

UNIVERSITY OF SOUTHAMPTON

THE COURSE FOR ALCOHOL IMPAIRED DRIVERS:
DEVELOPMENT AND OUTCOMES

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ABSTRACT
FACULTY OF SOCIAL SCIENCES
SOCIOLOGY AND SOCIAL POLICY
Master of Philosophy
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The Course for Alcohol Impaired Drivers was established in 1983 as an alternative sentencing option available to some Hampshire Courts in dealing with drink drive offenders. Run by the Probation Service, this course is essentially one of alcohol education which incorporates the subject of impaired driving.

This study describes how the course evolved from a programme based on the simple dissemination of factual information, to one which emphasised participant involvement and the development of decision-making skills. It also examines the characteristics of those who attended the course, together with its outcomes, in so far as these could be determined.

The principle findings of this study are two-fold. First, it was apparent that course members differed from the wider population of drink drive offenders in that their offending behaviour was relatively more serious. It would seem, therefore, that in sentencing offenders Magistrates were selective in those they referred to the Course for Alcohol Impaired Drivers. The second finding related to the ability of the course to effect change in individuals. Although it was evident that this educational initiative could increase participants' knowledge of alcohol and was, in many instances, instrumental in changing attitudes towards drinking and driving, it appeared to have little impact upon individuals' behaviour. In terms of both drinking and alcohol impaired driving, the conduct of members subsequent to course completion did not indicate long term behavioural change.

Whilst the results of this study are not conclusive, they clearly suggest that the effectiveness of the Course for Alcohol Impaired Drivers is somewhat limited.

ACKNOWLEDGEMENTS

In acknowledging the many individuals who have contributed to the present study, I would firstly like to thank my supervisor, Professor John Martin, for his guidance and advise throughout. My thanks must also extend to Hampshire Probation Service, without whose valued support and co-operation this study would not have been possible. In particular, I would like to thank; those Probation Officers who ran the Courses for Alcohol Impaired Drivers and kindly allowed me to observe them; the members of the Research and Information Unit for providing valuable statistical information and advise; and the many secretaries whose help in general was greatly appreciated. I am also grateful to Hampshire Probation Service for allowing me to reproduce parts of the course manual for inclusion in the appendices.

I would like to thank John Cook, who established the Course for Alcohol Impaired Drivers, and Terri Lawrence, who was involved in its development, for their time in explaining how the course evolved. For direction and assistance in statistical analyses, I would like to acknowledge the contribution of Philip Cooper and Sue High from the University Department of Social Statistics. I am also indebted to the Alcohol Education and Research Council for financial assistance in providing a grant for the research, and to Marguerite Rayner for proof reading the final draft of this thesis.

Finally, I am most grateful to the many course members who consented to my participation on the Course for Alcohol Impaired Drivers, and thereby made a valuable contribution to this study. In particular, I would like to thank those who kindly agreed to be interviewed and who gave me both their confidence and hospitality.

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INTRODUCTION

The original intention of this thesis was to evaluate the Course for Alcohol Impaired Drivers and, more specifically, to determine whether this alternative sentencing option could be effective in preventing drink drivers from reoffending. However, due to problems which were primarily associated with obtaining reconviction data and contacting ex-course members, the initial objective of this study has had to be modified. It has, therefore, become more of a study of innovation in penal treatment rather than an exhaustive evaluation.

The following chapters examine the Course for Alcohol Impaired Drivers within the context of issues relating to both drinking in general, and to drinking and driving.

ALCOHOL

The primary aim of this chapter is to describe the short and long term effects of alcohol as a drug and to discuss some of the main factors which influence alcohol consumption. The relevance of these subjects to the present study is two-fold. First, it is obviously essential to establish the immediate physical effects of alcohol once it enters the body and thus, why drinking and driving is problematic. Second, as will become clear in later chapters, many convicted drink drivers also experience other longer term problems associated with their drinking behaviour. It is, therefore, important to understand the factors affecting alcohol consumption and the more serious consequences of alcohol abuse.

Alcohol is not only the most widely used drug in Britain today, but also the most socially acceptable. Like most other drugs, it is primarily valued for its ability to alter mood and essentially for the feeling of well being that it creates. Indeed, it is this aspect of alcohol that accounts for its perceived importance as a necessary part of most social occasions.

Whilst most people enjoy alcohol in moderation and do not experience the deleterious effects of long term abuse, alcohol misuse has increasingly become a serious public health problem. This is demonstrated by the growing incidence of alcohol-related illnesses (Royal College of Physicians, 1987) which has been associated with rising levels of alcohol consumption.

"Available data... point to positive associations between... consumption levels of populations and mortality and incidence rates for a range of alcohol-related diseases."

(Royal College of Physicians, 1987, p.25)

Given this direct correlation, any explanation of the increasing levels of alcohol-related illnesses must examine overall consumption trends.

Since 1950 there has been an increase of approximately 50% in worldwide alcohol consumption (Tether and Robinson, 1986, p.3). Three main features characterise this development. First, it is in those countries where previously alcohol consumption was lowest that it has registered the greatest growth. In addition to this, variations in consumption patterns between countries have narrowed so that, for example, in predominantly beer drinking countries there has been an increase in wine and spirit consumption. Finally, within countries, levels of alcohol consumption have increased the most amongst women and young people, who were previously the lowest consumers.

These international trends apply equally to the United Kingdom where alcohol consumption has doubled during the latter half of this century (Tether and Robinson, 1986, p.4). In 1989 approximately £35 million per day was spent on alcohol (Robertson, 1989, p.45). This increase in consumption has been paralleled by a progressive rise in deaths from cirrhosis of the liver (Royal College of Physicians, 1987, p.25); the most widely recognised indicator of alcohol-related illnesses.

1.1 Factors Affecting Alcohol Consumption

A primary influence in determining consumption levels is the price of alcohol. This was identified by the Royal College of Physicians as,

"The most effective way in which Government can change consumption..."

(Royal College of Physicians, 1987, p.109)

Alcohol prices have remained consistently low against the retail price index and as such, drinking has become less

expensive in real terms. The relative price of alcohol in 1989 was half of that in 1959 (Robertson, 1989, p.48). In this context, current proposals to harmonise alcohol taxes within the European Community in 1992 will have serious implications for alcohol consumption levels in Britain and, therefore, for health in general. It has been estimated that overall consumption will increase by between 10% and 23% (The Independent, 11 Sept., 1990).

Although advertising is of central importance to the sale of alcohol, its possible effects on consumption levels remain unclear. The drink industry claims that advertising merely ensures brand loyalty, or encourages brand switching, without influencing total consumption levels. However, in view of the images portrayed in advertising, associating alcohol with romance, success, status and power, it would seem unrealistic to suggest that consumption levels remain unaffected. The possible influence of advertising on young people was recognised by the Royal College of Physicians in a recommendation to the Government, which stated,

"More stringent rules for alcohol advertising should be formulated to protect the young who are particularly vulnerable."

(Royal College of Physicians, 1987, p.110)

It is also important to examine the possible affects of licensing laws in terms of alcohol consumption. This attracted substantial attention in the period preceding the passing of the Licensing Act 1988, which amended the licensing hours permitted by the 1964 Act. The 1988 Act was described by the Government as a measure designed to,

"... bring the licensing laws into line with current social expectations, ..."

(Licensing Act, 1988, c.17 - General Note)

In effect it liberalised existing licensing laws to allow public houses to extend their opening hours on weekdays and

Sundays. (Public houses are now permitted to remain open on weekdays from 11am to 11pm. The Sunday afternoon licensing hours have been extended to 3pm).

Medical professionals advised against this measure, claiming that the increase in outlets engaged in the sale of alcohol had already contributed to rising consumption levels (Royal College of Physicians, 1987). A survey in Birmingham has already reported a substantial increase in alcohol-related crime directly associated with this more liberal licensing law (Robertson, 1989).

There are a number of factors then, which influence alcohol consumption levels and thus the incidence of alcohol-related ill health. Those which have been addressed so far can be described as factors influential at a 'macro' level in so far as they affect the consumption patterns of total populations. It is important, however, to briefly examine the wide variety of social factors which operate at the 'micro' level and are, as such, essential in explaining the drinking behaviour of different social groups.

Age, for example, has been widely recognised as an important determinant of both levels of alcohol consumption and the incidence of problem drinking. Research has indicated that young people, particularly those in the 18 to 24 years age group, are more likely to drink above the sensible limits recommended by the Health Education Authority (1989); up to 21 units per week for men and 14 units per week for women, (Goddard and Ikin, 1988; Wilson, 1980). Young people also tend to experience problems associated with drunkenness (Wilson, 1980). Levels of alcohol consumption, however, tend to decline significantly between the ages of 25 to 35 years and thereafter (Wilson, 1980).

Differences between men and women in relation to drinking behaviour are also apparent (Snyder and Lader, 1985; Plant, 1979). Not only do men tend to drink more than women and experience more alcohol-related problems (Goddard and Ikin,

1988; Wilson, 1980), but their alcohol consumption is also more concentrated (Dight, 1976). Differences between the sexes also exist in terms of where drinking typically takes place; men are more likely to drink in bars and public houses (Wilson, 1980), and in attitudes towards alcohol; men have been found to have more ambivalent perceptions of drinking whereas women tend to be more disapproving (Dight, 1976).

Whilst differences in drinking behaviour between social classes are more ambiguous, it has been suggested that the middle classes are less public in their consumption of alcohol and more restrained in comparison with the lower social classes (Plant, 1975). Manual occupations, which are working class by nature, have been associated with a high incidence of heavy drinking (Dight, 19676). It is possible that these differences reflect variable 'orientations' between members of different social classes to their bodies. Bourdieu has suggested that the working class tend to develop an 'instrumental' orientation, perceiving the body as "... a means to an end..." (Shilling, 1991, p.10), whereas the dominant classes have the "... freedom to treat the body as an end in itself..." (Shilling, 1991, p.11). Differing orientations between the classes in this sense, may well be influential in determining health-related choices and as such, decisions relating to drinking behaviour.

Certain occupations have also been identified as high risk in terms of the incidence of problem drinking. The most notable are those associated with the drinks industry (Plant, 1979) and the construction industry (Wilson, 1980). Plant (1979), however, has questioned whether these occupations actually create problem drinkers or merely attract them.

It is apparent then, that a number of social factors may be influential in determining the drinking behaviour of different social groups. Whilst those detailed above are the most frequently cited, many other factors, such as religion, marital status, race and parental drinking behaviour have been recognised as important. On quite a different level, the

environment in which drinking takes place has been used by some to explain differential rates of alcohol consumption. The focus of attention has ranged from the size of drinking groups, and the ratio of males to females within them (Snyder and Lader, 1985), to physical surroundings (the drinking venue) and the nature (live or recorded) of musical entertainment (Snyder and Lader 1985; Helman, 1984; Wilson, 1980).

It is clear then, that no single factor can fully explain either overall patterns of alcohol consumption or the drinking behaviour of different social groups. Perhaps more important to the understanding of these issues, however, is not the influence of certain factors, or groups of factors, but the 'social meaning' of alcohol in our culture in general. In order to understand why people use and misuse alcohol, it is essential to explore the meanings associated with it.

Probably the most dominant social meaning associated with alcohol consumption is that of masculinity. The ability to 'drink deeply' and to 'hold one's ale' has long been recognised as both a sign and expression of male virility (Hey, 1986). It has also been suggested that men gain considerable status and prestige amongst their peers, not only for the ability to tolerate large quantities of alcohol (Dight, 1976), but also through experiencing problems relating to drinking, such as hangovers, aggression and drunkenness (Plant, 1979). Drinking as an overt demonstration of manhood has not only been observed in British culture, but also in those of the French (Helman, 1984), Irish (Bales, 1962) and Australians (Fisher et al, 1987), and undoubtedly in many others. In Irish Catholic culture, for example, collective drinking signals the acceptance of the individual as "... a man among men..." (Bales, 1962, p.184). Related to this notion of masculinity, is the perception of alcohol as an aphrodisiac (Hey, 1986) with the ability to enhance sexual performance and experience (Snyder and Lader, 1985). The association of alcohol consumption with masculinity, and indeed the inverse of this, that 'hard' drinking is not an appropriate way to

demonstrate one's femininity, must account in some part for the significant differences in drinking behaviour between the sexes.

Other social meanings associated with drinking are those of 'toughness' and 'sociability', as identified by Davies and Stacey (1972) in their study of Teenagers and Alcohol. In seeking to explain adolescent drinking behaviour, Davies and Stacey suggested that young people are motivated by a desire to appear both tough and sociable within their peer group and that drinking is an expression of this. The need for peer group standing and the affect of peer group pressure in these terms are important influences in teenage drinking.

The sociability element of drinking is not just apparent in adolescent drinking, but is probably the most common meaning attached to drinking in our culture. A frequent expectation is that alcohol will improve sociability (Snyder and Lader, 1985), and it is widely used for this specific purpose (Helman, 1984). In more intimate social relations, drinking has been identified as a symbol of 'male bonding', embedded in the Australian concept of 'mateship' (Fisher et al, 1987) and in Irish culture as a "... certification of the solidarity of 'friends' or kinship groups,..." (Bales, 1962, p.184).

Finally, it is important to address the notion that drinking symbolises maturity. The belief that "... alcohol confers 'maturity'..." (Davies and Stacey, 1972, p.xiv) has been identified as an important influence on drinking behaviour in general (Plant, 1979, 1975), but has been most successfully applied to adolescent drinking (Davies and Stacey, 1972). Hey (1986) has pointed out that Victorian working men celebrated their sons' maturity by making them publicly drunk.

A variety of highly valued social meanings are, therefore, attributed to drinking within our society. The equating of alcohol consumption with masculinity, toughness,

sociability and maturity, however, can only be obstructive to the pursuit of healthy living and is undoubtedly problematic for health educators. Dight (1976) has made the point that young men who acquire considerable prestige amongst their peers through heavy drinking are unlikely to be receptive to suggestions of moderation.

The physical and social problems that can result from alcohol misuse, and which are indicative of the harm that such positive social meanings of alcohol can engender, will be addressed more specifically in the latter half of this chapter. Initially, it is worth considering what happens to alcohol upon entering the body, and how it is subsequently eliminated.

1.2 Alcohol Absorption, Distribution and Elimination

Once consumed, alcohol is absorbed by the blood without the need to be broken down by the digestive process. It is then carried to every part of the body in the blood stream and is subsequently eliminated by means of oxidation or excretion.

The first stage of this process, absorption, occurs mainly by diffusion in the upper part of the small intestine, although a small amount is absorbed through the stomach wall. Due to the rapidity of this process the proportion of alcohol in the blood rises quickly to reach a maximum concentration when most of the alcohol has been absorbed. It is usual for this maximum value to be achieved between a period of thirty to ninety minutes after ingestion. A number of other factors, however, may be significant in determining this period.

The absorption process, for example, is slowed down considerably if the stomach is full. Several hours may elapse before the alcohol is absorbed, and as such, the peak blood alcohol concentration is considerably reduced. This lowering of blood alcohol concentration results from the dilution of alcohol by the stomach contents together with the obstructive

effect of food components which line the stomach wall and thus delay the transfer of alcohol to the small intestine. The rate of absorption is also dependent upon the volume of alcohol consumed, its nature and the degree of dilution. Generally, undiluted spirits are absorbed at a greater rate than less concentrated drinks such as wines, vermouths and beers. Furthermore, Goldberg (Drew et al, 1959) demonstrated that the presence of carbohydrates in drinks such as beer results in a relatively lower blood alcohol concentration when compared with the same quantity of alcohol diluted with water.

Once in the blood stream, the alcohol is transported around the body and becomes distributed throughout the body tissues in proportion to their water content. This primarily explains why women are, in general, more affected by alcohol than men. In women water content accounts for approximately 50% of body weight (Health Education Authority, 1989, p.6). For men, this figure is 10% higher, so that alcohol present in the body tissues is relatively more dilute. Thus, women experience higher blood alcohol concentrations even if other factors, such as, the quantity of alcohol consumed and total body weight are accounted for.

Whilst the absorption phase allows for a constant ratio to be maintained between the concentration of alcohol in the blood, and that in other body fluids and tissues, the distribution phase produces discrepancies in this equilibrium. The greatest concentrations of alcohol are found in those tissues possessing a high water content. As the brain is high in water content, alcohol begins to effect the central nervous system within minutes of consumption.

Once peak blood alcohol concentration has been attained, the alcohol level in the body will begin slowly to decline in a fairly constant fashion (that is, assuming that no further alcohol is consumed). The alcohol content of the various body tissues will decrease in proportion to each other so that a 'dynamic equilibrium' is maintained. Elimination of alcohol from the body is achieved through two main processes. The

first, liver metabolism, accounts for approximately ninety per cent of alcohol elimination. The rate of metabolism depends on individual body characteristics, but on average will occur at a steady rate eliminating one unit of alcohol every one to one and a half hours. The second process of elimination is physical, whereby alcohol leaves the body through urine, perspiration, saliva and breath. Alcohol expelled in this way accounts for approximately ten per cent of all alcohol ingested.

It is evident then, that alcohol absorption, distribution and elimination are not uniform processes which occur in different individuals identically. There are many factors which will influence these processes and thus blood alcohol concentration. The implication for those who combine drinking and driving is clear; no accurate assessment can be made as to the degree of impairment due to alcohol by simple calculation. Whilst a certain amount of alcohol consumption may render one person within the legal limit, it may well cause another to exceed it. Furthermore, a similar amount of alcohol consumed by the same person on two separate occasions may result in significantly differing blood alcohol concentrations, and as such, levels of impairment.

1.3 The Short Term Effects of Alcohol Consumption

Once inside the body, alcohol produces feelings of warmth and relaxation, relief from anxiety and stress, and a general sense of well being. Alcohol affects the body in a multitude of ways but in general it can be described as a depressant. It is worth noting that this runs contrary to popular perceptions of alcohol which tend to categorize it as a stimulant. Through changing the structure of cell walls, alcohol impairs the transmission of nerve signals and gradually anaesthetizes the body.

As stated earlier the brain, due to it's high water content, is the organ most effected by alcohol. The effect of

this drug is to make the brain less efficient; taking longer to receive messages and to process information. The influence of alcohol on the brain increases as blood alcohol concentration rises. The first consistent changes in mood and behaviour occur at levels well below the legal driving limit, when the familiar feelings of relaxation, loss of inhibitions etc. may be experienced (Royal College of Psychiatrists, 1986, p.45). Reasoning, inhibition and memory are the first mental processes to become impaired by alcohol consumption. As more alcohol is absorbed speech, hearing and sight become affected and then muscular co-ordination. If a high enough blood alcohol concentration is attained, then the individual will lose consciousness. In the extreme, the ultimate result can be death.

One of the most obvious physical deficiencies which alcohol consumption produces is the impairment of vision. Scientific experiments have proven that vision is adversely affected by even small quantities of alcohol. The ability to see distant objects may be reduced considerably and night vision can be effected by as much as twenty-five percent (Rutherford, 1988, p.18). What is perhaps more serious for motorists however, is the reduced ability to perceive objects on the outskirts of the normal field of vision. This loss of peripheral vision, commonly referred to as 'tunnel vision', can undoubtedly lead to serious consequences. Furthermore, normal ability to adjust from close to distant vision efficiently, and to rapid changes in the degree of light are impaired, resulting in blurred, or in the extreme, double vision.

The effect of alcohol upon muscle control is a further area for concern when considered in relation to essential driving skills. A number of experiments which have measured; walking ability, arm steadiness, hand writing and speech, before and after the consumption of alcohol all report a lower standard of performance following alcohol intake (Rutherford, 1988, p.19). The ability to co-ordinate effectively is a basic skill necessary to drive a motor vehicle competently and one

which is substantially impaired by alcohol consumption. Reflex and reaction times represent yet another area of significantly reduced performance due to alcohol. The anaesthetizing effects of alcohol render the responses of an intoxicated individual slower and thus place him in a position of disadvantage, particularly in an emergency situation.

Whilst these physical effects of alcohol have obvious implications for the likelihood of accident when considered in relation to driving, equally important are the mental changes which alcohol effects. In general, mental abilities, such as concentration and accurate judgement are relatively impaired by alcohol. The intoxicated motorist invariably has greater confidence in his/her driving ability whilst simultaneously reducing the attentiveness necessary to ensure safety. Similarly, alcohol can effect personality change. Often patience is superseded by irritability and lack of consideration to other road users.

If the combined mental and physical effects of alcohol consumption on motorists are considered the implications for road safety are enormous. The seriousness of alcohol impaired driving is reflected on examination of accident figures directly related to this offence.

"... between 70 and 80 per cent of all collisions with roadside obstacles involve drinking drivers."

(Johnson, 1984, p.232)

More serious however, are the figures relating to traffic fatalities where alcohol is a factor,

"About a third of deaths in road traffic accidents are associated with alcohol, i.e. about 1700 deaths a year."

(Royal College of Physicians, 1987, p.10)

1.4 The Long Term Effects of Alcohol Abuse

Having discussed the immediate physical and mental effects of alcohol, it is now important to consider the longer term consequences that abuse of this drug can cause. The influence of alcohol from this perspective is not only restricted to adverse physical effects but is also associated with problems of a psychological nature.

The possible long term physical harm that alcohol abuse can cause is extensive. This applies to both the number of alcohol-related illnesses and to their relative seriousness. The extent of possible damage is clearly apparent when considered in relation to the fact that alcohol is a toxin and is distributed throughout the body; it therefore effects every organ. In more general terms, long term alcohol abuse invariably leads to a significant deterioration of health. Individuals who consume an excess of alcohol may, for example, neglect their diet thus leading to nutritional deficiencies. Although alcohol is typically high in calories, it lacks the nutritional value essential to a balanced diet. Those who misuse alcohol are often susceptible to bacteria and infection resulting from general body fatigue.

