urgent action, and open dialogue. Central to IARD's work is our role as Secretariat of the Beer, Wine and Spirits Producers' Commitments to Reduce Harmful Drinking.

IARD
INTERNATIONAL ALLIANCE FOR RESPONSIBLE DRINKING
action on alcohol and global health

The International Alliance for Responsible Drinking (IARD)
The Jefferson Building
1225 19th Street NW, Suite 500
Washington, DC 20036

Phone: 1.202.986.1159
Fax: 1.202.986.2080
Email: info@iard.org
Web: www.iard.org