Illnesses associated with the stomach are common complaints related to alcohol abuse. Acute gastritis, for example, is inflammation of the stomach lining aggravated by alcohol, and is thought to account for the morning vomiting and nausea frequently experienced by drinkers. In addition to this, alcohol increases the reflux of stomach contents into the oesophagus. This can generate ulceration at the boundary between the stomach and the gullet, and considerably increases the possibility of developing cancer of the oesophagus.

The most common illnesses associated with excessive drinking are those associated with the liver; continuous alcohol abuse can lead to a number of liver injuries ranging from a fatty liver to alcoholic hepatitis (inflammation of the organ), and finally to cirrhosis (shrinking and scarring of

the liver tissue). Chronic liver disease, together with cirrhosis of the liver, accounted for 2,280 deaths in 1984 alone (Royal College of Psychiatrists, 1986, p.95). Unlike many other organs the liver is able to repair itself. Whilst its reparatory ability is not absolute, it is able to replace a high proportion of damaged tissue providing subsequent alcohol intake is minimal. If high levels of alcohol consumption are maintained however, the consequences can be fatal.

Whilst the alcohol-related illnesses mentioned above are those most commonly experienced by drinkers, they are by no means representative of the variety and nature of health problems associated with long term alcohol abuse; these include cancer of the mouth, larynx, breasts and colon; brain damage, strokes, pancreatitis, gout, infertility and foetal abnormality. Most of these physical disorders however, are not commonly associated with alcohol consumption. This applies even within the medical profession where General Practitioners and hospital doctors,

"... often fail to recognise the contribution made by alcohol to their patients' problems."

(Royal College of Physicians, 1987, p.11)

In concluding this section on the longer term consequences of alcohol misuse, it is important to consider the psychological damage caused by alcohol. Ironically, alcohol, in its capacity as a mood altering drug, is often taken to relieve psychological distress, and in the very short term it may fulfil this purpose. However, alcohol taken regularly and in excess frequently generates a depressive state of mental distress. This symptom of alcohol dependence is often misinterpreted by medical practitioners as anxiety or depression, and thus prescribed drugs may only aggravate the problem. This primarily explains the high suicide rate associated with those who abuse alcohol, which has been reported to be 58 times that of the general population (Royal College of Physicians, 1987, p. 88).

Alcohol Dependence

Whilst the concept of 'alcohol dependence' suggests abuse of this drug in the extreme, it is important to consider the meaning of the term and what it indicates for the individual to whom it applies. It is worth mentioning that many of the symptoms which, combined, constitute what is commonly referred to as dependence, may be individually experienced by a much wider population who would not consider their use of alcohol as deviant in any way. Dependence, as defined by the World Health Organisation (WHO) in 1965 constitutes,

"A state, psychological and sometimes also physical resulting from the interaction between a living organism and a drug, characterised by behavioural and other responses that always include a compulsion to take the drug on a continuous or periodic basis in order to experience its psychological effects, and sometimes to avoid the discomfort of its absence. Tolerance may or may not be present."

(Royal College of Psychiatrists, 1986, p.52)

The World Health Organisation have thus made a distinction between psychological dependence, which constitutes the psychological need to regularly use a drug, and physical dependence, whereby the body requires the drug in order to function normally without discomfort. The fact that alcohol use in the main does not imply dependence (it has a relatively low dependence potential), has encouraged the view that it is not a drug of dependence. Although in general dependence on alcohol requires moderate to heavy drinking over a substantial period of time, given the centrality of this drug in contemporary society, this level of consumption is not difficult to achieve. The process of dependence originates in certain biological changes which occur in the nervous system and which counter the ability of alcohol to depress the activities of the brain. Initially this results in increased tolerance which precedes the development of withdrawal symptoms and thus dependence.

Alcohol dependence as a problem however, has not always been recognised. Until 1950 when the WHO urged governments to consider it as such, Britain had failed to adequately address what has now become a major public health issue. In recent years increasing attention has been paid to the problems which alcohol abuse can cause and concern is becoming more widespread. This is not to say, however, that alcohol abuse and dependence is receiving 'sufficient' attention when considered in relation to the size of the problem. It has been estimated that there are at least 300,000 people in England suffering from alcohol dependence today and there are a great many more experiencing alcohol-related problems (approximately between 1% and 5% of the population) (Royal College of Psychiatrists, 1986, p. 3). Recent research has indicated that of the male admissions to medical wards, 20% are associated with alcohol misuse (Health Education Authority, 1989, p.8).

Despite increasing official and public recognition of the extent of alcohol abuse, popular perceptions of the alcohol dependent are still misplaced. Alcohol dependency tends to be equated with a minority who abuse alcohol to the extent of being grossly damaged and clearly visible in their dependence. This preoccupation with the 'Alcoholic' has encouraged the notion that there are essentially two populations of drinkers; the minority for whom it is a problem, and the vast majority who drink safely and sensibly in moderation. In reality however, the direct relationship between overall levels of consumption and alcohol-related illnesses suggest that there is only one population. There are a great number of people whose drinking would not be considered by themselves, or others, as in any way abnormal, and yet who experience problems relating to alcohol. Furthermore, individuals do not need to be dependent on alcohol in order to experience the harmful effects of this drug.

1.5 Social Problems Related to Alcohol Abuse

The problems of alcohol misuse documented so far have primarily concentrated on the variety of medical problems that long term abuse can cause. Alcohol consumption as a social problem however, is in many ways equally as problematic and diverse.

In terms of physical damage associated with alcohol consumption, accidents are the most significant in numerical terms. The serious implications of drinking in association with driving have been discussed earlier. The incidence of death and injury in this category represents the greatest numbers of physical damage caused in the accident group (Denny, 1986). Less obvious alcohol-related accidents however, still remain significant. The role of alcohol in the incidence of industrial accidents, for example, is an area in which there has been little research, and yet that which has been undertaken suggests a strong association. Argyropoulos-Grisanos and Hawkins in their examination of the effect of alcohol on the performance of a simple industrial task reported that,

"The degree of hazard that subjects incurred increased markedly and significantly... at (blood) alcohol concentrations as low as 30-35mg/100ml."

(Argyropoulos-Grisanos, Hawkins, undated ,p.49-50)

More recently, in a report produced by the Department of Trade and Industry, alcohol consumption was reported to be a factor in 43% of deaths from falls and in 39% of deaths caused by fire (Royal College of Psychiatrists, 1986, p.99). Furthermore, alcohol has been implicated in a significant proportion of domestic accidents and has been reported to be a factor in 26% of fatalities in this area (Royal College of Physicians, 1987, p. 88)

The majority of alcohol problems are still contained within the home. This is particularly evident on examination

of divorce statistics related to alcohol.

"One third of divorce petitions cite alcohol as a contributory factor."

(Royal College of Physicians, 1987, p.12)

In addition to this, alcohol has been associated with 67% of wife battering cases (Collins, 1981, p. 272). Individual social costs related to the family in these terms can, therefore, be very high.

Crime is yet another area where alcohol has proven to be a significant influence. The Royal College of Psychiatrists (1986) has suggested that,

"... without the problems of excessive drinking the courts would suddenly be under employed and the prisons remarkably uncrowded." (p.4)

This statement certainly appears to have some validity when it is considered that some studies have shown that up to 80% of recidivist offenders are alcohol dependent (Royal College of Psychiatrists, 1986; Hauge, 1984). A number of different studies in England and Scotland have suggested that one half to two thirds of male prisoners and 15% of women prisoners , most of which are petty recidivists, suffer from serious drinking problems (Royal College of Psychiatrists, 1986, p.77).

Perhaps the most common crimes associated with this drug are those of violence. Intoxication in certain individuals appears to increase the possibility of sudden and complete loss of control. This element of the effects of alcohol has been identified as an underlying factor in the incidence of football hooliganism. The report of a working group on football crowd behaviour stated,

"... that a strong relationship exists between alcohol and violence... a good deal of the disturbances

associated with football is due to the amount of alcohol consumed before, during and after matches. We are in no doubt that drink is a major contributory factor leading up to such behaviour."

(McElhone, 1977, p.5)

This report was of primary influence in the ban on the possession and consumption of alcohol at football matches in Scotland. The Criminal Justice (Scotland) Act of 1980, which legalised this ban, was implemented specifically to curb violence associated with alcohol.

Finally, it is worth considering the financial cost to society of alcohol abuse. The calculation of this figure however, is complex as it encompasses such a wide variety of costs. Medical treatment, for example, is an obvious expense, but other costs, such as those to industry in days lost from work and accidents caused by intoxication must also be accounted for. Related to the above expenses are those of welfare and sickness benefits. In addition, the legal system spends enormous amounts in processing prosecutions for alcohol-related offences every year. To this latter cost must be added those associated with the possible detention of individuals in custody following sentence and those of the Probation Service in supervising clients whose offending is alcohol-related.

"Economists have estimated that in 1983 the social costs related to alcohol misuse in the United Kingdom were £1,614 millions".

(Royal College of Psychiatrists, 1986, p.4)

Conclusion

The costs to society resulting from alcohol misuse, in terms of alcohol-related illnesses, social problems, and the financial costs related to these are, therefore, enormous. In this context, Western Societies particularly, which not only

tolerate, but actively promote alcohol consumption, appear somewhat irrational.

In seeking to explain Britain's tolerance to alcohol, it is important to examine what sectors of our society actually benefit from its availability. In economic terms, it is clear that those involved in the production, marketing, advertising and retailing of alcohol have substantial interests vested in this drug. It has been estimated that these sections of the British economy generate 125,000 jobs, and contribute £500 million to the balance of payments annually (Robertson, 1989). In addition to this, it is essential to take account of Government interests in terms of the considerable revenue accrued via taxation on alcoholic beverages. It has been estimated that this amounts to over £7 billion every year (Rutherford, 1988, p.8).

It is obvious then, that in economic terms, the sale of alcohol is advantageous to some parts of the economy and to the Government. From this perspective, the tolerance with which society views alcohol is more understandable. Moderate alcohol consumption is regarded as a legitimate social activity and is even actively encouraged by some.

Once the limits of 'moderate' consumption have been infringed however, the individual drinker becomes 'deviant'. Regarded as a threat to social norms, he/she is labelled as 'alcoholic' and thus isolated. Western cultures would therefore appear to promote a set of double standards in relation to alcohol consumption; confined within approved limits it is regarded as acceptable and even encouraged, yet once these limits have been infringed the same behaviour is viewed as deviant.

As mentioned earlier, the harmful effects of alcohol are commonly thought to be experienced solely by this small minority of deviant drinkers. Such beliefs are invariably due to ignorance, not only concerning the ill effects of alcohol, but, more importantly, about alcohol in general. It is ironic

that given the centrality of this drug in British society, no standard or universal form of alcohol education exists. The need for education in this area has been recognised by the Royal College of Physicians, who state,

"All levels of society need to develop a better understanding of the dangers of alcohol. This will require improved school education..."

(Royal College of Physicians, 1986, p.108)

The introduction of a National Curriculum for schools offered a unique opportunity to provide basic education in this area, and yet failed to recognise its importance. Whilst the Curriculum identifies Cross Curricular Themes, under which alcohol education could be subsumed, it is not a legal requirement and is therefore left to the discretion of individual educational establishments. Although most schools do offer some form of alcohol education, they differ considerably in the time which they allocate to it (Hudson and Jeremy, 1985).

In conclusion, it is apparent that the problems of alcohol abuse can be tackled to varying degrees by centralised measures, such as tax increases and restrictions on advertising and licensing hours. Such interventions could undoubtedly reduce consumption levels significantly, and thus the incidence of alcohol-related ill health and social problems. Equally desirable however, would be some form of basic national alcohol education at the school level, which would allow individuals to make more informed choices concerning their drinking behaviour. In so far as the issue of alcohol education in general has been addressed, it is discussed in the following chapter.

A primary aim of this study is to describe the development of the Course for Alcohol Impaired Drivers. Given that this programme is essentially one of alcohol education, it is important to view it within the context of this subject as a whole. Through describing the main approaches to alcohol education in general and how methods of teaching have progressed in recent years, a better understanding will be gained of why the Course for Alcohol Impaired Drivers evolved in the way it did. Whilst this chapter is confined to discussing alcohol education on a very broad level, Chapter Five describes the Course for Alcohol Impaired Drivers and its development in detail.

Within the field of alcohol education there is considerable disagreement as to the causes of alcohol-related problems and of the most appropriate way in which education can contribute to their resolution. Whilst there is a general consensus that education has an important role to play in the prevention of alcohol abuse, this does not necessarily extend to a common perception of what alcohol education should be designed to achieve. Definitions of alcohol education vary according to the specific objectives of particular programmes. A fairly broad definition, however, has been formulated by Partanen:

"Alcohol education involves the dissemination of information about alcohol and its effects, but is also an effort to influence peoples' attitudes and behaviour as well as public opinion and policy".

(Partanen, 1985, p.27)

In addressing the subject of alcohol education, the following sections describe how it has emerged as a central strategy in the response to the problems associated with alcohol consumption. Essentially, a shift in emphasis from the

treatment to the prevention of problems will be made evident. In addition to this, it will become clear that the actual methods of teaching employed by alcohol educators have changed significantly in recent years. This change, which is most clearly apparent at the level of school education, has been characterised by a declining emphasis on the provision of factual information and an increasing awareness of the need to provide individuals with decision-making skills.

Until the early 1970's the problems of alcohol abuse were largely perceived in terms of a 'medical model' (Budd et al, 1983), which located the causes of 'alcoholism' in the, "... biochemistry and personality of individual drinkers" (Shaw et al, 1978, p.81). In accordance with this view, the most appropriate response was considered to be that of treatment at the individual level. During the 1960's and '70's, however, there was a growing awareness that the problems related to alcohol misuse were experienced by a much wider population of drinkers. During this period the concept of 'alcoholism' became redefined in terms of 'problem drinking' with social and environmental causes rather than medical and biological ones (Budd et al, 1983). Critics of the medical model argued that it functioned to confine attention and concern to a minority of highly visible problem drinkers, and essentially to the level of the 'individual' (Beauchamp, 1980).

Changes in perspective concerning alcohol-related problems also challenged the rationale of 'treatment'.

"... as ideas about the nature and extent of drinking problems had changed, so had ideas about the required response".

(Shaw et al, 1978, p.241)

Recognition that existing treatment units could not expand sufficiently to accommodate the wider problems of alcohol misuse was accompanied by increasing support for preventative strategies (Robinson, 1986), many of which were educational in nature. The shift in emphasis from treatment to prevention

was, therefore, the primary factor heralding the emergence of alcohol education as a central response to the alcohol problem.

The primary importance that prevention assumed during the 1970's has continued to the present day and is reflected in the growing importance with which alcohol education has been viewed during the past twenty years. Whilst there are many differing definitions of prevention, in the context of alcohol-related problems, it is appropriate to describe this concept in health terms. Dekker has defined prevention in this sense as,

"... those measures and activities which aim at preventing mental and physical illness and at contributing to health in the broadest possible sense... (It can) also involve influencing the behaviour of individuals or groups".
(Dekker, 1979, p.14-15)

In very broad terms it is possible to identify two types of preventative strategy which have been employed to reduce the incidence of problem drinking. The first of these encompasses all those activities which have aimed to reduce or restrict the availability of alcohol. The second preventative measure has attempted to reduce demand for alcohol and alter drinking norms (Bagnall and Plant, 1987). The fundamental difference between these two approaches is that the former focuses at the macro level, on the social and physical environment within which drinking takes place, whilst the latter is concerned with individual drinking practices. Associated with these two foci are differing ideas about the role alcohol education has to play. Whilst both recognise the importance of education this has been more central to the activities of those who emphasize the need for individual change (Robinson, 1986).

Despite what appear to be fundamentally differing schools of thought, however, there is general consensus about the need

for multiple strategies which address the alcohol issue on every level; that is, for an holistic approach to the problem (Bagnall and Plant, 1987; Sutherland, 1987; Robinson, 1986; Wallack, 1985; Grant and Ritson, 1983). The following sections examine the two preventative approaches in more detail.

2.1 The 'Individual' Approach to Prevention

Those who advocate this approach to prevention have focussed on the everyday drinking practices and attitudes of individuals as the root of the alcohol issue, and as the most appropriate area for intervention, (Robinson, 1986). The primary preventative initiatives have, as such, been educational (Robinson, 1986). Health education in this area has been directed at promoting 'sensible' and 'moderate' drinking and at, "... enabling individuals themselves to make informed choices..." (Roberts, 1988, p.75), about their drinking behaviour. This approach, coupled with the increasing emphasis on individual responsibility for health which emerged in the second half of the 1970's, was reflected in the Government White Paper, Prevention and Health : Everybody's Business, published in 1977, (Budd et al, 1983).

The primary method by which sensible drinking has been promoted by health educators has been through the provision of factual information relating to alcohol and its effects (Bagnall, 1990). The underlying assumption is that all rational individuals will aspire to a healthy lifestyle provided that they are given sufficient information on which to base health-related choices. Associated with this is the belief that alcohol-related problems in general can be reduced significantly by the voluntary actions of individuals, (Budd et al, 1983).

The three implicit, and often explicit, aims of most programmes of alcohol education are, therefore, knowledge (or information gain), attitude change and behavioural change (Berg et al, 1985; Budd et al, 1983; Grant and Ritson, 1983;

McGuffin, 1983). It is generally assumed that there is a linear progression between these three variables; that is, that knowledge will inevitably lead to a change in attitude, which in turn, will result in behavioural change.

Realisation that health educators concerned with the alcohol issue have to reach a widespread audience of drinkers, has made mass media interventions popular since the mid 1970's. The assumption that the mass media have a powerful influence on individuals and are capable of effecting attitudinal and behavioural change (Grant and Ritson, 1983; Budd et al, 1983) has been fundamental to educational initiatives which have utilized these forms of communication. Despite the enormous sums of money which have been invested for this purpose, however, the results have proved to be very limited (Casswell et al, 1989; Roberts, 1988; Robinson, 1986; Grant and Ritson, 1983). This was, perhaps, most evident in the Tyne Tees Alcohol Education Campaign, an initiative by the Health Education Council which operated in the North East of England between 1974 and 1981. Fundamental to the latter phase of this campaign was the promotion of 'sensible drinking' (Budd et al, 1983) and the introduction of the concept of a 'Safe Upper Limit', defined as two or three pints, two or three times a week, (Sutherland, 1987; Budd et al, 1983). Evaluation of the campaign, however, revealed that whilst the population of the North East had acquired knowledge regarding the limits to sensible drinking, their attitudes and behaviour had not changed in accordance with this, (Budd et al, 1983). The use of the mass media in effecting individual change is, therefore, questionable.

Whilst the limitations of the mass media have been recognised by many in the field of alcohol education, support for this general approach to prevention, which attempts to reduce demand for alcohol and to change patterns of drinking, continues to be widespread. A substantial body of criticism, however, has been levied against this approach. Essentially, this has questioned the focus of preventative strategies on the individual. Although particular individuals are not

singled out for treatment, as in secondary prevention, the onus of responsibility for alcohol misuse is still perceived in these terms and, in this sense, can be seen as 'blaming the victim' (Budd et al, 1983). The individual approach to prevention,

"... assumes that people are in a position to exercise complete control over their health-related behaviour without being subject to countervailing forces and pressures".

(Budd et al, 1983, p.3)

It is certainly questionable whether individuals 'freely choose' their drinking behaviour given that today's society is an overwhelmingly pro-drinking one (Wallack, 1985). This latter criticism has been most vehemently argued by those who have adopted an alternative approach to prevention which emphasises the wider system within which drinking occurs.

2.2 The 'System' Approach to Prevention

The primary focus of this approach is the, "...inherently addictive qualities of alcohol itself" (Robinson and Baggott, 1985, p.175), and the system which produces, markets, distributes and profits from the consumption of this drug (Wallack, 1985). As such, alcohol problems are perceived as properties of 'systems' rather than of individuals.

Interest in this approach developed particularly during the early 1980's when there was a growing awareness that it was not possible to easily distinguish between problem and normal drinkers (Robinson, 1986; Robinson and Baggott, 1985). Fundamental to this approach is the belief that within any society there is a direct relationship between overall levels of alcohol consumption and rates of alcohol abuse and ill health (Linthwaite, 1987; Robinson, 1986). Whilst this relationship is most apparent when alcohol availability is suddenly reduced, for example during the Prohibition era in

the United States, it has received little attention in the past due to the primacy of the medical model (Shaw et al, 1978).

The central aim of the system approach to prevention is to regulate and restrict the availability of alcohol, essentially through controls on pricing, taxation, advertising and licensing. It is recognised, however, that such measures cannot be effective if imposed on an unwilling public (Grant and Ritson, 1983). The educational element of this approach therefore aims to raise public consciousness of the possible policy options and to create a "... climate of opinion for change" (Robinson 1986, p.329). One popular method by which this is achieved is through illustrating "... obvious contradictions in the system..." (Wallack, 1985, p.28) in terms of the alcohol issue. One example would be the opposing objectives of alcohol advertising and taxation policy. Wallack has argued that such contradictions can be,

"... a powerful educational tool and serve as strong motivators for action".

(Wallack, 1985, p.28)

The implicit objectives of this educational strategy, whilst they differ in form to those of the individual approach to prevention, are, therefore, identical in nature. Through increasing 'knowledge' of the contradictions within society and of the policy options in relation to alcohol, it is anticipated that 'attitudes' to the alcohol issue will change and that 'behavioural' change can be realised through, for example, the formation of pressure groups active in the field of alcohol policy.

Most examples of the application of this approach to alcohol education have been community based programmes. Such interventions have attempted to "...directly involve the community and its resources..." (Bennett et al, 1990, p.82), in influencing alcohol policy. In New Zealand, for example, a number of campaigns have been implemented to stimulate

discussion on the alcohol issue and to change public attitudes to alcohol control policies at the local level (Casswell et al, 1989). The instruments of such campaigns have included public discussions of alcohol availability and advertising, generated by publicized objections to the expansion of local retail outlets or to specific alcohol advertisements. The evaluation of these preventative interventions suggest that they have had a significant impact on local attitudes to alcohol policy issues (Casswell et al, 1989).

This macro approach to prevention has, however, raised an ethical issue which is grounded in the widespread belief that, "... a man's drinking is his own concern..." (Grant and Ritson, 1983, p.48). It has been suggested that intervention in the form of alcohol control policies is an unacceptable infringement of individual liberty (Grant and Ritson, 1983; Beauchamp, 1980). Whilst this argument is certainly legitimate in terms of the theory of libertarian John Stuart Mill (Manning, 1976), it is also questionable whether individual freedom is truly protected in a society which overtly promotes behaviour which is detrimental to health.

The above sections have examined the two principle bodies of thought within the 'prevention debate', and have demonstrated the radically differing levels on which their educational strategies have focussed. Whilst there is no clear agreement over which group of strategies is the most effective in addressing the problems of alcohol abuse (Robinson, 1986), there is general consensus that primary, rather than secondary prevention, is the central objective. This shift in emphasis from treatment to prevention has been the most fundamental development in intervention strategies designed to address alcohol-related problems. It has also heralded the centrality of educational initiatives in this field.

Within alcohol education itself, however, there has been a significant development in terms of the methods employed to achieve the objectives of prevention. This has been most apparent within education at the school level.

2.3 The Development of Alcohol Education in Schools

Young people have typically been a popular target for alcohol educators (Grant and Waahlberg, 1985; Grant and Ritson, 1983). The view that behaviour is determined early in life and, more specifically, that drinking behaviour is primarily established in early adolescence (Silman, 1979), has led to the belief that this is the most appropriate time for prevention initiatives (Grant and Waahlberg, 1985). Despite this, alcohol education has never featured prominently in the school curriculum (Hudson and Jeremy, 1985; Farrell and Robinson, 1980).

The most significant development in alcohol education at the school level has been a growing emphasis on the need to provide 'decision-making skills', rather than the simple provision of factual information (Health Education Authority, 1990; Grant and Waahlberg, 1985; Hudson and Jeremy, 1985; Grant and Ritson, 1983). This change in emphasis is apparent in the following extract from a health education booklet for schools.

"Health education goes beyond the acquisition of knowledge... to include the learning of decision-making, and other skills related to behaviour and lifestyle, which can promote the health and well being of... young people".

(Health Education Authority, 1990, p.14).

The primary focus of alcohol education in schools is, therefore, to raise self esteem and confidence in order to enable the individual to make sensible health-related choices and to resist pressures to drink (Health Education Authority, 1990; Hirst, 1987; Hudson and Jeremy, 1985).

This new approach to alcohol education has emerged from a number of research studies which have fundamentally challenged traditional methods of education. Firstly, there is a large body of research which has demonstrated that merely

increasing individuals' knowledge of alcohol and the consequences of over consumption is ineffective in producing attitudinal and behavioural change (Grant and Ritson, 1983; Dekker, 1979). Secondly, studies which have examined the influence of peer groups on young people have suggested that young people can experience pressure to drink (Davies and Stacey, 1972). The need for a new approach which focussed primarily on raising self esteem and enabling the development of decision-making skills was, therefore, evident.

It is important to point out that whilst the development of alcohol education from a knowledge based to a skills based approach has been most clearly illustrated at the school level, the advantages of this approach have been recognised by educators operating at all levels. The more frequent application of this approach to young people merely reflects the practical difficulties of implementing a skills based approach to a widespread adult audience and the relative ease with which this can be achieved in schools where the audience is a captive one.

Thus, alcohol education has emerged and developed as a central strategy of preventative interventions which attempt to tackle the problems of alcohol abuse. Despite the numerous educational programmes which have been implemented, at both local and national levels, however, there has been a conspicuous absence of evaluation (Bagnall, 1987; Hibell, 1985). Financial constraints together with a lack of insight into the importance of evaluative measures are undoubtedly important contributory factors to this void (Hibell, 1985). It is also probable that the difficulties associated with determining the effectiveness of programmes have constrained initiatives in this area. The primary problems are essentially that the objectives of many programmes are long term and would, therefore, require long term evaluations (Bagnall and Plant, 1987), and secondly, the great number of independent variables that would have to be controlled for (Hibell, 1985; Grant and Waahlberg, 1985). Evaluations of alcohol education have also been hindered by the failure of many programmes to

identify clear objectives (Budd et al, 1983). The defining of objectives is a fundamental pre-requisite to any health education programme (Bagnall, 1987; Grant and Waahlberg, 1985; Dekker, 1979), the absence of which renders any meaningful evaluation impossible (Bagnall and Plant, 1987).

Whilst there is an absence of evaluation, however, there is widespread recognition that the need is essential (Grant and Waahlberg, 1985; Dekker, 1979; Sheiham 1978). The importance of evaluation can be seen in terms of determining whether a programme is meeting its objectives and how effective and efficient it is in doing so (Sheiham, 1978). Perhaps more important, is the value of evaluation in assisting the rational planning and implementation of future educational programmes (Sheiham, 1978).

Programmes of alcohol education which have been evaluated have not revealed positive results. Whilst some have claimed limited success (Bagnall, 1990), the majority of educational interventions have proved to be of little or no effect in influencing either attitudes or behaviour in relation to alcohol consumption (Bagnall, 1990; Roberts, 1988; Berg et al, 1985; Robinson and Baggott, 1985; Saunders, 1984; Budd et al, 1983). Of even more concern is evidence suggesting that some programmes are actually counter-productive (Bagnall, 1990; Bagnall and Plant, 1987).

It is important to point out, however, that the majority of these evaluations have focussed on information based programmes, and that it is this approach to education which has indicated the least success (Grant and Ritson, 1983; Dekker, 1979). Furthermore, it is necessary to make the distinction between the three most commonly recognised criteria of success; knowledge, attitudes and behaviour (Bagnall, 1990; Berg et al, 1985; Budd et al, 1983; Grant and Ritson, 1983; McGuffin, 1983). Although there is evidence to suggest knowledge increase following educational interventions, this has not been accompanied by significant changes in attitudes and/or behaviour (Bagnall, 1990;

Partanen, 1985; Grant and Ritson, 1983). Incongruity between these three variables has been demonstrated in a number of studies (Partanen, 1985; McGuffin, 1983; Budd et al, 1983; Grant and Ritson, 1983; Silman, 1979). Individuals are, therefore, not necessarily rational beings who will act in accordance with well founded health-related information (Bagnall and Plant, 1987; Hirst, 1987; Davies and Stacey, 1972), or indeed with their own beliefs. The assumption that knowledge is a sufficient base for attitudinal and behavioural change would appear to have been a major obstacle to the realisation of more effective programmes of health education.

The most positive results to have emerged from evaluations of alcohol education have been those associated with school based programmes, which have included the development of social skills as a central technique (Bagnall, 1990; Bagnall and Plant, 1987). This approach recognises that, "Knowledge... does not carry with it instructions for its application" (Grant and Ritson, 1983, p.43), and that, therefore, the process by which desired behaviour can be achieved must be made explicit.

In conclusion, it is clear that if alcohol education is to progress and is to have any significant affect upon the drinking behaviour of its subjects, approaches which depend solely upon the provision of factual information must be reconsidered. Furthermore, recognition of the contribution which educational initiatives can make in the area of prevention requires that these programmes are evaluated. Essentially, evaluation must be an integral part of the planning process of educational strategies and should be a fundamental consideration in the identification of objectives and in the methods by which these are pursued (Bagnall and Plant, 1987). It is only through evaluation that the value of alcohol education can be determined in any meaningful way.

CHAPTER THREE

THE LAW RELATING TO DRINK DRIVING

The law relating to motoring offences as it stands today has been the product of continuing debate. Unlike most other offences, issues relating to culpability, such as those of criminality, deliberate intent and neglect, are not simple to resolve (Hood, 1972). Motoring offences as a whole stand virtually alone in respect of the frequency with which they are committed, the persons who commit them and the relative ambiguity with which they are viewed by the public, the police and, indeed the judiciary (Hood, 1972). A complex dilemma faces those who create motoring laws. On the one hand, they are pressed by motorists and pedestrians to regard such offences as a serious threat to the safety of thousands and as such, to create a firm law which can be effectively enforced by the courts. On the other hand, they face the same public who do not regard these acts as 'criminal', who attach little or no stigma to the offender (Willett, 1971), and who, when prosecuted themselves, are reluctant to be dealt with in a way which implies they have committed a crime. It is clear then that to create a motoring law which is effective and also commands the necessary respect, is fraught with difficulties. In the case of drink driving, which is one of the more serious motoring offences, the issues have been no less complex.

The law in relation to drink driving was initially established by the Stage Carriage Act of 1832, which made it an offence for a person to drive a stage carriage whilst intoxicated, thereby endangering the safety of any passenger or person. Since this principal Act, various subsequent acts have increased the complexity of the law and broadened its jurisdiction to cover a number of related offences.

On examination of the law relating to drink driving, an appropriate starting point is the Road Safety Act of 1967. The vital innovations contained in this act, namely the introduction of a road side screening test (the breathalyser),

and the identification of a maximum permitted blood alcohol level, have made it a landmark in the legal history of drink driving. The 1967 Act also consolidated a number of inadequacies in previous Acts which had hindered effective enforcement of the law. The content of the Road Safety Act and subsequent amendments and Acts, will be detailed later. Initially, it is worth outlining in brief the law before 1967.

Prior to 1930 alcohol impaired driving was covered in the law by either the Intoxicating Liquor (Licensing Act) of 1872, which rendered drivers liable to conviction if they were thought by anyone to be drunk, 'while in charge of any carriage, horse or steam engine', or by the Criminal Justice Act, 1925. This latter Act carried a maximum penalty of four months imprisonment and/or a fine not exceeding £50, in addition to mandatory disqualification. The main inadequacy of this earlier legislation was the problem of defining the term 'drunkenness'. In the absence of any objective definition it was impossible to ensure that the safety of road users was protected, whilst at the same time, protecting motorists from invalid accusations of impairment due to alcohol. Ultimately guilt depended on subjective opinion as no minimum consumption of alcohol was specified. The outcome of ambiguous law meant that prior to 1967 the charge of drunken driving was very difficult to prove.

The problem of definition did provoke considerable concern and in 1930 the wording of the law was amended to read,

"Any person who, when driving or attempting to drive, or when in charge of a motor vehicle on a road or other public place is under the influence of drink or drugs to such an extent as to be incapable of having proper control of the vehicle..."

(Road Traffic Act 1930, s.15(1))

Although the Road Traffic Act of 1930 did alleviate the problem to some extent, by the early 1950's there was

substantial pressure mounting again for a more effective and firm law on motoring offences. The result was the Road Traffic Bill of 1954, which distinguished between the offence of 'driving' under the influence of alcohol, and that of 'being in charge'. The Bill, which finally became law in the Road Traffic Act, 1956, provoked much controversy, especially in respect of the 'in charge' offence. This offence was felt by many to be wrong in principle as it penalised motorists for their condition and not for their driving. Furthermore, it is one of the exceptional offences which requires that the burden of proof lies with the defence to show that the defendant had no intention of driving whilst in the alleged condition.

One of the most important innovations in motoring law was contained in the Road Traffic Act of 1962 which introduced mandatory disqualification. This met with strong opposition from motoring organisations who eventually secured the qualification, which still stands, that 'special reasons' relating to the offence, could exempt the offender from the penalty. (Under current motoring law, the courts are required to disqualify drink drive offenders for a minimum of twelve months. If, however, the offender has been previously convicted of a drink drive offence within the last ten years, the mandatory period of disqualification is three years). The 1962 Act further laid down the much less demanding criterion that,

"A person shall be taken to be unfit to drive if his ability to do so properly is, for the time being impaired."

(Road Traffic Act, 1962, s.1)

3.1 The Law From 1967

In 1967 the Road Safety Act was passed - a major development of enormous importance which has been the basis for much later legislation. Three vital changes in road traffic law relating to drinking and driving were introduced;

the creation of an offence of driving with a blood alcohol concentration (BAC) above a legally prescribed limit (80 milligrams of alcohol in 100 millilitres of blood); a mandatory roadside screening test - the breathalyser; and the compulsory provision of evidential blood or urine samples. The Act was introduced at a time when the number of persons convicted of drink driving in England and Wales was the highest it had ever been. In 1967, 10,038 persons were convicted of this offence, (Royal College of Psychiatrists, 1986, p.85).

The roadside breathalyser is a mechanism by which a Police Officer is able to make a provisional assessment of the alcohol content of a motorist's breath. If this test proved positive, the driver would be required to provide either a specimen of blood or two of urine within one hour, for laboratory analysis. The proportion of alcohol in the blood could, therefore, be accurately assessed for evidence in court proceedings. If laboratory analysis showed a person to be in excess of the legal limit then he/she could be charged and prosecuted for driving, attempting to drive, or being in charge of, a motor vehicle with a blood alcohol concentration in excess of the legal limit, (Road Safety Act 1967, s.1(1),1(2)). Provision was also made under the Act for failure to comply with the breathalyser requirement and for refusal, without reasonable excuse, to provide a specimen. This in itself constituted an offence and a person would be liable to be proceeded against and punished as if the offence charged were an offence under Section 1(1) or 1(2), whichever were applicable. This provision still applies today, if in modified form.

Prior to 1967 the absence of an objective definition of the offence and of a mandatory screening test meant that only those drivers who were manifestly intoxicated were likely to be convicted. It was thought that drivers ought to be helped to adjust to the new law and, therefore, during the months immediately prior to and preceding the Act, the Government launched an enormous publicity campaign to inform drivers of

its implications. The Road Safety Act thereby arrested, if only temporarily, the belief held by many that the risks of detection, and even more so of conviction, for drink driving were very slim (Denny, 1986). In fact, this legislation was of great importance in the development of the public's awareness generally on the use of alcohol. With the introduction of the new criteria, education of the public and effective enforcement, the Act proved to have immediate and dramatic results (Riley, 1991). The effects on driver behaviour were indicated by an initial reduction in road casualties of 11% and in deaths of 15%, (Royal College of Psychiatrists, 1986, p.84). Although total alcohol consumption remained unaffected, it has been estimated that the new law saved 5,000 lives and prevented nearly 200,000 casualties, (Blennerhasset, 1976, para. 1.2, 1.3). In the words of the Blennerhasset Committee,

"In no other country have laws against drunken driving shown such great and demonstrable savings".
(Blennerhasset, 1976, para 1.2)

Surveys conducted before and after the legislation further confirmed a positive effect on public attitudes, with opposition to firm measures against drinking and driving virtually non existent. It was found that more than 60% of drivers were satisfied with the law in both 1968 and in 1974, although the percentage who considered the law in need of strengthening increased from 9% to 23% in those years respectively, (Royal College of Psychiatrists, 1986, p.33)

Perhaps inevitably though, it soon became evident that the initial changes in driver behaviour and public attitudes were not deeply rooted. The publicity was not sustained and general awareness of the effects of alcohol on driving skills decreased. By 1971 the percentage of drivers with a blood alcohol concentration in excess of 80mg/100ml, who died in road accidents, had increased beyond the pre Act level of 25%; by 1974 it had risen to 35%, (Department of the Environment, 1977). Convictions for drink driving also rose dramatically (See Appendix A) despite legal loopholes and anomalies in the

legislation which meant that even those drivers who were substantially over the legal limit in blood alcohol concentration were acquitted.

One of the main defects of the 1967 Act stemmed from the decision to prescribe both the circumstances in which a breathalyser test could be required and the procedures that should subsequently be followed. Effective law enforcement was hampered by the requirement that police officers should accurately follow a complicated and time consuming procedure, and furthermore, that they should prove that they have done so to the court. One extreme example of the problems of law enforcement was evident where offenders had managed to consume alcohol after the commission of the offence but before arrest; these circumstances became commonly known as the 'hip-flask' defence. In such instances the police were unable to successfully prosecute individuals as the subsequent blood sample was considered invalid in terms of the law. Inevitably, motorists soon became aware of the low probabilities of detection and prosecution (Riley, 1991).

This was the background upon which the Blennerhasset Committee of 1974 was set up - its purpose,

"To review the operation of the law relating to drinking and driving and to make recommendations, ..."

(Blennerhasset, 1976, p.iii).

The emphasis of the Committee's report, which was published in 1976, was that the law should be amended in order to ensure a,

"... manifestly greater likelihood of apprehending and successfully prosecuting, the offender."

(Royal College of Psychiatrists, 1986, p.86)

The central recommendations of the Report were as follows:

1. That evidential breath testing should be used to establish a driver's blood alcohol concentration.

2. That the police should have the power to require a breath test of a person who 'has been' driving, attempting to drive, or in charge of, a motor vehicle.
3. That proof of an offence should not be unreasonably dependent on accurate police procedural requirements.
4. That a new category of 'High Risk' offender should be identified, i.e., those with high blood alcohol concentrations or repeat offenders, and that these drivers should undergo examination at the end of their mandatory disqualification period, in order to establish their competence to drive.

The Committee's recommendations concerning evidential breath analysis were the outcome of criticisms of the road side screening procedure and of blood and urine testing established in 1967. The breathalyser, in its then form, was considered to lack the necessary accuracy. The Blennerhasset Committee reported a figure of 30% of false positive readings taken using the Alcotest tube; the number of false negative readings is, of course, unknown (Blennerhasset, 1976, p. 15). Furthermore, the procedure at the police station was felt to be time consuming, complex and an unnecessary drain on skilled manpower.

Once at the police station a driver would be offered a further breath test which, if positive, would be followed by a blood sample. If the suspect refused this he would then be asked to provide two specimens of urine within one hour. If he refused this, he would be asked again to provide a specimen of blood. In view of the time elapsing between the first requirement of a specimen and the final request it would not be unreasonable to assume that a persons blood alcohol concentration could have altered significantly. It is also worth considering the amount of manpower which the procedure necessitates for a purely routine task; a police surgeon to take the sample of blood and laboratory technicians to analyse it.

Through the introduction of the intoximeter, (which should not be confused with the Alcotest), it was possible to dispense with the option of the urine sample, the accuracy of which was questionable and which was also open to delaying tactics. The advantages of relying on breath samples are based on economics, human resources, time and ease of procedure - all of which are affected positively. The Committee did recognise, however, that a specimen of blood could be given as an alternative, if the suspect could not provide a sample of breath. It was also suggested that there should be a right to offer a blood sample as an alternative to be used in court proceedings if the breath test proved positive.

It was not until the Transport Act (1981) however, that the results of breath tests were permitted to be used in evidence in court - the legal breath/alcohol limit being 35 microgrammes of alcohol per 100 millilitres of breath. Moreover, the new evidential breath testing machines did not become operative in police stations throughout the United Kingdom until May 1986.

The second proposal of the Blennerhasset Committee referred broadly to police powers and discretion. It was noted in the Report of the Departmental Committee that the effective apprehension of offenders was hindered, as a constable could only require a breath test if an accident had occurred, if a moving traffic offence had been committed, or if the constable had 'reasonable cause to suspect' that the driver had alcohol in his body. This effectively excluded persons who had ceased to drive but perhaps had been driving only minutes before. The Blennerhasset Committee recognised that effective law enforcement, by definition, required police discretion to extend to all those situations where a person was likely to be over the limit. It was, therefore, recommended that police powers should be extended to allow the testing of a person who 'had been' driving, attempting to drive, or in charge of a motor vehicle.

The third issue that was raised in the Committee's report, which has been referred to earlier, was in respect of police procedure. In this instance the laws specificity was its weakness. Police procedural requirements were so stringent that persons were being acquitted on technical points which had little, or no, relevance to the facts of the case. The Report was, therefore, critical of the law in requiring officers to conform to artificial rituals, in the knowledge that if they deviated from this ideal, prosecution was likely to fail. It was further thought that in order to give the police the powers they needed, 'random breath testing' should be introduced. This issue had, in fact, been a matter of some controversy before 1967, primarily on the basis that unlimited power to test drivers, (without the need to suspect an offence), would be unacceptable erosion of liberty. However, the Blennerhasset Committee thought that the removal of limitations on police discretion to test drivers would enable the law to be exercised in relation to actual drink driving behaviour. It would further dispel the illusion, held by many, that it was safe to drink and drive so long as one felt confident that an accident or a moving traffic offence could be avoided.

In the 1983 Amendments to the Transport Act (1981) the Report's recommendations concerning police procedural requirements were enacted. Police discretion to require breath tests was also extended to cover those who 'had been' driving, attempting to drive, or in charge of, a motor vehicle. Random breath testing was not introduced and still remains an issue of active debate.

The final major recommendation made by the Blennerhasset Committee, was that concerning those convicted with a very high blood alcohol concentration (80mg/100ml), and repeat offenders. The Report refers to analyses made of re-convictions which indicates that at least one in ten persons convicted of drinking and driving repeat the offence within ten years. Also, that repeat offenders show a substantially higher blood alcohol concentration than first offenders. The

potential danger of restoring the licences of these offenders without regard to their probable alcohol problem was stressed by the Automobile Association, the British Medical Association and the Medical Commission on Accident Prevention. The Committee took the view that repeat offenders posed serious questions which could not simply be dismissed by regarding their offence as due to sheer recklessness or irresponsibility. Similarly, it was recognised that drivers with blood alcohol concentrations two and a half times the legal limit had consumed an amount of alcohol which would render most people unable to drive, and was a level which would rarely be reached in normal, social drinking.

A new category of 'High Risk' offenders was, therefore, recognised by the Committee. Recommendations were made for special measures to deal with such offenders which amounted to an order that the offender should,

"... not be entitled to a licence thereafter, unless he first satisfies the court that he does not, by reason of his drinking habits, present undue danger to himself or other road users."

(Blennerhasset, 1976, p.30)

In the 1983 amendments to the 1981 Transport Act a partially revised High Risk Offenders Scheme to that recommended by the Blennerhasset Committee was put into operation. This identified High Risk Offenders as those individuals who had been disqualified twice within ten years, where on 'both' occasions they had been convicted of driving or attempting to drive with blood alcohol concentrations of 200mg/100ml or more. This category of offender was also extended to include those who had failed to provide a specimen for analysis twice within ten years.

The most recent initiatives to be taken in the realm of motoring law have been those of the Road Traffic Law Review. This body was set up in January 1985 by the Secretaries of State for Transport and the Home Department to review, amongst

other matters, the law relating to drink driving. The recommendations of the Review were documented in the North Report which was published on 12 April 1988. These proposals, although not relating to the specific drink driving offences, were expected to have a significant impact on driver behaviour if they were introduced.

The Review's most innovative recommendation in the area of drink driving related to their concern over the motorist who causes death due to impairment by alcohol.

"The greatest public concern is about the extremely bad, especially drunken, driver who kills. The law at present can make it difficult to convict drivers of an offence that matches the gravity of their conduct."

(North, 1988 a, p.2)

The North Report proposed that this should become a specific and separate offence the maximum penalty for which should be; mandatory disqualification, five years imprisonment, and/or an unlimited fine. Provision was also made for those drivers who refused to take a breath test but who would have been charged with the drink/death offence had the test proved positive. The Review did recognise, however, that the changes in legislation that they recommended should be supported by enforcement, prosecution and sentencing practice. Similarly, it was also proposed that courts should be able to take 'consequences' into account when sentencing for 'bad driving' offences, of which the new drink/death offence was one. It was further qualified that consequences should not just be limited to death and injury.

Concern was also expressed by the Review on the delays in bringing offenders before the courts. It was thought that it should be possible to suspend a driver's licence during this period where there is a substantial risk of re-offending. The North Report recommended that bail conditions should be used for this purpose.

One of the most important recommendations made, concerned the retesting of drivers. It was proposed that all offenders who are disqualified for a minimum of twelve months should undergo an extended driving test before their licences' are returned. It was thought that this penalty, which would be more demanding and relevant than most, would serve as a general deterrent and may result in an actual improvement in subsequent driving behaviour.

In this same vein of individual need and reform, the Review proposed that research should be undertaken into the effectiveness of training courses for drink drivers. At the time this report was published a number of courses were already operational in Britain, based on the Hampshire Probation Service Course for Alcohol Impaired Drivers. The Review detailed that experimental courses should be based on the Hampshire model and directed at first offenders with blood alcohol concentrations below 200mg/100ml. It was also suggested that course members should be largely responsible for the cost of their retraining. The North Report states that the experiment should,

"... assess the effectiveness of making this disposal available in terms of the proportion of such offenders... who are reconvicted of serious driving offences within three years..."

(North, 1988 b, para. 18.63)

Whilst most of the recommendations of the Road Traffic Law Review relating to drinking and driving were concerned with dealing with offenders, two proposals outlined in the report were more concerned with direct prevention. The first of these considered the possible use of technical devices which could be installed in motor vehicles to prevent intoxicated persons from driving. These devices have the effect of cutting out the engine when alcohol fumes are detected. The North Report, whilst recognising the problems associated with the practical use of such control mechanisms, recommended that the Government should monitor their

development with a view to requiring their installation in new vehicles.

The second preventative proposal was directed at the power of licensing authorities. The Review highlighted circumstances where there may be evidence that a licensee has regularly sold alcohol to a driver whom he/she knew to be in excess of the legal limit. The North Report recommended that licensing authorities should have the power to consider such behaviour when considering whether or not to renew a license for the sale of alcohol.

The Government's response to the Road Traffic Law Review's recommendations were detailed in a White Paper entitled, The Road User and the Law, published in February 1989, (Home Office, Department of Transport Scottish Office, 1989). This paper states the Governments commitment to reducing, by a third, the number of casualties and fatalities resulting from road accidents by the year 2000, (Home Office, Department of Transport, Scottish Office, 1989, p.1). Innovation and improvement in the legal framework of road traffic law were identified as essential to achieving this aim. Whilst the content of the White Paper predominantly addressed the proposals published in the North Report, a number of other related issues were also dealt with.

One of the primary recommendations of the North Report which the Government decided to accept in full was that relating to death resulting from motoring offences where the driver is impaired. In the White Paper the Government declared its proposal to create a new offence of,

"... causing death by careless driving while affected by drink,..."

(Home Office, Department of Transport, Scottish Office, 1989, para. 2.26)

A new statutory provision to allow the courts to take into consideration the consequences of 'bad driving' offences other

than death and injury was not considered necessary. In addressing this issue, the White Paper recognised that,

"... the courts have already established that there may be cases where the consequences are relevant..."

(Home Office, Department of Transport, Scottish Office, 1989, para 2.18)

The Road Traffic Law Review's recommendations concerning the powers of licensing authorities however, were not positively supported. The Government considered it to be impractical to extend criminal liability to licensees and thus decided to take no further action in this area. Similarly, no active response was deemed necessary in relation to the use of the Bail Acts by courts to suspend a drivers license pending a court hearing. In this instance the Government recognised the ability which the courts already have to impose such a condition on any motoring offender including drink drivers. The White Paper correctly acknowledged that it was within the courts' jurisdiction to use these powers at their own discretion.

Whilst the Review's recommendations relating to the retesting of drivers were positively received, the Government decided to introduce this requirement gradually. In accordance with this, only those excess alcohol offenders convicted of the new drink/death offence will be liable to retesting.

In responding to the recommendation detailed in the North Report concerning retraining courses for drink drive offenders, the White Paper stated that,

"... penalties for road traffic offences should, whenever possible, be relevant to the nature of the offence."

(Home Office, Department of Transport, Scottish Office, 1989, para. 4.14)

In accordance with this the necessity of conducting a research experiment into the use of retraining to influence the

attitudes of convicted drink drivers towards alcohol and driving was recognised. Whilst research initiatives, under the direction of the Department of Transport, have already been taken, it is not anticipated that any results will be available for at least five years.

The final issue relating to drink drive offenders which was addressed in the White Paper was that associated with the High Risk Offender Scheme. Although this was not considered in the North Report, in the light of experience the Government thought that an extension of the scope of the scheme was necessary. In accordance with this, the Blennerhasset Committee's recommendation to include all those convicted 'once' of driving with blood alcohol concentrations of two and a half times the legal limit, and those who are convicted twice within ten years, regardless of the amount of alcohol detected in their blood, was approved. In addition to this, the Government detailed a proposal to change the law in order to require these offenders to,

"...pay a charge to cover the administrative cost of the new scheme..."

(Home Office, Department of Transport, Scottish Office, 1989, para. 2.45)

With the exception of the Governments research initiatives relating to the retraining of drink drive offenders, the North Report recommendations which were endorsed in the White Paper have not yet been put into effect. It is anticipated that the introduction of a new Road Traffic Act by the end of 1991 will legalise these new initiatives in the realm of road traffic law relating to drink driving.

3.2 The Sentencing Process

Having outlined the development of the law to the present day, and made explicit the Court's powers in dealing with offenders, it is appropriate to look in some detail at the

process of sentencing. Sentencing is obviously an important part of the penal system as it is this which determines what will happen to an offender once he is convicted. In sentencing drink drive offenders four basic considerations have been outlined by the Court of Appeal as relevant, (Halnan, 1987, vol. 3, p.226, para, 4.118). The first of these is the circumstances of the offence; the second is the previous offending record of the individual; the third is related to the degree of impairment, i.e., blood alcohol concentration; the fourth is the possible association with bad or wicked driving.

The two stages of sentencing, as outlined by Thomas, (1979), serve to further define the sentencing process. Although Thomas's model is based on an extensive study of Appellate Court decisions, it may also be considered in relation to motoring offences in lower courts. The first decision involves deciding the basis of a sentence, and is the 'primary decision'. This aims to determine whether the basic 'tariff' is suitable or whether a more 'individualised' measure should be utilized. Once this initial decision has been made,

"... the sentencer must apply the appropriate body of principle to determine the precise form of the sentence or measure he will adopt..."

(Thomas, 1979, p.8)

that is, where precisely on the tariff should the sentence be located or, which of the individualised measures would be suitable. This constitutes the 'secondary decision'.

Individualised sentencing, however, is a relatively recent development. As late as the early 1930's, sentencing practice could be described almost entirely in terms of the tariff. Over the last few decades the courts have increasingly regarded the needs and reform of the offender as important considerations in sentencing. Until very recently, this pattern of the increased use of individualised measures had

not been applied to the drink driving offender. Typically, the gravity of the offence has been assessed in the context of the normal range of sentences for drunken drivers, mitigating factors taken into consideration, and the appropriate position on the tariff deduced. Consequently, fines and occasionally imprisonment have been the norm. This is not to say that other individualised measures have not been available to the courts - probation, and more specifically retesting, have both been available options and yet are seldom used.

For motoring offenders in general, punishment and deterrence, rather than treatment, have been the aims. However, the Governments relatively recent initiatives relating to training courses for alcohol impaired drivers is a step towards the use of individualised measures for these offenders.

Drink drivers pose a serious threat to safety on the roads. It has been estimated that approximately 900 road fatalities and 17000 road injuries every year involve these offenders (Riley, 1991, p.1). Whilst the number of those killed or seriously injured in drink drive accidents has decreased significantly in recent years (Department of Transport, 1990; Broughton, 1990), 'official' figures relating to the numbers who combine drinking and driving demonstrate a continuous increase. With the exceptions of years 1976, 1977 and 1981, which were marked by absolute reductions, annual convictions for drinking and driving have risen steadily since 1967 (Scottish Council on Alcohol, 1988). A detailed breakdown of drink drive convictions since 1962 is provided in Appendix A.

The purpose of this chapter is to allow the reader some insight into the drinking behaviour of drivers in general, the characteristics of those convicted of this offence, and to public attitudes in this area. It is also an attempt to elucidate the possible measures that have, or could be, employed to reduce the incidence of this behaviour. The following sections examine each of these areas in turn.

4.1 The Drinking Behaviour of Drivers

Information relating to the drinking behaviour of drivers in general has been largely derived from studies based on 'self-reporting' by motorists. In view of the obvious possibility that individuals may present an inaccurate image of their behaviour, the results of such studies should be treated with some caution. Compared with official statistics relating to convicted offenders, however, this source of information is more likely to give an accurate indication of drink driving behaviour. Contrary to the upward trend in

offending suggested by official figures, it would appear that the 'actual' proportion of drivers violating the drink driving laws has fallen slightly in recent years (Goddard and Ikin, 1988). Even so, it is still apparent that between one quarter and one third of the male driving population, and 7% of women drivers, exceed the legal limit annually (Goddard and Ikin, 1988, p.viii; Riley, 1984, p.32). Perhaps even more worrying, is that more than 50% of drivers, who do not totally abstain from alcohol, confess to combining drinking and driving (Sandberg, 1990, p.85; Lennox and Quimby, 1990, p.6). It is clear then, that well founded advice on the dangers of this behaviour is often ignored. Of further concern is some evidence suggesting that for those who do violate the drink driving laws, this is not a rare event (Riley, 1991, Clayton et al, 1980). In view of the widespread belief that the risk of detection for drink driving is minimal (Clayton et al, 1984), the regularity of this behaviour is, perhaps, less surprising.

Against this somewhat pessimistic picture, however, is the fact that the more individuals drink on one occasion, the less likely they are to drive afterwards (Riley, 1991), and that most drivers employ some strategy, such as the use of public transport, to ensure that they do not infringe the law (Clarke, 1990). Furthermore, although it would appear that a substantial proportion of motorists are unable to identify the legal limit; 80mg/100ml of blood (Clayton et al, 1984), the majority are aware of its alcohol equivalent in units (Riley, 1991; Lennox and Quimby, 1990; Clayton et al, 1984; Riley, 1984). More importantly, a recent local survey has indicated that 90% of drivers believed that safe driving was impaired at levels below 80mg/100ml (Clarke, 1990, p.1628).

4.2 Characteristics of Convicted Drink Drivers

A popular image of the serious motoring offender, of which the drink driver is but one type, was compiled by Willett (1971) some years ago. It is the author's opinion that Willett's description, quoted below, remains largely applicable today and may be usefully employed to demonstrate common perceptions of the drinking driver.

"... the offender is typically male (and)... is a thoroughly responsible law-abiding person when he is not behind a steering wheel... He is seen to take his offence and punishment in his stride and not to suffer any social ostracism as a result. And as an 'upright' citizen he learns his lesson from his prosecution and does not tend to repeat his offence".

(Willett, 1971, p.42)

While this may be the popular image of the drink driver, it would appear to be unfounded when examined in relation to the characteristics of convicted offenders.

In accordance with the relative proportions of men and women who admit to drinking and driving, the vast majority of convicted offenders are male (Everest and Jones, 1988; Scottish Council on Alcohol, 1988; Willett, 1971). Although Willett (1971), found them to be predominantly from older age groups, more recent data has indicated that young men are more likely to drink and drive (Riley, 1991, 1984; Farrow and Brissing, 1990), and thus be convicted. Like non-motoring offenders, convicted drink drivers are from predominantly manual occupations (Clayton et al, 1980) and lower socio-economic classes (Everest and Jones, 1988). It would also appear that these offenders differ from the wider driving population in that they have a higher median alcohol consumption which is in excess of recognised 'safe' levels (Clayton et al, 1980). This is reflected in the high

proportion of convicted offenders who have been identified as High Risk (Clayton et al, 1980) and are thus considered by law to have a possible drinking problem. Similarly, more than half of drink drivers have been found to have blood alcohol concentrations of at least twice the legal limit (Riley, 1984), indicating an alcohol consumption substantially above that which would be considered normal by most in purely social drinking.

Contrary to the popular view of drink drive offenders as law-abiding, it is apparent that a high proportion have previous convictions for both motoring and non-motoring offences, and for impaired driving (Clayton et al, 1980; Willett, 1971). Although reconviction data is sparse, Willett (1973) demonstrated that among his sample of offenders, more than a quarter had reoffended within four years of the original conviction and that a third of these had repeated the drink drive offence (Willett, 1973, p.128).

As Willett (1973, 1971) found, the actual qualities of the convicted drink driver would appear to be at variance with the public perception of this serious offender. It is important to point out, however, that the characteristics of drink drivers, as outlined above, are not intended to describe the typical offender. They are merely an attempt to indicate those characteristics which appear in disproportionate frequency amongst this group of drivers. A further point worth bringing to the reader's attention, is that this section has examined 'convicted' drink drivers only and as such, must present a distorted picture. Not only is there a low detection rate for this offence, but there is also an over representation of problem drinkers amongst convicted offenders (Donovan, 1989). While those with an alcohol problem may, by way of their drinking behaviour, be more frequent offenders, they are by no means representative of all those who combine drinking and driving.

What is clear, is that convicted drink drivers would appear to more closely resemble the wider 'criminal' population than the population of motorists in general (Willett, 1973). This is particularly salient in terms of both total convictions (motoring and non-motoring) and social class. Unlike most other criminals, however, the drink driver tends not to expect (Riley, 1991) or experience any stigma associated with his crime (Willett, 1973) and indeed is unlikely to regard himself, or be perceived by others, as a 'criminal' (Willett, 1973, 1971). This may, in part, account for the relative lack of guilt or contrition expressed by these offenders (Willett, 1973).

Drink drivers' beliefs about themselves (that they are not criminals) are undoubtedly affected by their perceptions of impairment due to alcohol when driving. A number of studies have demonstrated that offenders are more likely to believe that they can consume more alcohol than the average drinker and still remain fit to drive (Riley, 1991; Clarke, 1990); that a very high proportion considered themselves able to drive as safely as normal at levels in excess of the legal limit (Clayton et al, 1980); and that drink drivers are more sceptical of the dangers of their behaviour (Riley, 1991).

Given such perceptions it is not surprising that these offenders often regard the courts with a degree of hostility (Willett, 1973). Grievances are primarily directed at sentences received which many regard as too severe (Willett, 1973; Hood, 1972).

4.3 Public Attitudes to Drink Driving

Public attitudes towards drinking and driving would appear to be somewhat varied. There is little doubt that most people believe that there should be legal restrictions regarding blood alcohol concentration when driving and that it

is wrong to drink and drive (Riley, 1991; Sandberg 1990). There is also some evidence to suggest that it is regarded by drivers as a serious social problem (Clarke, 1990; Lennox and Quimby, 1990). In contrast to this, as many as a third of drivers have been found to hold the view that drink driving is only a minor problem, if one at all (Clarke, 1990), and a similar proportion to believe that it is difficult to avoid if one is to have a social life (Riley, 1991). Whilst attitudes against drinking and driving are, therefore, predominant and indeed, have become more widespread in the last decade (Lennox and Quimby, 1990), there is still a significant proportion of public opinion which is at variance with this.

Ambivalence in public attitudes to this offence is also apparent and is most clearly demonstrated in the differing degrees of seriousness with which drink driving is viewed according to the consequences associated with it. Essentially, it is not considered to be particularly negligent where it does not result in injury or fatality to others (DeJoy, 1989). This is reflected in the relative absence of stigma which is applied by the public to the drink drive offence (Clayton et al, 1984; Willett, 1971), and the minimal social pressures that exist against it (Clayton et al, 1980). Conversely, where adverse consequences of drink driving are evident, the same behaviour acquires moral condemnation. This ambivalence, which DeJoy (1989) has likened to that apparent in attitudes towards alcohol use in general, highlights the need to "... sensitize people to the seriousness of alcohol impaired driving itself" (DeJoy, 1989, p.368).

Despite the fact that the public do not appear to regard drink driving per se with the proper sense of proportion, there is substantial support for more rigorous enforcement policies (Riley, 1991) and the strengthening of police powers to deal with the problem (Clarke, 1990). Similarly, a recent study has indicated that more than two thirds of drivers are in favour of random breath testing, and that a slightly lower

proportion would support a no alcohol law in relation to driving (Lennox and Quimby, 1990, p.8). A majority of motorists have also been found to believe that existing punishments for drink drive offenders are too lenient (Sandberg, 1990) and that harsher penalties should be introduced (Lennox and Quimby, 1990). As Willett (1971) has pointed out, however, legal measures alone are not sufficient.

"Safety and discipline on the roads are unlikely to come about by reliance on the law and its enforcement; some change in public attitude is required, and indeed is essential".

(Willett, 1971, p.xiii-xiv)

4.4 Detering the Drinking Driver

Possible measures which have been identified in an effort to reduce the incidence of drink driving have focussed primarily on secondary prevention and have been founded on the philosophy of deterrence (Donovan, 1989).

"The concept of deterrence is based on the assumption that individuals will modify their behaviour in response to incentives... In the case of drinking and driving, the potential incentives are negative". (p.282)

Based on this theory, attempts to deter the potential offender have concentrated on increasing both the enforcement of drink driving law and the severity of punishment for those who infringe this law (Donovan, 1989). As such, they have targeted the general population of drivers. These two strategies are examined in turn in the following sections.

Increasing Levels of Enforcement

A number of studies have indicated that the risk of detection for drinking and driving (Riley, 1991; Donovan, 1989; Riley, 1984), and indeed the perceived risk of detection, is minimal (Clayton et al, 1984). Riley (1984) has suggested that a conservative estimate of the actual risk is as little as 1 in 250 (Riley, 1984, p.33). Higher police enforcement of drink driving law is, therefore, not only aimed at increasing the likelihood of conviction but, perhaps more importantly, at changing the public 'perception' of this. Recognition that offending behaviour can be positively influenced through changing beliefs about the possibility of being caught (Riley, 1991) underlies this latter objective.

Although there has been a significant overall increase in levels of enforcement (Wakeham, 1988); indicated by a continuous increase in the number of roadside breath tests conducted since 1968 (Riley, 1991), police forces differ considerably in the rate at which they screen motorists for alcohol (Riley, 1991). Studies which have examined the effects of varying levels of enforcement have indicated immediate and positive results in reducing offending behaviour in those areas of higher police activity (Riley, 1991; Donovan, 1989; Ross, 1987; Snyder and Lader, 1985). Change has been primarily explained in terms of altering drivers' perceptions of the possibility of detection (Riley, 1991). A more recent study by Riley (1991), however, has indicated that higher enforcement, together with supporting media activity, can be effective in reducing offending through more indirect means. Rather than altering drivers' perceptions of police activity, behavioural change was achieved by "... heightening drivers' awareness of social attitudes against drink driving and the dangers of mixing alcohol and driving." (Riley, 1991, p.iii). The need to combine enforcement efforts with media interventions to change public opinion has been more widely recognised (Donovan, 1989).

The problems associated with this method of deterrence are essentially twofold. First, the benefits accrued in reducing offending, whilst they may be considerable, are generally recognised to be short term (Riley, 1991; Donovan, 1989; Ross, 1987). Second, significant increases in levels of police activity are extremely costly (Donovan, 1989; Snyder and Lader, 1985) and labour intensive (Donovan, 1989). For these reasons, some have favoured increasing the severity of punishment for convicted offenders as a more practical means of tackling the drink drive problem (Snyder and Lader, 1985).

Increasing the Severity of Punishment

The most common penalty employed in the sentencing of drink drive offenders is the fine. Whilst the use of imprisonment trebled between 1979 and 1989 (Home Office Statistical Bulletin, 1990, p.7), which partly reflects an increase in the proportionate use of custody, it is still used relatively rarely and is usually reserved for the more serious offender. There is some evidence to suggest, however, that both these measures have been ineffective deterrents (Willett, 1973). In so far as the numbers of those convicted of drinking and driving continue to rise annually this would appear, to some extent, to be obvious. A fine, for example, is unlikely to dissuade an offender from repeating his offence unless it impinges directly upon his standard of living. A number of studies have indicated that for most drink drive offenders this is not the case (Clayton et al, 1980; Willett, 1973). It is, in fact, worth noting that although in 1988 average fines for motoring offences in general were 134.8% of the 1978 level, those for drink driving were only 109.1% (Home Office Statistical Bulletin, 1990). Ironically, those most likely to reoffend are those who appear to be the least affected by financial deterrents (Vingilis and Mann, 1986; Willett, 1973). Similarly, if the risk of a custodial sentence is slim, then even this is unlikely to deter the drinking driver.

It is possible that the new unit fine scheme, provision for which is to be included in the Criminal Justice Bill (Moxon, 1991, p.55), may lead to harsher fines for drink drive offenders. Essentially, this scheme aims to link the size of a fine to the individual's weekly disposable income. Experimental use of this new system has, so far, generally led to a reduction in the sums imposed on the less well off. However, the total amount of fines imposed by Basingstoke Magistrates Court increased by 13% in the six months following the introduction of unit fines (Moxon, 1991, p.55). This reflected the fact that the new system had caused the Court to revise its view of the amount of the average persons disposable income.

Increasing the severity of punishments alone, however, has been found to have very little effect in reducing the incidence of drink driving (Donovan 1989; Snyder and Lader, 1985). Given that the perceived risk of detection and conviction is minimal, this is not surprising. Harsher sentencing is unlikely to be a sufficient deterrent when it is rarely applied to the offending behaviour (Snyder and Lader, 1985). Thus, it has been argued that deterrence is most often achieved where punishments are not only severe, but also swift and certain (Donovan, 1989)

"... the effectiveness of a legal threat is a function of the certainty, severity and celerity of punishment for an offence".

(Vingilis and Mann, 1986, p.279)

Undoubtedly, the most effective deterrent is disqualification (Donovan, 1989; Snyder and Lader, 1985). As this is a mandatory sentence, all but a small minority of offenders are automatically disqualified following conviction. Not only is this sanction perceived by the public as relatively severe (Donovan, 1989), but it is also considered by offenders to be the most adverse consequence of their

behaviour (Clayton et al, 1980). As such, disqualification has become a primary instrument of the courts in dealing with the alcohol impaired driver (Willett, 1971). It is worth noting that the proportion of drink drive offenders disqualified for more than a year increased by 15% between 1979 and 1989 (Home Office Statistical Bulletin, 1990, p.8). Whilst disqualification has been effective to some extent in deterring potential drink drivers and in reducing recidivism (Snyder and Lader, 1985), it has not been entirely successful in removing offenders from the roads. A number of studies have found that at least a third of disqualified drivers violate their driving ban (Donovan, 1989; Willett, 1973), and that few experience any legal consequences (Willett, 1973). It would also appear that offenders who lose their licence for longer periods are more likely to reoffend in this way (Willett, 1973). Increasing the severity of disqualification, by imposing longer driving bans on offenders, although it might serve as an effective deterrent, is, therefore, unlikely to encourage compliance with the law. Furthermore, like the imposition of harsher fines and imprisonment, the ability of disqualification to deter is greatly dependent on effective law enforcement.

Deterrent initiatives would, therefore, appear to have the most potential where they are integrated, combining higher levels of enforcement with immediate and severe punishment for those who transgress the law. In planning such measures, however, consideration should be given to the possible unintended consequences, such as offenders defaulting on the repayment of fines or violating their disqualification.

CHAPTER FIVE

THE ORIGIN AND DEVELOPMENT OF THE COURSE FOR ALCOHOL IMPAIRED DRIVERS

5.1 The Origin and Establishment of the Course for Alcohol Impaired Drivers

The Course for Alcohol Impaired Drivers was originally conceived from a concern that sentencing options for drink drive offenders failed to address the underlying causes of the offending behaviour. At a time when driving under the influence of alcohol was increasing both nationally and within Hampshire, courts were imposing essentially deterrent and punitive penalties. These neglected any attempt at individual reform or rehabilitation.

The idea of a course for alcohol impaired drivers came from John Cook, a Senior Probation Officer working in Hampshire. He had been concerned for some time that these particular offenders, who in many cases had an easily identifiable alcohol problem, had been largely ignored. They were not considered legitimate clients for any organisations able to offer them help, whether operating from within the Criminal Justice System or totally independent of it. Drink drivers were, and still are in the majority of cases, leaving the courts daily,

"...little wiser for the experience, and no better equipped to avoid repeat offences of this kind".

(Cook, 1989)

There was, therefore, an opportunity to educate and inform offenders as to the effects of alcohol on driving skills and ability. Furthermore, a course would allow them the option of addressing their own attitudes and behaviour associated with alcohol. As with many other programmes of alcohol education, the philosophy which underlies the Course for Alcohol Impaired Drivers is that these three are

essentially linked. That is, that a greater understanding of alcohol will increase the possibility of attitudinal change with regard to drinking and driving and thus, the potential for behavioural change.

In March 1983 John Cook submitted a proposal to the Hampshire Probation Service to establish an alcohol education programme specifically directed at the impaired driver. He envisaged that such a course could be made part of the condition of a probation order for these offenders. The basis of the argument for probation intervention in this field was twofold. Primarily, it was reasoned that excess alcohol offences carry a possible custodial sentence and that, therefore, probation has an accepted role as an alternative to custody. Secondly it was suggested that, in many cases, drink drive offences allow for

"...early identification of a possible alcohol problem... The acknowledged relationship between alcohol and offending makes this a logical and legitimate area for Probation interests."
(Lawrence, 1985)

The proposal for the Course for Alcohol Impaired Drivers received a very positive response from the Service in Hampshire. It was accepted with only one reservation which concerned the blood alcohol level of 80mg/100ml, the legal limit, as the qualification for admittance to the course. It was generally felt that it was unreasonable to assume an offender had an alcohol problem at such a level. Following considerable debate it was agreed that this threshold should be increased to 200mg/100ml, two and a half times the legal limit. This decision was made on the basis that offenders convicted on or above this blood alcohol concentration would fulfil one of the primary criteria of the High Risk Offender scheme, detailed in Chapter Three. Essentially, the scheme is designed to identify those offenders whose alcohol consumption is at a level which is considered detrimental to their health and to road safety in general. This dispute concerning the

blood alcohol concentration criteria for selection arose again when the proposal was brought before the County Probation Committee. Here it was suggested that at such a high level the courts would be considering a custodial sentence without option. The threshold was finally set at 80mg/100ml.

The process of selection, of those referred to the programme, lies entirely with the courts. It is totally left to magisterial discretion as to whether they perceive a probation order with such a condition appropriate in any individual case. However, as a standard requirement of all probation orders, the imposition of the order requires the offender to consent to be placed on probation with any associated conditions. It is worth bringing to the reader's attention at this point, that although those who undergo probation supervision consent to the order, in reality, it is a matter of Hobson's choice. If they refuse probation supervision, they will merely be dealt with by the courts by other means. In the case of drink drivers this might be a fine, but could possibly be imprisonment. In addition to consenting to the order, the client has to comply with certain requirements detailing general conduct whilst on the order.

It was also suggested that the course should be made available to voluntary clients; that is those excess alcohol offenders not referred to the Probation Service by a statutory requirement of the Court, or those individuals undergoing standard probation supervision for non-motoring offences, but whose offending behaviour is clearly alcohol related.

Initially, it was felt that a six month probation order would allow sufficient time for clients to fulfil their probationary condition. The recommended length of the probation order has since been extended to twelve months, as a substantial minority of clients were unable to complete the course within the original six month period.

The proposal, submitted to the Hampshire Probation Service and the Probation Committee, detailed a six session

educational programme. It would be conducted over a consecutive six week period for two hours each week. The course would be run by two probation officers. The actual content however, would mainly consist of talks by visiting speakers who would deliver a series of lectures on various topics related to drinking and driving. The idea of inviting outside speakers came from the assumption that specialists who worked in the areas of criminal justice and rehabilitation would be better equipped than probation officers to educate laymen in these fields. These speakers included a Chief Inspector of Police, a Prosecuting Solicitor, a Consultant Psychiatrist and a Senior Counsellor for Hampshire Council on Alcoholism.

Once the support of the County Probation Committee had been obtained, it was necessary to generate sufficient support among Magistrates to ensure that they would make enough referrals for the programme to be able to run. Initially, John Cook addressed the magistrates in his own petty sessional division of Eastleigh at their Annual General Meeting. By August 1983, when the first course started, it had received the approval and endorsement of five Hampshire courts (Southampton, Eastleigh, Totton, Winchester and Romsey). Local solicitors practising in the area were also approached, and responded favourably to the idea of a constructive alternative in the sentencing options for drink drivers.

At this stage a brief outline of the original course will provide a useful baseline with which to compare the present course structure and content, outlined later in this chapter.

Session one, which was largely aimed at introducing offenders to the course, was conducted by two probation officers. The first part of the session was given to explaining the purpose of the course, together with a reiteration of the terms of the probation order and the consequences of breaching that order. Following this, course leaders provided the group with basic statistical information on drinking and driving.

The second session was conducted by a uniformed Chief Inspector of Police. Initially, a short history of the philosophy and development of drink driving legislation was explained to course members, aided by simple statistical data illustrating related trends. The Chief Inspector then went on to explain police proceedings from the time of apprehension to the processing of a charge. Essential to this session was a first hand account of police perceptions of, and attitudes to the drunken driver.

A description of Court procedure comprised the main part of the third session. For this purpose, a Prosecuting Solicitor was invited to address the group. Other areas covered included an outline of the possible penalties for drink drive offences and the implications of a conviction, in terms of insurance, and licence return where the High Risk Offender category applies.

The emphasis of the fourth session was on the short and long term physical effects of alcohol abuse. 'Problem' and 'dependent' drinking were also considered, together with possible methods of treatment. A Consultant Psychiatrist was invited to conduct this session.

Session five of the course was presented by a Senior Councillor for Hampshire Council on Alcoholism. He was asked to outline the discovery and development of the use of alcohol in society, and to describe the more social effects of abuse; for example, in terms of the effects on non-drinking family members. Finally, the function of Councils on Alcoholism was explained, together with descriptions of the services offered by groups such as Alcoholics Anonymous.

In the concluding session, which was run solely by course leaders, the main theme of the course was reinforced; the effect of alcohol on essential driving skills. Throughout the course extensive use was made of audio-visual aides to reinforce the main points of each week and to facilitate discussion and debate.

In addition, course members were provided with notebooks, and hand-outs containing information based on each session. Approximately eight clients attending any individual course was considered to be an ideal number. In contrast to this, it was recognised that in practice this stipulation should remain flexible in view of the inability to predict the number of court referrals in any given period. It was also recognised that, although not appropriate for all clients, some would benefit from further treatment or help. As such, these individuals could be referred, following the course, to other agencies or offered further contact with a probation officer. As a minimum all clients would be expected to sign on the reporting register. This entails reporting to the probation office at a designated time at regularly specified intervals, signing a register and notifying the office of any change in circumstance.

Despite the support of local Magistrates, referrals to the course during the first few months were too few to operate the course effectively. Examination of the number of referrals showed that magistrates did not give due consideration to the programme in the process of sentencing and were not offering the choice of an educational direction to offenders. In order to achieve this, it was recognised that regular meetings between course leaders and those involved with the sentencing of offenders were necessary. To this effect, regular reviews of the Course for Alcohol Impaired Drivers were held by the Probation Service, to which Magistrates, Court Clerks and Solicitors were invited. These meetings provided a forum for general discussion on the development and progress of the course. The fundamental aim was to encourage enthusiasm and interest in the programme, and thereby

"...to maintain the flow of participants, and...longer term, to modify sentencing from the sole imposition of punitive sanctions...". (Lawrence, 1985)

The educational philosophy of the Course for Alcohol Impaired Drivers, and the content of the first courses,

outlined earlier, differed significantly from the form which has been operative since May 1985. In order to understand the rationale of the revised course format, it is necessary to detail the means by which it evolved. The background and essential elements of the developmental process are described below.

5.2 The Evolution of the Course for Alcohol Impaired Drivers

Fundamental to the development of the Course for Alcohol Impaired Drivers were the results obtained from monitoring the programme. The importance of monitoring the course was recognised from the start by Professor John Martin, from the Department of Sociology and Social Policy, at the University of Southampton. He became interested in the original nature of the course through his membership of the Probation Committee. Initially he was able to interest Terri Lawrence in the project. At that time Ms Lawrence was employed by the Department of Health and Social Security to develop methods of alcohol education. Ms. Lawrence had a considerable influence on how the course progressed from a fairly simple design to a well formulated and constructive programme of alcohol education in relation to driving ability. From January 1984 through to June 1985, Terri Lawrence held the post of Research and Information Officer with Hampshire Probation Service. Through this she was able to continue her contribution towards the development of the course, as well as maintain some monitoring of its progression.

The need for fundamental restructuring of the Course for Alcohol Impaired Drivers was initially recognised by Ms Lawrence in her role as researcher and observer. From the Autumn of 1983 she had been involved in continuous monitoring of each session of the course. Ms Lawrence examined in detail participants' perceptions of the programme (their comments, questions and attitudes), together with attendance records. She was also engaged in general observation of group structure and dynamics. Particular attention was given to the methods of

teaching used and the type of supportive teaching material. In addition to this, course members were interviewed within a period of four to six weeks following the end of each course. An essential element of this interview was to elucidate individual perceptions of the course in terms of its structure and substance. In June 1985 Terri Lawrence produced a report on the first eighteen months of the Course for Alcohol Impaired Drivers (Lawrence, 1985), which documented the results of this monitoring.

Through the research undertaken, it became apparent that there was a great deal of resistance and hostility towards the programme amongst clients. Although such attitudes might normally be expected in initial sessions, they continued to be expressed throughout the duration of the course. In part, this resistance could be explained by the disparity between course members' beliefs about their offending behaviour, and those implied by their probationary status. Essentially, these drink drivers did not regard themselves or their offence as criminal, and consequently resisted probation intervention and the label of 'criminal' that is often associated with it. This problem was compounded by being lectured at week after week, which reinforced their deviant status. Course members rejection of this was demonstrated by their continual contrasting of themselves with the criminal population in general. Course members viewed their offence as one which a large proportion of the population commit at some stage in their driving careers.

"...they maintain that their behaviour is not significantly different from that of most of their friends who have escaped detection...". (Martin, 1986)

As such, the seriousness of the offence was not recognised and individuals regarded themselves as 'unlucky' in so far as they had been detected. They were still 'respectable, law abiding citizens'.

Course members' perceptions of themselves and their offence might also explain their preoccupation with finding loopholes in existing legislation, rather than concentrating on positive ways by which to avoid further conviction in the future. An example of this was illustrated by a minority of offenders on the course whose breath alcohol concentrations were two and a half times the legal limit, or in excess of this amount. They suggested, that had they failed to provide a specimen of breath, they would have been more likely to have received lesser penalties from the courts. Associated with this was a tendency to denounce personal responsibility in relation to the offence. Most participants denied any 'deliberate intent' in the commission of the offence and were inclined to justify their behaviour by attributing it to factors beyond their control. Frequently cited explanations included; lack of alternative transport, unexpected domestic disputes etc.

Finally, this resistance and hostility expressed by course members towards the programme might be partly accounted for by the content of the course, which was mainly one of alcohol education. Although most course members recognised that they might possibly have a drink problem (if only in so far as it had led them into conflict with the law), they were hostile to the label of 'alcoholic' as expressed by visiting speakers from Hampshire Council on Alcoholism. Individual recognition of detrimental levels of alcohol consumption does not equate with receptiveness to suggestions of alcoholism. The fundamental difference is that the latter implies elements of permanence, and lack of control and choice, together with a high degree of stigma, which is frequently associated with it. This problem was further compounded by the nature of the course which tended to neglect the connection between alcohol and driving skills and ability. This, however, was what course members had expected, given the title of the programme; the Course for Alcohol Impaired Drivers.

In order for the Course for Alcohol Impaired Drivers to achieve its desired aims, in terms of effecting sustained

attitude and behavioural changes towards the use of alcohol, and more specifically, towards the combination of drinking and driving, it was essential that course members' negative attitudes towards the programme be overcome. It was realised these represented real barriers to addressing offending and drinking behaviour, and to the learning process in general. In terms of the course structure and content, it was apparent that a more gradual and subtle programme of education was necessary in order to ensure acceptance by its users. The current Course for Alcohol Impaired Drivers, which has been operating in its present form since May 1985 was designed on this basis of progressive education.

The evolution of the Course for Alcohol Impaired Drivers was further aided by a group established in May 1984. Their purpose was to revise the existing six sessional scheme and re-compile it in the light of experience. The group consisted of the Director of the Southampton University Department of Teaching Media, members of Aquarius and Tacade (organisations active in the field of alcohol/alcohol education), together with John Cook, Terri Lawrence and Professor Martin. The final concepts and structure of the course however, were consolidated in the Autumn of 1984 when the course was formally reviewed by the Probation Service. Prior to this a German speaking probation officer had visited West Germany in order to examine similar courses which had been operating in that country for some time.

The formal review of the Course for Alcohol Impaired Drivers drew upon the experiences of course leaders, together with the results obtained from the monitoring undertaken, in making a number of important changes to the structure and content of the course. Perhaps the most important change to occur was the move away from

"...a six week didactic lecture based approach, using... specialist speakers to an eight week course with the emphasis on participant involvement..."

(Lawrence, 1985)

The need to equip course members with decision-making skills was also recognised and incorporated in the content of the revised course. It is worth noting, that the development of the Course for Alcohol Impaired Drivers from a programme which was purely informative, to one which emphasised participant involvement and the development of decision-making skills reflected the wider trend in alcohol education discussed in Chapter Two.

It was also thought that the aims of the course would be more readily achieved if the formal input was the responsibility of course leaders. The reasons for this were three-fold. Primarily, it was recognised that the original lecture based format worked to the detriment of group dynamics and cohesion. Discussion of issues within sessions were not forthcoming, and it was essential that a greater contribution should be made by those attending the course. This emphasis on the need for group involvement reflects a key educational principle; that learning is positively affected where individual participation is encouraged. This objective could not be recognised within a format where the main contributors were changing every week.

Secondly, it had proved difficult, in some cases, to reconcile the philosophy of the course with those of the speakers. One example of this was seen in the perception of the problems of alcohol abuse by speakers from Alcoholics Anonymous. Essentially, they maintain that

"Alcoholism is an incurable disease...",
(Alcoholics Anonymous, 1954)

a fatal illness for which there is no known medical cure. Furthermore, Alcoholics Anonymous suggest no definitive causes of the disease. Despite this, they do believe that alcoholics can achieve sobriety; they will, however, remain 'allergic' to alcohol indefinitely. Obviously, such a model of alcoholism has little compatibility with a course aimed at sustaining behavioural change through education. As will become clear,

those involved in its design viewed the problems of alcohol abuse more in terms of social factors.

Thirdly it was recognised that although the content of the original courses was both informative and interesting, its focus had been too specialist and technical for those to whom it was directed. By abandoning a format which depended upon 'specialised' personnel, and replacing it with one conducted by 'non-specialised' probation officers, it was hoped that the level of teaching would be more appropriately directed at course members.

It was also agreed to shift the focus of the course from one of alcohol education, to one more concerned with the connection between alcohol and driving ability. Although this had been the original intention, in practice the emphasis had been on the former. Whilst this redirection has occurred to some extent, it can be argued that the revised course still remains more concerned with alcohol education than with its associated effects on driving skills. This point is confirmed by examination of the course aims, both base and sessional, detailed later in this chapter.

Within the period in which the course evolved, (August 1983 to April 1985), a number of other changes occurred incrementally which are worth considering. Despite interviews with those individuals most involved in the restructuring of the course, and examination of all available records, it has not been possible to identify exactly when these changes took place. What is clear, is that they were not the result of policy decisions, but rather, occurred as the weaknesses of current practice were recognised.

The first of these changes concerned course members who had not been referred to the programme as a condition of their probation order. Originally, group numbers had been supplemented with voluntary clients whose offending was clearly alcohol-related, but who were on probation for non-motoring offences. It was recognised, within the first six

months of running the course, that the two groups of offenders did not mix particularly well. The decision was therefore taken to restrict membership to those who had actually been convicted of excess alcohol offences. In retrospect, this lack of integration is perhaps not surprising, as it has already been suggested that drink drivers do not regard themselves as criminal (Willett, 1971). Furthermore, they view their own offence as significantly less serious than others (DeJoy, 1989). Assuming this was the case, empathy between group members would have been severely restricted.

The second significant change which took place was to allow members the option of bringing along another person to accompany them on the course. Initially, course leaders were aware that friends, partners or relatives were driving clients to the programme and waiting outside for two hours. The decision to involve these people where possible, arose from the idea that their participation would not only be supportive, but would also be challenging and encourage openness among members. Furthermore, it would

"...enable the course member to continue to discuss outside the course issues which were raised during the sessions and often to find support in resolutions for behavioural change".

(Cook, 1989)

This widening of course membership has proved, in practice, to have very positive results.

The third development which is worth mentioning here is in relation to the type of post course probation contact received by clients. When the programme was first established, clients received no supervision outside the course setting unless specifically requested. Subsequently, it was decided to involve probation officers in post course supervision through the monitoring of two projects which continue to run for a ten week period following course completion. It was also thought beneficial to inform officers of individual responses to the

programme and possible areas in which future supervision could be focused.

Finally, it is important to mention the change in the location of the Course for Alcohol Impaired Drivers, from Eastleigh to Southampton. Although this occurred in September 1985, some months after the structure and content of the programme had been finalised, it is, none the less, worthy of some consideration in this section. The decision to relocate the Course for Alcohol Impaired Drivers was based on two primary reasons. First, it was recognised that a Southampton venue would be more central and, as such more easily accessible to clients. Second, the original venue in Eastleigh, which was a Magistrates Court room adjoining the probation offices, was thought to be a too formal and impersonal setting. The Southampton Probation Day Centre was considered to be a more suitable venue.

To summarise, it is clear that the Course for Alcohol Impaired Drivers underwent a radical transformation from the time of its conception in March 1983 to when its structure and content were finally consolidated in May 1985. For those representatives of the Hampshire Probation Service and the University of Southampton, who had invested much time and effort in the development of the programme, the logical conclusion to their work was to enable others to benefit from it.

5.3 The Teaching Pack

In January 1986 a joint application was made by the Probation Service, in conjunction with the University, to produce a teaching pack based on the Course for Alcohol Impaired Drivers. A few months prior to this, in October 1985, John Cook had been invited to address the Royal Society for the Prevention of Accidents at their annual meeting. Through this, the course had received widespread publicity. This, in turn, had generated enormous interest in the programme,

primarily from other Probation Services, but also from Councils for Alcoholism, Road Safety Departments and Health Authorities. The production of a teaching pack would thus enable other organisations to benefit from the Hampshire initiative and ultimately to operate similar courses elsewhere.

The application, which was submitted to the Alcohol Education and Research Council (AERC), detailed the production costs of five hundred teaching packs, estimated at around twenty thousand pounds. The main expense within this figure was the cost of making specialised videos and 'trigger' films designed to accompany the course sessions. The AERC, which was established in 1981 under the Licensing (Alcohol Education and Research) Act, was formed for the purpose of administering a charitable fund. Financial assistance is given, through the Alcohol Education and Research Fund, to organisations active in the area of alcohol misuse to assist educational and research projects. The AERC is particularly interested in 'novel' forms of help directed at those with alcohol problems and its scope of interest is wide enough to include offenders who fall into this category. This was not the first application for financial assistance made to the Council associated with the course. In September 1983 support had been requested from various bodies, including the AERC, for a Research Grant to monitor the Course for Alcohol Impaired Drivers, but had been rejected. On this occasion however, the application was successful.

By March 1986 the design of the teaching pack was in progress. In the final form it consisted of a video, slides, a course leaders' manual, an alcohol calculator, and a course members' binder. This binder contained factsheets, projects and statements of the aims of the course as well as of each session. The pack, which was entitled Don't Take the Risk, was launched in November of the same year. This took place at a press conference in London, opened by Peter Bottomley (the then Minister for Roads and Traffic). Further publicity was given to the teaching pack in January 1987 at Road Shows,

organised by the Hampshire Probation Service, in London, Birmingham and Manchester. By the end of March 1991, one hundred and twenty five copies of 'Don't Take the Risk', priced at £150 each had been sold. A detailed breakdown of the types of organisations which purchased the pack is given below in Table 5.1.

Table 5.1: Number of Teaching Packs Sold by Type of Organisation

TYPE OF ORGANISATION	TEACHING PACKS SOLD	
	Number	%
Probation Services	68	54.4
County Councils (incl. Regional/District)	18	14.4
Local Authorities	3	2.4
Health Authorities / Health Education Organisations	11	8.8
Alcohol Organisations	7	5.6
Transport / Road Safety Organisations	8	6.4
Miscellaneous	10	8.0
TOTAL	125	100.0

As the above table illustrates most of the teaching packs sold were purchased by other Probation Areas (68 out of 125), some of which bought a number of copies. A report produced by Aquarius in 1990, (Wesson, 1990), identified that 31 out of the 59 Probation Areas in England and Wales were running Driver Impairment Courses for drink drive offenders. The structure, content and selection criteria of these educational programmes varied considerably and it was not clear to what extent they conform to the Hampshire model. However, it is

worth noting that of the Probation Areas in which courses were run 24 had purchased copies of the teaching pack.

5.4 Don't Take the Risk - The Revised Course for Alcohol Impaired Drivers

A detailed account of the revised course, on which the teaching pack was based, is given below.

The stated aims of the course have remained much the same despite a fundamental restructuring of its format. Six objectives were formally stated by the Probation Service and are reproduced below:

1. "To increase factual knowledge about the effects of alcohol".
2. "To encourage a constructive change in attitudes towards the use of alcohol".
3. "To encourage a constructive change in patterns of drinking and related behaviour".
4. "To develop an increased awareness of the variety of ways in which participants can resist undue pressure to drink more than they wish".
5. "To enable participants to recognise the implications of their drinking behaviour on themselves and others".
6. "To encourage individual examination of the drink driving offence and the recognition of the effect of alcohol on essential driving skills".

(Source: Hampshire Probation Service / Southampton University, 1986)

The first four aims have been taken from those originally conceived and differ in wording only. The latter two objectives were identified when the course was reviewed, but are related to an earlier aim which was;

"For participants to develop recognition of personal responsibility in drinking behaviour".

(Lawrence, 1985)

The only other original aim which is now not stated is that related to further offending;

"To prevent further re-offending in the form of driving with excess alcohol".

(Lawrence, 1985)

Whilst the restated objectives do not explicitly refer to an attempt to prevent further offending of this nature, taken as a whole they undoubtedly imply it.

In addition to the overall course aims, outlined above, each of the eight sessions also has a set of objectives which are closely linked to the base ones. These sessional aims are of a more specific nature and associated with the weekly content of the course.

The overall structure of the Course for Alcohol Impaired Drivers follows a logical sequence, based on an educational philosophy of progressive learning. The course is introduced by two sessions providing general factual information about alcohol and its effects on the body. It then consolidates these earlier sessions and brings into focus the purpose of the course, by examining how alcohol impairs essential driving skills. The fourth session concentrates on the role of the courts in sentencing drink drivers and the legal implications of a drink drive offence. Thereafter, the focus of the sessions narrows to tackle individual attitudes and behaviour. Week five looks at problems of personal responsibility in relation to drinking behaviour, and is logically followed by

a session aimed to encourage the development of coping skills and strategies in difficult drinking situations. Session seven is concerned with elucidating personal patterns and levels of drinking and their likely implications in terms of physical and mental health and possible social consequences. These individual levels of drinking are then related to the concept of 'sensible drinking'. Finally, course members are encouraged to set themselves achievable goals in respect of individual problem areas. In addition they are informed of further available support if they feel this would be of benefit to them. Another important element of the sessions, which runs throughout the eight week programme, is the detailed examination of individual offences.

The above summary clearly indicates a sophisticated design, which gradually introduces the course member, firstly, to basic knowledge about alcohol, and then as the course progresses, to questioning personal attitudes and behaviour. Having provided a general overview, it is now appropriate to examine the Course for Alcohol Impaired Drivers in more detail. Outlined below are the aims of each week, together with a description of each sessions content and how this is conducted.

Session One

Aims:

1. "To dispel myths about the alcohol equivalents of different drinks".
2. "To introduce the concept of alcohol 'units'".
3. "To encourage participants to consider their personal drinking in terms of alcohol units".
4. "To examine the 'build up' effect of alcohol".

5. "To examine how long it takes for the effect of alcohol to wear off".
6. "To examine a course member's individual offence".

(Source: Hampshire Probation Service / Southampton University, 1986)

Each course member is welcomed individually as they arrive, and given a card with their first name on it, which is placed in front of their chair. This is so that members can get to know each others names more quickly, and thus relate to each other more personally. The two course leaders then briefly introduce themselves using headings which are displayed on a flip chart. These are:

First Name

Domestic Situation

Leisure Activities / Interests

Employment at Present

How Many Years Driving Experience

Any Accidents - Whose Fault

What We Expect to Gain From the Course

One course leader then briefly details the background to the course and its aims. It is important that basic rules regarding attendance and possible breach procedure are made explicit from the start. The course leader explains that those clients who have failed to attend the first session are automatically taken off the course, and will be required to attend the whole of the subsequent course. Providing the first session has been attended, if a course member is then absent from one session, he/she will be allowed to complete the course but will have to make up the corresponding session on the following course. If two sessions are not attended, then the course member will not be allowed to continue on the course, but will have to complete the whole of the succeeding course. Beyond these allowed absences breach proceedings will be initiated by individual supervising probation officers.

This action is necessary in order to retain the courts confidence in the programme. The Course for Alcohol Impaired Drivers is not intended to be a 'soft option', and it is essential that it is not viewed as such, either by sentencing officials or by offenders themselves. In addition to these attendance stipulations, course members are required to arrive at each session promptly and in a sober condition.

Finally, the importance of confidentiality is stressed. Whilst it is recognised that participants may wish to talk about the group's activities and discuss them with others outside the group, they are requested to avoid referring incidents to particular individuals within the group. Following this statement of the rules, each member of the group is then invited to introduce themselves in the same way as the course leaders did initially. This exercise is another way by which course participants can get to know each other, which in turn works to promote group empathy. All participants receive a ring binder containing information relating to the rationale underlying the programme and its aims. This binder is gradually added to on a week by week basis with factsheets and weekly project sheets. It is emphasised that there is an expectation that project work will be completed weekly and will form an essential component of the content of the following sessions.

Once these formalities have been explained the session moves on promptly to three 'Drink Exercises' which aim to introduce the group to the concept of alcohol 'units' and to dispel commonly accepted myths regarding the alcohol equivalent of various drinks. The first exercise is designed to achieve the second of these aims. Each course member is asked in turn to choose a glass from a variety of types and then to pour a whisky as they would for themselves or a friend at home (the whisky is, in fact, cold tea). As each participant does this their glasses are labelled with their name. Once this part of the exercise has been completed, members are again asked in turn, to measure through a measuring cylinder how many single spirit equivalents (one

sixth gill) they have poured. Course leaders then encourage discussion on the exercise and particularly emphasise how easy it is to consume more alcohol than was intended. This could be out of ignorance of the quantities poured, or merely through lack of attention.

The second exercise of this session is again intended to increase the group's understanding of the alcohol equivalent of various drinks. For this purpose, a selection of empty bottles are grouped randomly on a table. These include beer, wine, fortified wines, spirits, liquors etc. A label indicating the alcohol content by volume of each is concealed on the base of the container. Course members are then asked as a group to order the bottles in terms of their alcohol content. Once this task is complete, a course leader will re-order the drinks correctly (Invariably there will be some discrepancies). Again, general discussion is encouraged. The aim of this exercise is to demonstrate how easy it is to drink more than intended through lack of knowledge concerning the strengths of various drinks.

The final exercise in the first part of this session introduces the concept of alcohol units. Four empty glasses i.e., a half pint beer glass, a wine glass, a sherry glass, and a spirit glass, are placed on a table. The group are requested to repeat the previous exercise by ordering the glasses in terms of the amount of alcohol they would receive in each. (That is, assuming standard 'pub' measurements). The course leader will then explain that there is generally no correct order and that one would receive the same amount of alcohol in each. The measures are then identified as alcohol 'units', and each drink as equivalent to one unit of alcohol. It is essential that each course member understands this important concept as it is one which recurs throughout the course.

At this stage, approximately half way through the session, there is a short interval for refreshments. This break, which allows participants to relax their concentration

for ten minutes, is a feature of every session. Returning to part four, members are given the opportunity to realise the alcohol content of their own particular favourite drink. A flip chart displaying various beers, wines, spirits etc., their relative strengths, and the number of units in a standard measure, is used for this purpose.

The final exercise in this first week involves the examination of an individual offence. With the exception of the fourth session, each week ends with at least one offence examination. This will depend however, on the numbers attending a particular course. Once an individual has been chosen, either voluntarily, or through arbitrary selection, the course leader will initially establish the day and date of the offence. All details of this examination are recorded on a flip chart in the format indicated in Appendix B.

The course leader then begins the offence examination by establishing what the client had to drink on the day prior to the commission of the offence. The purpose of this is to determine what, if any, alcohol was present in the body on the morning of the offence as this might effect the breath alcohol reading. The complete details of the day of the offence are then recorded on the flip chart, including, the times of any significant events, meals eaten and alcohol consumed. This is continued beyond the commission of the offence to include the subsequent arrest and intoximeter testing. The subject of the exercise is then invited, with the benefit of hindsight, to suggest ways in which the offence could have been avoided.

This part of the exercise completed, the total number of units consumed is calculated. From this is subtracted the number of hours elapsing between the time of the first drink and the time of the intoximeter reading. This assumes that the body eliminates one unit of alcohol per hour. The number of units remaining is then multiplied by seven microgrammes to produce the breath alcohol content. This figure should approximately equate with the intoximeter reading taken by the police. If the two figures are not roughly equal then a

further examination of the quantities of alcohol consumed is necessary. There are a number of possible explanations. Either the respondent has not accurately recollected the amount of alcohol consumed i.e., he/she has over or under estimated. More worrying however, is the possibility that the body is not working at normal efficiency in its elimination of alcohol from the blood. Following this exercise, the individual respondent is asked to consider the consequences of his/her drink driving conviction. This may be in terms of the effect on the immediate family, but equally in employment, financial and social terms. The examination outlined above encourages participants to consider their personal drinking in terms of units of alcohol. Furthermore, it effectively demonstrates the build up and elimination of alcohol in the body.

Continuing on this latter point, a flip chart is again used to demonstrate, in diagrammatic format, what is commonly known as the 'top up effect'. This illustrates the principles by which blood alcohol concentration increases with the quantity of alcohol consumed, and similarly the speed with which alcohol is eliminated over time. It also shows that one drink, on the morning after a heavy drinking session, can place an individual over the legal limit; hence the term 'top-up'. Indeed, this accounts for a significant proportion of the circumstances under which people are found to be driving with excess alcohol. Comments and questions from the group are encouraged at this stage. It is explained that on average the body is able to eliminate one unit of alcohol every hour. This is, however, a generalisation, and it is made clear that factors such as age, sex, weight, health, individual metabolism etc., will influence the rate of elimination.

Formal factsheets related to this session are then given to each course member, together with a project to be completed for the following week. These two are routinely distributed and explained at the end of each session.

Session Two

Aims:

1. "To check any questions arising from session one".
2. "To review project from session one".
3. "To examine the relationship between the number of alcohol units consumed and the concentration of alcohol in the body".
4. "To examine the body's response to alcohol".
5. "To provide basic statistical information in relation to drinking and driving".
6. "To examine a course member's individual offence (time permitting)".

(Source: Hampshire Probation Service / Southampton University, 1986)

Session two begins with a simple warm-up exercise whereby the group is divided into two teams and compete to answer simple true/false statements. The questions are based on knowledge supposedly acquired in the previous week's session. This exercise is conducted informally and serves to re-introduce members into the group.

The more formal input in this session begins by examination of the two projects which course members should have completed during the preceding week. For the first part of this, participants had been asked to complete a table by giving six examples of alcoholic drinks. For each drink they had to specify the brand name, the type of drink, the type of container and the percentage of alcohol by volume. Each member is then requested to contribute to an identical group table

from their own project. As in every project and exercise performed in the Course for Alcohol Impaired Drivers, it is essential that each course member participates fully. This exercise is then summarised by general comments on the variety and relative strengths of different drinks.

The second part of the project was designed to draw attention to the most popular occasions and venues for drinking. Again a flip chart is used to record the combined results of individual projects. These state the places and occasions on which alcohol has been consumed over the past two weeks. Invariably a distinct pattern for the group emerges. Typically public houses and clubs are the most popular venues with the most frequently cited occasion being social. This pattern however, is by no means inflexible and individuals are encouraged to recognise the characteristics of their own drinking behaviour.

By way of achieving the third, fourth and fifth aims of this session, a set of colour slides is used to stimulate discussion on the physical and emotional effects of alcohol. Throughout this slide show, course leaders provide factual information and raise questions in an attempt to generate comments and general debate from the group. A short video is then shown to explain the function of the liver in eliminating alcohol from the body.

As in session one, week two is concluded by the examination of a course members individual offence. This completed, factsheets and projects related to the session are issued and explained in detail.

Session Three

Aims:

1. "To check any questions arising from Session Two".

2. "To review project from Session Two".
3. "To examine the connection between alcohol in the body and the impairment of essential driving skills and abilities".
4. "To elicit and discuss personal attitudes in relation to drinking and driving".
5. "To examine a course member's individual offence".
6. "To examine another course member's individual offence".

(Source: Hampshire Probation Service / Southampton University, 1986)

As in session two, week three begins with the simple warm-up exercise detailed earlier. This completed the course returns to the first part of the previous weeks project. In this instance, members were given a table of examples of different quantities of alcoholic drinks. They were then required to complete the table by calculating the breath alcohol concentration and the time taken to eliminate the alcohol in each case. An initial example is given i.e., one pint of ordinary beer produces a breath alcohol concentration of 14mcg and takes approximately two hours for the body to eliminate. Following the normal project format, participants feed back their calculations to the group which are then displayed on a flip chart. Care is taken to ensure that each individual fully understands the means by which the figures have been achieved.

Before moving on to the second part of the project, a video is shown: Drinking and Driving: The Sober Truth. This seeks to demonstrate the effect alcohol has on various physical and mental attributes; for example, vision, judgement, reaction times, co-ordination and personality. In addition to this, it clearly illustrates the relative impairment of essential driving skills at various levels of

intoxication.

The information provided in the video, together with the second part of the project, form the basis of the following exercise. Here, members are engaged in a brainstorming procedure requiring them to call out all the skills and abilities necessary to drive a motor vehicle competently. These are duly listed down the left hand side of a chart. Individuals are then randomly asked to briefly explain the effect of alcohol consumption on these skills. Their answers are in turn recorded on the right hand side of the chart against the left hand skills. Throughout this, general discussion is encouraged to elicit personal attitudes and opinions to drinking and driving. The purpose of the above exercise is to emphasise the correlation between alcohol consumption and the deterioration of driving skills and abilities. It should be evident at the end of the session that drinking, even at levels below the legal limit, increases the risk of accident.

Once again, Session Three ends with an offence examination and the issuing of factsheets and projects. In addition to this, the group is informed of the content of Session Four; a Court Role Play, where the role of the Court will be examined, together with the respective activities and responsibilities of a variety of its officials. In accordance with this, part of the project for the following week requires participants to think of five questions related to their offence/court appearance which they may address to the visiting court officials¹.

¹ - This term refers to those professional persons regularly participating in the activities of the Court. Although they are not strictly 'officials' of the Court, for the purpose of ease of reference, they will be termed as such hereafter.

Session Four

Aims:

1. "To review project from Session Three".
2. "To examine the roles and explore the respective responsibilities of those involved in the conviction of drink/drivers".
3. "To understand the legal implications and consequences of a drink/drive conviction".
4. "To air feelings about drink/driving offences".

(Source: Hampshire Probation Service / Southampton University, 1986)

As explained in the previous section, Session Four is mainly comprised of a Court Role Play. This entails the enactment of a fictitious court hearing, and includes all the relevant proceedings that would take place in a typical drink driving case; a guilty plea is assumed. A variety of local court officials are invited to attend and lend their expertise in the court proceedings. Essential personnel include; two Magistrates, a Court Clerk, a Defence Solicitor and a representative of the Crown Prosecution Service. In addition to this, it is recommended that a representative of the Police Force is present; for example, an intoximeter sergeant or a County Road Safety Officer.

As these officials arrive they are taken into a separate room to be briefed on the format of the session and to be informed of their respective roles in it. They are also informed of the aims of the session, stated earlier.

Whilst this is occurring, the co-leader will begin the first part of the session by briefly reviewing the previous weeks project. For this, course members were required to

compile a list of the situations in which they had seen people drink and drive recently. They then had to suggest ways in which this behaviour could have been avoided in the cited situations. Following general discussion of this exercise the co-leader will ask for volunteers to represent the five essential court officials in the Court Role Play.

Once the above project has been reviewed and the court officials briefed and returned to the group setting, the main role play session begins. Seating arrangements will have been organised prior to the commencement of the session to accommodate the typical court scene. The purpose of this session of the course is then explained. Essentially it is aimed at enabling course members to achieve a greater understanding of the respective responsibilities of the court officials. In addition to this, it allows participants the opportunity to pose questions or clarify any queries regarding their own court appearance and sentence. It is emphasised at the outset that it is course members and not the visiting officials who will be running the proceedings. The latter's part in the actual court case is in an advisory capacity only. It is also made clear that clients should feel free to interrupt and ask questions at any time, with the exception of a short period when the Magistrates are deciding upon sentence. A hand-out explaining the brief details and circumstances of the offence under examination is then issued to everyone present.

Initially, the court officials are invited, in turn, to talk briefly, (3 to 4 minutes each), to the group on their duties and responsibilities to the Court. This completed, the group members take their places beside the officials whose roles they will be playing. The actual role play then commences.

The visiting officials are required at the appropriate times to explain aloud to those acting their roles what is expected of them i.e., what they should say when, to whom, and why. The acting officials duly carry out these instructions.

The court continues in this way until the point where the Magistrates would normally retire to decide upon a sentence. Instead of leaving the room, the acting and real Magistrates gather in a central area of it. This enables the sentencing process to be audible to all participants. Whilst the real Magistrates have an important input at this stage, their function is mainly in terms of legal advice and guidance. It is important that it is the acting Magistrates who finally decide upon the penalty and period of disqualification. Once sentence has been passed, the discussion can open up again to include the whole group. This is often a good opportunity for course members to raise queries regarding their own court appearance or points of principle in sentencing generally.

It is apt to mention at this stage that, in the author's opinion, these offenders had frequently left the Court with a feeling that an injustice had been done. Typically, this was in relation to the period of disqualification imposed, but may also have been with regard to the level of fines administered for associated offences. These feelings are then often exacerbated when offenders discuss their sentences with others with similar convictions. In reality these perceived inequalities and injustices are usually a result of ignorance concerning the sentencing process. Whilst disparities in sentencing can exist between different benches of Magistrates and different courts, there do exist fairly rigid guide lines in the form of tariffs for different offences. Such tariffs are usually adopted as a matter of policy by the Benches concerned in order to ensure equity in the treatment of different cases. Similarly, the law allows for only a minimum of discretion in the setting of disqualification periods for this type of offence. One of the main benefits of this session then, is in allowing offenders to understand the means by which a particular sentence is decided.

To conclude this session, whilst course members receive their weekly projects and factsheets, the court officials again retire to a separate room to be debriefed. Essentially this is an opportunity to thank individuals for their

contribution and for giving up their free time to take part in the course. Whilst this particular session provides a unique opportunity for offenders to meet with officials outside the formal court setting, it is also a chance for officials to view the criminal justice process from the offenders perspective. On both counts this has been regarded as an invaluable experience.

Session Five

Aims:

1. "To review project from Session Four".
2. "To discuss problems of personal responsibility and drinking behaviour".
3. "To examine a course member's individual offence".

(Source: Hampshire Probation Service / Southampton University, 1986)

Session five commences by reviewing the previous weeks project. The first part of this required course members to rank a list of eight statements, concerning the use of alcohol, in the order which they perceived most important. Two examples of the statements are reproduced below:

"Alcohol helps you to relax or unwind. e.g. after a period of stress or hard work or a row with someone".

"Alcohol helps you to deal with annoyance, frustration and anger more easily. e.g. a personal disappointment".

(Source: Hampshire Probation Service / Southampton University, 1986)

Individual responses are collectively displayed on a flip chart and discussion is encouraged on any patterns which may emerge within the group. Particular attention is paid to,

"... the relative dangers of using alcohol in each of the eight categories...",

and course leaders suggest,

"... alternative ways of coping with those particular pressures of life...".

(Source: Hampshire Probation Service / Southampton University, 1986)

The second part of the project required members to consider ways in which their drink drive conviction had effected their lives, and also the lives of others. Each member is asked individually to discuss their personal experiences, in this respect, with the group.

The main exercise in Session Five concentrates on the various ways in which individuals purchase drinks when in a public house. Each system of purchase, for example; rounds, kitty's or buying your own, is examined by the group in terms of its advantages and disadvantages. The results are displayed on a flip chart. On completion of this exercise it is clearly demonstrated that, with the exception of buying your own drinks, each system of purchase has far more disadvantages than advantages. The aim of this part of the session is to encourage individuals to buy their own drinks, thereby retaining control of their drinking and avoiding pressure from others.

Following this exercise, two 'trigger' films are shown. These will have been previously selected by course leaders from a choice of eight to,

"... most closely relate to the life styles of course members".

(Source: Hampshire Probation Service / Southampton University, 1986)

These films, which depict common situations in which people drink and drive, are designed to 'trigger' discussion on the issues portrayed. Ultimately, it is hoped, that course members will suggest alternative behaviour to drinking and driving.

Throughout Session Five, members are encouraged to recognise situations in which they tend to drink more than usual. This may be through using alcohol to cope with various problems, or through pressure to drink from others. In either case, the course aims to motivate members to accept personal responsibility for their drinking behaviour, and related driving behaviour.

Session Five is concluded by the examination of an individual drink drive offence and the issuing of factsheets and projects for the following week.

Session Six

Aims:

1. "To review project from Session Five".
2. "The development of coping skills and strategies in difficult drinking situations".
3. "To examine a course member's individual offence".

(Source: Hampshire Probation Service / Southampton University, 1986)

In accordance with the standard session format, the sixth week begins by reviewing course members' projects. During the course of the previous week, course members were asked to go to their usual place of drinking and, without explaining to anyone why, order a soft drink. They were required to drink only that soft drink for the duration of the time they would normally spend there. Members had been given project sheets on which to record their feelings about this exercise and the responses of others to their behaviour. Individuals are required to report their experiences to the group through answering the questions reproduced below:

"What was the publican/bar staff's reaction?"

"How did your friends react?"

"How did you feel about asking for soft drinks only?"

"What pressures did others put on you to drink alcohol?"

"What reasons did you give for not drinking alcohol?"

(Source: Hampshire Probation Service / Southampton University, 1986)

The group is then encouraged to draw some conclusions from the feelings they have expressed and from the responses of others, to emphasise

"... the developing awareness about how other people see them and how they see themselves".

(Source: Hampshire Probation Service / Southampton University, 1986)

This exercise completed, the session moves logically on to a role play aimed to stimulate the development of coping strategies in situations where individuals may be put under pressure to drink more than they wish. For this purpose the

group is divided into pairs. One person is given the task of persuading the other to have a drink. The latter must refuse the drink using as many different reasons as he/she can think of; each member will play both roles in turn). Following this role play, there is general discussion on the variety and types of reasons course members have used. Individuals are asked which ones they think are most effective and acceptable, and which ones they would be most prepared to use.

A further offence examination and the distribution of factsheets and projects conclude this session.

Session Seven

Aims:

1. "To examine group members' personal drinking patterns for the last week".
2. "To relate drinking patterns to the concept of 'sensible drinking'".
3. "To examine the likely consequences of drinking regularly at different levels".
4. "To consider alternative patterns of drinking".
5. "To examine a course member's individual offence".

(Source: Hampshire Probation Service / Southampton University, 1986)

This penultimate session concentrates on course members personal drinking patterns. During the preceding week, members will have completed a detailed 'drinking diary'. For each day a record is kept of the time and place of drinking, the hours spent, who they were with, any other activities undertaken, the consequences, (if any), the cost and the number of units

consumed. These diaries are then reproduced individually on a flip chart highlighting the total number of units consumed in the week. Clients are also asked to estimate the units they would consume in a typical week, together with a weekly average for the period in which their alcohol consumption was at its greatest. These latter two figures are also highlighted on their drinking diary.

Throughout the examination of members' diaries, course leaders are responsible for identifying, and encouraging recognition of, individual patterns of drinking. For example, on which day is alcohol consumption at its highest, during which hours, at what location ? etc. Leaders aim to draw the group into discussion on possible ways in which individual patterns of drinking may be changed.

The final part of this exercise involves the collation of each course members three weekly average figures on a group chart. This categorises weekly alcohol consumption into distinct levels of drinking i.e., for men; up to 20 units, 21-36 units, 37-50 units, 51-95 units, 96 units or more. Each of these levels is then interpreted in terms of their likely physical, mental and social effects². This opportunity is taken to remind the group of,

"... the sensible, safe levels of drinking, for men and for women, i.e., no more than 20 units a week for men and 13 units a week for women spread over two of three days."

(Source: Hampshire Probation Service / Southampton University, 1986)

To conclude this session, participants are given factsheets and project sheets. Part of the project related to this session requires members to continue to complete a drinking diary during the following ten weeks.

² - The various weekly levels of alcohol consumption identified, and their related effects, are taken from those outlined by the Health Education Authority (1989).

Session Eight

Aims:

1. "Review of project from Session Seven by means of a public commitment of personal drinking goals for the future, and for individuals to identify times and occasions when they personally feel most at risk of drinking excessively".
2. "To identify areas of personal anxiety in connection with patterns of drinking."
3. "To provide information about sources of help for those who would like further support in reducing their levels of drinking, and for those whose goal is total abstinence".
4. "To re-administer the Alcohol Knowledge Questionnaire".
5. "To invite feed-back from group members on course content, teaching approaches and suggestions for future modification and development".
6. "To inform about the nature of continued supervision by their Probation Officer and to issue reporting instructions".

(Source: Hampshire Probation Service / Southampton University, 1986)

The final session of the Course for Alcohol Impaired Drivers concentrates on encouraging behavioural change in relation to drinking behaviour. Members attend this session having previously prepared a set of goals for the future. In setting these goals it is expected that clients will reflect upon what they have learned through the programme, and thus identify 'achievable' objectives in terms of current drinking patterns.

"Invariably, their primary goal is not to drink and drive at all. Other goals usually include resolutions to change their pattern of drinking in order to reduce overall consumption of alcohol and to seek alternative interests to fill the gap left by changes in behaviour."

(Cook, 1989)

The main part of this session is devoted to a detailed examination of each member's goals. It is essential that these aims are not just accepted but assessed in terms of the individual to whom they apply. Course leaders will therefore ask pertinent questions, such as,

"... why have they selected these goals, are they realistic, i.e. achievable; and how can they expect to achieve these goals".

(Source: Hampshire Probation Service / Southampton University, 1986)

Group participation is encouraged in this discussion,

"... in order that the individual can benefit from mutual encouragement".

(Source: Hampshire Probation Service / Southampton University, 1986)

This exercise completed, course members are informed that their supervising probation officers will be monitoring their progress through checking individual attainment of these goals, in addition to assessing the drinking diary issued at the previous session. Both these projects are expected to run for a minimum of ten weeks subsequent to course completion.

During the tea break, course members are required to complete an 'Alcohol Knowledge Questionnaire'. This questionnaire, which is also completed by clients prior to the course, aims to assess the degree to which members general

knowledge of alcohol improves through attendance on the programme.

An essential element of this final session is the detailing of further support available to participants. Whilst all participants will have contact with their own probation officer, some may feel the need for additional support from other agencies in addressing individual problems associated with alcohol. This support may be sought through their own General Practitioners, but could equally involve such groups as Alcoholics Anonymous or Alcohol Support Groups.

The final exercise in the Course for Alcohol Impaired Drivers was designed to ensure that course members completed the programme on a positive note. Each group member, including the leaders, has a large sheet of paper pinned to their back. Everyone is then asked to write one positive comment about each person on their sheet. When this exercise, which has been called 'Doggy Tails', is completed each participant has a series of personal comments, all positive, with which to leave the course.

5.5 The Portsmouth Course for Alcohol Impaired Drivers

In April 1986 a second Course for Alcohol Impaired Drivers was established in the South West Probation Region of Hampshire. Initially, this programme was located in Cosham, but subsequent to May 1987, most courses were held in Portsmouth Probation Day Centre. The reason for the change in venue was primarily the centrality of Portsmouth in terms of transport services, relative to Cosham.

Whilst this course was largely based on that detailed in the teaching pack, and thus the course operative in Southampton, a number of important differences between the two exist. The primary difference between the two programmes is that the Portsmouth Course for Alcohol Impaired Drivers includes an additional follow up session. This takes place

approximately eleven weeks following completion of the eight week standard programme. The purpose of this session is essentially to review clients' progress, in terms of the goals they set themselves in session eight and in relation to the ten week drinking diary which they are required to complete during the intervening period.

Southampton and Portsmouth Courses also differ in two other minor respects in terms of their content. First, in session two of the Portsmouth course a General Practitioner is invited to address course members on the physical effects of alcohol on the body. This replaces the slides used on the Southampton course which are used to stimulate discussion in this area. A further minor variation between the two programmes is in relation to the type of audio-visual aides used. Whilst the video used in Southampton to demonstrate the effects of alcohol on driving skills and ability is that provided in the teaching pack, the Portsmouth course uses an American video to demonstrate the same points.

The final, but perhaps most important, difference between the two programmes is the selection criteria identified by the related probation offices to these courses. Whilst Southampton accepts referrals made by the courts on all drink drive offenders, the Portsmouth Probation Service restricts access to the course to High Risk Offenders only. These differing selection criteria have important implications for the characteristics of offenders attending the respective courses. The differences between Southampton and Portsmouth in this respect are examined in detail in Chapter Seven.

The design of this study required obtaining data on four distinct but interrelated areas of interest. The first of these concerned the characteristics of each course member, together with details of their offence and related sentence. The second, related to the attitudes of these offenders towards the Course for Alcohol Impaired Drivers, and towards drinking and driving, and drinking in general. The third area of investigation concerned a number of very basic criteria of success which could be applied to the course or to those who attended it. Finally, it was important to elucidate whether those individuals attending the Course for Alcohol Impaired Drivers were a significantly different population from those drink drive offenders dealt with by the courts through other means. It was, therefore, desirable to compare these two populations in terms of a number of key criteria.

Four primary sources of information were used to obtain data relating to these areas of interest. These were probation records and course files; observation of Courses for Alcohol Impaired Drivers operative in Hampshire during the period of investigation; ex-course members themselves; and court records. It is worth noting at this stage, that during the initial period of investigation, the author was employed by Hampshire Probation Service as Assistant Research and Information Officer. Many of the potential problems often associated with gaining access to confidential sources of information were, therefore, not experienced.

Whilst a variety of research methods were used in this study, three primary methods can be identified. The first of these was the detailed examination of probation records, course files and court records. The second and third methods were of a more qualitative nature and involved participant observation in the form of course attendance and the use of relatively informal but structured interviews with ex-course

members.

6.1 The Study Population

Initially it was necessary to define the population with which the study was concerned. In order to obtain the most representative results it was considered necessary to obtain detailed information on all those individuals who had attended Courses for Alcohol Impaired Drivers since the first programme was established in Eastleigh in August 1983. For reasons of practicality, in terms of allowing sufficient time for data analysis and for subsequent sources of information to be examined, a cut off point was decided at the end of 1989. During this period a total of 52 courses had been run in Hampshire; 36 in Eastleigh and Southampton; and 16 in Portsmouth. All those individuals who had attended the courses during this period (August 1983 to December 1989), comprised the basic sampling frame of this study.

In order to describe the methods used in more detail, each level of data collection and subsequent analysis is examined separately. For this purpose, the remainder of this chapter is divided in to 3 sections as follows:

6.2 Examination of Course Files, Probation Records and Court Records

6.3 Course Attendance

6.4 Interviews with Ex-course members

6.2 Examination of Course Files, Probation Records and Court Records

The examination of course files and probation records was intended to provide the majority of data relating to the characteristics of course members, their offence and related sentence, together with some indication of the success of the programme. It was, therefore, desirable to examine data from these sources relating to all those individuals in the sampling frame. In total this amounted to 394 cases; 277 from Eastleigh and Southampton courses operative in the South West Probation Region of Hampshire; and 117 from Portsmouth courses in the South East region of the county.

Course Files

Initially, files relating to each individual course were examined. The primary information source contained in these was a course register. This detailed the names of all individuals who had attended a particular course, together with information relating to their offence and sentence, i.e., blood alcohol concentration, sentencing and supervision court, the date the probation order was made and the length of that order. These registers also contained information concerning the attendance record of each client, indicating which participants had missed sessions, those required to repeat the course due to poor attendance, and in some instances, those who failed to complete the programme. This latter data was essential in assessing the success of the Course for Alcohol Impaired Drivers in terms of completion rates. In addition, information relating to the actual course was recorded; the date the course commenced, those probation officers or senior probation officers who were leading it, and the names of any observers (including friends / relatives / or partners of clients attending).

It is worth noting here that although most of this data was available for each course and client, in some cases

important information was not recorded. The missing items of information identified were neither predominant in particular cases, nor associated with particular variables and as such, it is reasonable to assume that there was no systematic bias in the data obtained. This has, however, had obvious implications in terms of the analysis, which is apparent in the figures and tables presented in Chapters Seven and Eight.

A further important source of information contained in the course files was the completed Alcohol Knowledge Questionnaires. Theoretically, these were supposed to have been completed before and after course attendance by each course member, as a means of assessing to what extent the Course for Alcohol Impaired Drivers was effective in increasing clients' knowledge of alcohol. In practice, the collation of a comprehensive and full set of data relating to these questionnaires was impossible for a number of reasons. Firstly, in a significant proportion of cases, both questionnaire scores were not available. It is probable that this lack of information was due to a combination of non completion and misplaced questionnaires. Secondly, during the period over which the course evolved a total of six different questionnaires were used to measure alcohol knowledge. Due to the relatively small numbers completing each of the five discarded questionnaires, any comprehensive analysis of improved knowledge either between or within these groups was impossible. The final version of the Alcohol Knowledge Questionnaire, which is included in the teaching pack and upon which the analyses presented in Chapter Eight have been based, is reproduced in Appendix C.

Whilst the problems of missing questionnaires affected the data available for courses run in both regions of the county, those associated with the variety of questionnaires only affected the Southampton and Eastleigh courses. This latter point is due to the fact that the Portsmouth course was not operative until April 1986 when the form of alcohol knowledge questionnaires to be used had been finalised. Due to the problems stated above, analysis of Alcohol Knowledge

Questionnaire data has been restricted to a reduced number of cases. Any results obtained should, therefore, be treated with some caution.

Similar problems were experienced in attempting data collection from Pre-Course Questionnaires contained in course files. These questionnaires, once more, could have provided a valuable source of information. Data, from the questionnaire which had been administered to clients since September 1985, related to; their social characteristics, circumstances and details of their offence and previous offences of this nature, health, employment, drinking behaviour, and drinking and driving behaviour.

Unfortunately, three different questionnaires were completed by clients during the period of investigation. Although all three requested information from clients on broadly the same areas as outlined above, the differences between the questionnaires were significant enough to render any comparison impossible. It was, however, possible to collate some information which related to objective facts about the circumstances of offences. Furthermore, although a fairly large number of clients did complete the same questionnaire, in a substantial proportion of cases (59.9%, or 236 out of 394) there was no questionnaire at all. It was impossible to determine the representativeness of those who did complete the questionnaire, and thus any analysis of data obtained from this source has been treated with considerable caution. Finally, it is worth noting that even amongst those cases where the same questionnaire was completed the time of completion differed. Whilst the majority of clients completed the questionnaire before course attendance, a significant proportion completed it either during the eight week period of the programme, or subsequently. It is reasonable to assume that, given the nature of most of the information requested in the questionnaire, the time of completion could significantly effect the responses obtained. Given the problematic nature of this source, very little analysis of this data was considered worthwhile.

Probation Records

The examination of probation records was the second source of information relating to the characteristics of course members, their offence and sentence. These files, which contain a detailed record of each individual client, their offending behaviour and contact with the Service, are compiled by the Probation Service on each client referred to them by the courts. They are kept for a minimum of five years following termination of the probation order. Although a substantial proportion of the study population had completed their orders more than five years prior to the examination of records for the purposes of this study, most of their files had been retained in anticipation of future research. Only in a small minority of cases was this information source not available.

Whilst this form of data collection was extremely time consuming given that the client records were located in probation offices throughout Hampshire, it proved a lucrative source of information. The contents of a typical probation record and a brief description of the details recorded under each item are outlined below:

a) Summary Information Sheet (PBN.Blue.1.)

This form records brief information relating to a particular probation order, i.e., the name, date of birth and address of the offender, the nature of the offence, details of the probation order and supervising officer, and the circumstances of the referral.

b) Personal Information Sheet (PBN.White.1.)

This records personal information on each client under supervision, including details of family members and other household members, educational and work record, psychiatric and developmental history, and use of leisure time.

c) Record of Contact (PBN.White.2.)

All contact between the Probation Service and a particular client, including any courses attended, are entered on this sheet.

d) Casework Assessment (PBN.Pink.)

This form details a quarterly summary of contact and supervision between a probation officer and client.

e) Record of Court Appearances and Convictions (PBN.Peach.)

This records the client details of all court appearances and/or convictions known to the Probation Service, regardless of how long ago they were.

In addition to the above standard contents, a probation record may also contain copies of Social Enquiry Reports relating to particular offences.

The examination of probation records was of benefit to the study in two ways. Primarily, it provided additional, and more detailed information to that obtained from the course files. Secondly, it was a means of verifying the accuracy of data acquired from the course registers and of supplementing this data where some items of information had not been recorded in full.

It is worth noting, however, that although each client record examined invariably contained the standard forms outlined above, the degree of detail to which they were completed varied significantly. This may be attributed to a number of factors; for example, some items of information were not available to the supervising probation officer at the time of completion of the records. This applied particularly to data relating to previous convictions. Furthermore, there were apparent variations in the detail of information recorded by different officers. As a result of this, most of the variables

on which information was sought contain a number of not known cases. In most instances the proportion of missing data was minimal and, therefore, did not effect the significance of results obtained from analyses. However, a few variables have been excluded from analysis due to this problem.

Court Records

The purpose of examining court records was essentially to determine whether those offenders referred to the Course for Alcohol Impaired Drivers were significantly different from the wider population of convicted drink drivers. A further related objective was to identify possible selection criteria used by Magistrates in referring offenders to the course. In order to do this it was logical to compare a group of course members with a control group of drink drive offenders who received other types of sentences. The selection of a control group, however, was in itself problematic.

Initially, it was thought desirable to select a control group which would include drink drive offenders dealt with by all the courts in Hampshire to which the Course for Alcohol Impaired Drivers was available. However, this method proved to be impractical upon examination of the format of court records. Due to the fact that cases appear in the court registers according to the sequence in which they are heard daily, the identification of drink drive cases meant reading through very large numbers of other cases irrelevant to the study. To have undertaken this task for all the relevant Hampshire courts would have been impractical for reasons of time. It was, therefore, more appropriate to take one court as the sampling frame and to take all drink drive offenders who were convicted by that court in a given period as the sample population.

In attempting to identify which Hampshire court to use for the control group, it was important to consider the relative advantages and disadvantages of courts in terms of



their varying sizes. The two largest Magistrates Courts in Hampshire, Southampton and Portsmouth, would have posed similar problems of time to those in sampling from all the relevant Hampshire courts. As these two courts hear such large numbers of cases a day, any attempt to obtain data on convicted drink drivers, even over a relatively short period of time, would have been an extremely time consuming and cumbersome task. Conversely, smaller courts, such as those located in the New Forest, would not have provided sufficient numbers of drink drive cases to enable any meaningful comparisons with the main study population. It was therefore, more appropriate to select a sample from a more average sized court in the county, such as, Fareham, Gosport, Eastleigh or Alton.

Further restrictions were encountered in selecting a court from this latter group. First, those Magistrates Courts in the north of the county had made a minimal number of referrals to the Course for Alcohol Impaired Drivers, and in some cases had made none at all, (the reasons for the differing proportions of referrals made by Hampshire courts are discussed in more detail in Chapter Seven). These courts could not, therefore, be considered as there would not have been a sufficient number of course members with which to compare the control group. This same problem was encountered with regard to a minority of other courts in the South East and South West Probation Regions of the county, notably, Fareham and Gosport. Given all the above problems and restrictions associated with sampling from other courts, the most feasible court from which to obtain a control group of drink drive offenders was Eastleigh Magistrates Court.

Having identified all those convicted of drink drive offences in Eastleigh Magistrates Court as the sampling frame it was necessary to limit the size of the sample population in terms of the time period over which cases would be selected. The period during which the Course for Alcohol Impaired Drivers evolved, (August 1983 to April 1985), was considered to be unrepresentative for a number of reasons. First, when

the course was first established, referrals made by particular courts were relatively few and, therefore, did not reflect subsequent sentencing practice. Furthermore, as the content and structure of the programme changed so radically during this period, it was reasonable to assume that Magistrates' perceptions of its relative worth might also have changed. This would undoubtedly have affected sentencing practice with regard to the number of referrals made and, more importantly, the characteristics of those referrals in terms of offender and offence. It was, therefore, more appropriate to identify a sample period when the format of the course had been established.

The control group was eventually finalised to include all those convicted of drink drive offences in Eastleigh Magistrates Court between May 1985 and April 1987. A sample period of two years ensured that sufficient numbers of drink drive offenders were included in the sample population to enable comparison with the main population of course members. In total, 260 drink drive offenders were sentenced at Eastleigh Magistrates Court during the period of investigation. Of these 34 were referred to the Course for Alcohol Impaired Drivers. The remaining 226 offenders were dealt with by the Court through other means and, therefore, constituted the control group.

Whilst the data obtained from Eastleigh court records was not ideal in terms of the degree of detail available, it was sufficient to enable some comparison of the two groups of drink drive offenders. The information available related to the age and sex of offenders, their offence, sentence and the period of disqualification imposed. Two items of information which were not available, but which would have enhanced the data substantially, were blood alcohol concentration figures, and details of previous convictions for excess alcohol offences. Attempts were made to obtain this information from other sources, such as Hampshire Police Constabulary and the Driver Vehicle Licensing Agency (DVLA). However, due to problems associated with confidentiality and available

resources, these organisations were unable to provide access to the data required.

Methods of Data Collection and Analysis

The data obtained from the examination of probation records, course files and court records was of a factual nature and therefore relatively simple to record. Each individual's name was listed on a set of registers divided into sections for each data item required. Once this information had been obtained, categories within each variable were specified where necessary. In general these categories were as specific and numerous as possible in order to allow maximum data manipulation at the stage of analysis. The subsequent coding of data for computer entry was based on these variable definitions together with the requirements of the software programme used.

Analysis of the information obtained was undertaken using a statistical package specifically designed for data manipulation and analysis in the field of Social Sciences. SPSSpc (Statistical Package for the Social Sciences) is a widely used software programme for personal computers which combines data base facilities with relatively sophisticated data transformation and statistical programmes.

6.3 Course Attendance

The aim of this part of the study was primarily to elucidate course members' attitudes, beliefs, and associated behaviour relating to drinking, and drinking and driving. The method used to obtain this information was essentially participant observation in the form of course attendance. Attending the Courses for Alcohol Impaired Drivers was also of benefit in terms of gaining insight into the way in which it was conducted, and how participants responded to its various component parts.

In total, five courses were attended over a thirty-two month period, between March 1988 and November 1990. Of these, four were located in Southampton and one in Portsmouth. The reasons for the greater frequency of attendance at Southampton courses were purely practical ones of time, money and transport; the author was living in Southampton at the time this study was undertaken.

Access to the programme was gained through the author's association with Hampshire Probation Service and, therefore, did not present a problem. Whilst participation on the programme was desirable, in terms of ensuring minimal disruption of the group, it was not felt appropriate to pose as a convicted drink driver. The author was, therefore, introduced to each group of course participants as a student from Southampton University who was undertaking a research project on the course. The fact that the author was also employed by Hampshire Probation Service whilst attending some of these programmes was not revealed to other course members. This decision was taken in an attempt to minimise the effects of the author's presence on group and individual behaviour.

The explanation of the participant observer's attendance on each course was given during the initial introductory exercise in session one, described earlier. As it was desirable to record the attitudes and beliefs of course members, in the form of note taking, each group was asked if they objected to this in any way; the anonymity of each individual was obviously assured. Consent to this was gained for every course for which it was attempted. It is worth noting, that although all course members were invited to question the observer further on the nature of the research being undertaken, only a minority of participants did so.

The attitudes and beliefs of course members were recorded throughout each course and session. Whilst no individual was named, it was possible to link the comments and responses of specific individuals within and between sessions through a numerical coding system. The notes taken were not treated as

confidential within the groups with which they were concerned, and were, therefore, read on occasion by both clients and course leaders. This undoubtedly helped to assure the group of individual anonymity and, furthermore, to put them at ease with the participant observer and the nature of the research. Whilst the information recorded was necessarily selective, great care was taken to ensure that it was representative of individual and group attitudes, beliefs and responses as far as possible.

Directly following the end of each session, additional notes were made. These included more detailed explanations of the context in which some comments or responses were made where this was necessary, together with a general summary of group attitudes and beliefs relating to a particular session. All notes were transcribed on the day following course attendance to ensure their comprehensiveness and legibility for future analysis.

Whilst it is not possible to determine the effect of the participant observer's presence on the attitudes and beliefs expressed by course members, there are a number of reasons which suggest the effects were minimal. Primarily, amongst those attending all the Courses for Alcohol Impaired Drivers during the period of investigation, there was invariably at least one observer present. These observers, who were required to participate fully in the programme, were a combination of people with a general interest in the course, such as Magistrates, representatives of the University of Southampton and the Department of Transport, and probation officers training to run future courses. It is reasonable to assume, therefore, that the author's presence was no more influential on the group, and perhaps less so, than that of other observers. Secondly, those probation officers running the courses did not believe the participant observer's presence to have had any significant effect. Finally, from the attitudes and beliefs expressed by course members and recorded by the participant observer, no indication of any distortion was apparent.

Data Analysis

The data obtained from course attendance was predominantly in the form of direct quotes from individual course members, and transcriptions of dialogues between participants. Analysis of this data was, therefore, of an entirely qualitative nature. The results of this part of the study which are presented in Chapter Nine, are based on a combination of direct quotes from course members and the author's observations and interpretations relating to these.

6.4 Interviews

The primary objective in interviewing clients who had attended the Courses for Alcohol Impaired Drivers was to determine whether their participation on the programme had effected any long term change in their attitudes and associated behaviour in terms of drinking, and drinking and driving. In addition to this, it was an important means of assessing clients' perceptions of the programme.

The Selection of a Sample

In deciding on a sample population for this part of the study a number of determining factors were considered. For example, due to the nature of some of the information required, it was essential that the interview population were no longer disqualified from driving a motor vehicle; it would not have been feasible to have questioned drivers, who were disqualified at the time of interview, about their driving behaviour. The majority of those who had attended courses during the period of investigation had been disqualified from driving for three years and as such, the number of possible cases was limited to those who had been convicted at least three years prior to the time of interview. Secondly, in view of the fact that the interviews were concerned with elucidating the impact of the 'revised' Course for Alcohol

Impaired Drivers, it was necessary to exclude all those clients who had attended courses during the period of its evolution. This criterion restricted the sample population to those who had attended courses from May 1985 onwards. Furthermore, it was logical to exclude the minority of clients who had failed to complete the course in full and were, therefore, of no interest to this part of the study. Finally, in consideration of the resources available, it was decided to limit the size of the interview population to those cases associated with the Southampton Course for Alcohol Impaired Drivers only.

The final interview sampling frame therefore consisted of eighty clients who had completed Southampton courses between May 1985 and April 1987 inclusive. Although it was not feasible to interview all these course members, it was anticipated that the numbers of non respondents would reduce this population sufficiently to render further sampling unnecessary.

The Interview Design

The interview design was based on obtaining responses to a combination of questions, most of which were fairly non contentious, but others which were of a highly sensitive nature. Although it was felt necessary to use a fairly structured questionnaire to enable comparison between individual respondents, the format of the interview was reasonably flexible and informal. Most questions were open ended allowing the interviewees maximum scope in responding. The sequence of groups of questions, relating to particular areas of interest, was deliberately ordered to gradually ease respondents into the interview. This ordering was also essential to allow some rapport to develop between the interviewer and respondent before more sensitive issues relating to drinking and drink driving behaviour were addressed.

At this stage, a brief summary of the contents of the interview questionnaire will allow the reader greater insight into the rationale of the design outlined above. (The questionnaire has been reproduced in full in Appendix C). The first questions related to the respondents perception of the Course for Alcohol Impaired Drivers; that is, whether or not they thought the programme to be worthwhile and whether they thought any parts of the course to be more useful than others. These questions were followed by ones relating to the possible effect of the programme on client's attitudes to drinking, and to drinking and driving. Issues associated with respondents' reactions to conviction and disqualification were then addressed, and subsequently the possible problems relating to these. More sensitive questions which required respondents to give fairly detailed descriptions of their drinking behaviour before they attended the Course for Alcohol Impaired Drivers, and at the time of interview, were then approached. Questions related to drinking and driving behaviour, subsequent to course completion concluded the interview questionnaire.

Due to the sensitive nature of some of the information required, the most appropriate method of recording interview data was considered to be note taking at the time of interview. Although the advantages of taping the interviews were recognised, it was thought that individuals would be less likely to risk revealing potentially incriminating information if they knew their responses were being recorded in this way.

Piloting the Interview

Whilst the need to pilot this interview design was recognised, in practice it proved difficult to obtain an adequate pilot population in terms of numbers. In view of the expected low response rate of the main interview sample, this group was felt to be too precious to lose a proportion to the pilot study. This, therefore, left clients who had attended courses between April 1987 and December 1989 as the main pilot population. Whilst this group was not ideal as the majority

were still disqualified from driving, they were the only possible source of pilot interviews. Due to restrictions of time it was essential to obtain access to these individuals quickly. For this reason, twelve ex-course members who were currently on probation for subsequent offending were identified for the pilot sample. The supervising probation officers of these individuals were then approached and asked to determine the willingness of their clients to be interviewed. Whilst every officer, without exception, was extremely helpful in this exercise, during the ten week period in which pilot interviews were sought only one was obtained. Two primary reasons accounted for the high proportion of non respondents. Firstly, in a number of instances supervising probation officers were either unable to make contact with their clients, or, where contact was made, forgot to inform them of the research and interview proposal. Where an interview date was made the client often failed to keep the appointment.

Although only one pilot interview was conducted, the interview questionnaire appeared to require only minor alterations. The initial design of the interview was fortunately proven to be effective from the subsequent interviews with the main interview population.

The Main Interviews

Members of the main interview population were initially approached by way of letter. It is worth noting that the last address that clients had registered with the Probation Service was the most recent information on accommodation available. The interview letter informed individuals of the nature of the research being undertaken, and requested their help in the study through interview. Although the interviews were aimed at obtaining far more information than simply the views of individuals relating to their participation on the Course for Alcohol Impaired Drivers, this was the only part of the interview programme revealed at this stage. It was felt that

the likelihood of obtaining positive responses if the total interview schedule was outlined, would have been minimal. It was made clear that any information obtained from the interviews would be treated in strictest confidence, and that individual anonymity would be guaranteed. All potential interviewees were requested to complete a reply slip indicating their willingness to be interviewed, and a time and place that would be convenient. A stamped addressed envelope was enclosed with this letter for the respondents' convenience. A further letter was sent three weeks later to all those individuals for which a response had not yet been obtained, reminding them of the interview proposal and requesting a reply.

In total 16 positive replies were obtained; of these 15 led to an interview. The sex distribution of those interviewed was similar to that of the main study population; only one (6.7%) of the 15 interviewees was female. It was not possible to arrange one of the interviews due to the respondent's heavy employment commitments. Of the remaining 64 individuals to whom letters were sent, 25 did not respond at all, and 33 were not living at the address to which the interview request was sent; the letters applying to this latter group were returned to the sender. Only 5 requests were rejected directly. Unfortunately, one member of the interview population had died since completing the Course for Alcohol Impaired Drivers.

Those interviews obtained were, therefore, not representative of the main study population, not only in terms of their number, but also for a number of other reasons outlined below. First, examination of the age distribution of the two populations revealed that a higher proportion of those interviewed (53.3%, or 8 out of 15) were in the 41 to 50 years and 51 years plus age categories. Of the main study population relating to Southampton/Eastleigh courses, only 20.4% (47 out of 230) fell into these age groupings. Second, due to the high proportion (41.3%, 33 out of 80), of non respondents who had changed address since their last contact with the Probation Service, it is reasonable to assume that those individuals who

were interviewed were a more stable population than this former group. It is also worth noting that amongst those who responded positively to the request, 2 (12.5%) were individuals who had attended the Course for Alcohol Impaired Drivers on a voluntary basis. This category of course members was therefore over represented in terms of their distribution amongst the main study population. Finally, it was apparent from the interviews undertaken that the vast majority of these individuals valued the course highly; 4 out of the 15 in fact mentioned that they had been on either television or radio in connection with their participation on the programme. It was clear then, that those actually interviewed represented only a minority of the interview sample, not only in terms of size but, more importantly, in terms of the characteristics outlined above. Despite this, the material gained from interviewing this group was extremely rich in its content and very interesting. This data is examined in detail in Chapter Ten.

Most of the interviews (11 out of 15), took place in the respondents own home. Where the interviewees were willing, this venue was encouraged by the interviewer, as it was felt that respondents would be more relaxed in a familiar setting. Of the remaining four interviews, two were in public houses, and two in the interviewer's office at Southampton University. Apart from the latter two interviews, on all occasions the interviewer was accompanied by a friend who acted as an escort. This precaution was felt necessary due to the nature of the previous convictions of many of the offenders being interviewed. In most instances, this escort waited a short distance from the interviewee's home for the duration of the interview. Where his presence was recognised by respondents, it was explained by his secondary role as a driver.

Before each interview began, respondents were informed of the nature and purpose of the research project in more detail. The importance of obtaining a frank view of the Course for Alcohol Impaired Drivers was stressed. Individuals were also asked at this stage whether they would mind talking about

other issues related to their course attendance, such as their drink drive conviction. In every instance, interviewees responded to this request positively and no problems were experienced in relation to any of the questions on the interview schedule. Although the confidentiality of the interview material was guaranteed, by the end of the interview all respondents agreed to be quoted anonymously.

Whilst the average length of each interview had been estimated at half an hour, in practice this varied widely between respondents. Although the shortest interview was only half an hour, most were substantially longer than this; at the extreme, one interview lasted two hours.

The Interview Experience

The experience of interviewing was by far the most enjoyable and interesting part of this study. All respondents were extremely helpful and hospitable. The vast majority of responses to the questions asked were perceived by the interviewer to be frank and truthful; in only a minority of responses was the honesty of the interviewee doubted.

Whilst overall the interviews went very well, on occasion minor problems were encountered. All of these resulted from the presence of other individuals during the interview, apart from the interviewer and respondent. For example, on two occasions respondents' wives or partners attended the interview. Whilst this was problematic in so far as they attempted to answer a minority of questions on behalf of the interviewee, their presence was simultaneously advantageous in verifying the truthfulness of their partners' responses. Further problems were experienced in a minority of interviews where the escort was present. Although the escort had been briefed prior to all interviews of the necessity of his non involvement, on occasion it was impossible to turn down the hospitality of interviewees. This created problems in relation to the flow of the interview, as, at times, the topic of

conversation would digress whilst the interviewer was recording the interviewee's response to the last question. Other potential problems were related to the neutrality of the escort in responding to direct questions asked by the interviewee. On one occasion, when asked if he would like a drink, the escort replied that he wouldn't because he was driving. Whilst this reply could have been taken as an indication of the interviewer's attitudes towards drinking and driving and thus have influenced the responses of the interviewee, the material gained from the interview did not suggest this to be the case.

Finally, it is worth mentioning the interviews which took place in public houses. These locations were undoubtedly of benefit in enabling respondents to relax and feel at ease with the interviewer. They did, however, create problems in terms of ensuring the privacy of respondents. For example, during one of the interviews, a group of individuals sat down at the table directly next to the one at which the interview was taking place. Whilst this could have inhibited the interviewee, and thus have affected his/her responses, this respondent made clear that the presence of others was not of concern; this was, indeed, reflected in the material gained from the interview.

Data Analysis

Due to the nature of the data obtained from the fifteen main interviews conducted, subsequent analysis was primarily of a qualitative nature. Where the data was quantifiable however, some very basic analyses of this form were undertaken.

CHAPTER SEVEN

THE CHARACTERISTICS OF COURSE MEMBERS, THEIR OFFENCE AND SENTENCE

The Course for Alcohol Impaired Drivers is but one of the possible sentencing options available to Hampshire courts in dealing with drink drive offenders. Given that the Portsmouth programme was restricted to High Risk Offenders and that those who attended both courses represented only a fraction of all those convicted of drink drive offences during the period of this study, Magistrates were selective in referring offenders to the programme. The purpose of this chapter is essentially to describe the main characteristics of those who were referred to the Course for Alcohol Impaired Drivers, together with their offences and related sentences. It also attempts to determine whether this group of course members differed from the wider population of drink drive offenders who were dealt with by Hampshire courts through more traditional means. Before detailing the results of analyses which examined these areas of interest, it is worth defining the population upon which they have been based.

7.1 The Study Population

In total 394 individuals attended 52 Courses for Alcohol Impaired Drivers in Hampshire during the period of investigation; August 1983 to December 1989. Of these the majority (277 out of 394), attended courses in the South West Probation Region of the county. While Southampton was the primary location for the 36 courses run in this area, the initial 8 courses were held in Eastleigh. The Portsmouth programme, in the South East Probation Region, did not start until April 1986 and, therefore, considerably fewer offenders (117 out of 394) attended a smaller number of courses. In total, 16 courses were held in Portsmouth.

It is worth noting that a significant minority of cases (48 out of 394) have had to be excluded from the following analyses as it was thought that their inclusion would have distorted the results obtained. These individuals fell into two groups. The first of these consisted of 25 voluntary clients who had attended the Southampton/Eastleigh course. Unlike other offenders they had not been referred to the programme under a court order. These individuals, therefore, represented a significantly different population from the main sample as their participation in the Course for Alcohol Impaired Drivers was through choice. Although it might have been interesting to have examined this group of voluntary clients separately, their small numbers have made this impossible.

The second group consisted of 23 offenders who were referred to the programme following conviction for offences other than those of excess alcohol or failure to provide a specimen for analysis. Of these the majority (16 out of 23), were convicted of other serious motoring offences, such as driving whilst disqualified and taking without consent. The remaining 7 cases were referred to the programme following conviction for other non-motoring, but indictable offences. Whilst it is probable that this latter group of offenders either had previous convictions for excess alcohol offences, or were referred to the course because their offending behaviour was alcohol-related, it was not possible to determine the reason for referral in most cases. Regardless of this, these clients were significantly different from the main population of drink drive offenders.

The total population for which analysis was undertaken was, therefore, reduced by 48 cases to leave a main sample of 346 clients. The distribution of these clients between the Southampton/Eastleigh and Portsmouth courses are given below:

Southampton/Eastleigh: n = 236, N = 277, % = 85.2

Portsmouth: n = 110, N = 117, % = 94.0

N.B. n = The actual number of cases in any one category.

N = The total number of possible cases in any one category.

% = The proportion of actual to possible cases where:

$$\% = \frac{n \times 100}{N}$$

Due to missing information in both course files and probation records, the reader will note that many of the analyses presented in this chapter and in Chapter Eight are based on a reduced number of cases. In most instances the population has been reduced by only a small number. In general, where information was not available it did not appear to be associated with particular clients or courses, or related to specific variables and in this sense it is unlikely that there was any systematic bias in the data obtained. Where it was possible that missing information could have distorted the results, this is discussed in the text.

It is important at this stage, however, to discuss the problems which insufficient information has created in terms of confirming the selection criteria of the Portsmouth and Southampton/Eastleigh courses. As stated earlier, the two courses differed considerably in so far as the Portsmouth programme was restricted to High Risk Offenders; those convicted of two drink drive offences within a ten year period where on both occasions the blood alcohol level was at least two and a half times the legal limit. Whilst the selection criteria of the Southampton/Eastleigh course was not limited in this way, according to the Probation Service, many of those referred to this programme were actually High Risk Offenders. Data relating to the previous convictions and blood alcohol concentrations of offenders who had attended both courses was,

in most cases, incomplete. It was, therefore, impossible to confirm the High Risk status of all Portsmouth clients and to determine the proportion of Southampton/Eastleigh course members who fell into this category. For this reason it has had to be assumed that information provided by the Probation Service concerning the type of offender referred to each course was correct. In so far as the following analyses indicate that course members tended to be more serious drink drive offenders, this assumption would appear to be justified. Differences between those who attended the two programmes, which probably reflect the differing selection criteria, are apparent in a number of instances. Where this is the case, the following analyses examine the two courses separately.

7.2 Characteristics of Course Members

Before detailing the results of analyses which examined the characteristics of course members, it is worth reminding the reader of some general findings relating to convicted drink drivers presented earlier in Chapter Four. A review of the literature in this area revealed that convicted offenders were distinct from the wider driving population in a number of respects. These related not only to personal characteristics, such as age, sex, occupation and social class, but also to alcohol consumption and offending behaviour in general. In so far as these findings were relatively general, the findings of this current research were broadly similar.

As might be expected, those attending all courses were predominantly men; only 6.1%, (21 out of 346), were women. Although it was possible that selective sentencing practice might have determined a higher rate of referrals amongst male offenders, from examination of sentencing data, which will be discussed in more detail later, it was apparent that this was not the case. It would appear, therefore, that the disproportionate number of men convicted of drinking and driving nationally (Scottish Council on Alcohol, 1988) is reflected more locally in Hampshire. (N.B.- the small number

of women in the study sample has made it impossible to compare the characteristics of women drink drivers in relation to their male counterparts).

In so far as the highest proportions of course members from both the Southampton/Eastleigh and Portsmouth programmes were found to be from the 21 to 30 years age group, the study population reflected the general tendency for drink drive offenders to be younger. Apart from this similarity, the relative proportions of clients in other age categories revealed significant differences between the two programmes; see Table 7.1 below.

Table 7.1: Age at Date of Sentence by Course

AGE AT DATE OF SENTENCE	SOUTHAMPTON / EASTLEIGH		PORTSMOUTH		TOTAL	
	Number	%	Number	%	Number	%
17 to 20 Years	31	13.5	3	2.9	34	10.1
21 to 30 Years	98	42.6	44	41.9	142	42.4
31 to 40 Years	54	23.5	39	37.1	93	27.8
41 to 50 Years	29	12.6	14	13.3	43	12.8
51+ Years	18	7.8	5	4.8	23	6.9
TOTAL	230	100.0	105	100.0	335	100.0

N.B. Not Known Cases: Southampton/Eastleigh - 6
Portsmouth - 5

The most notable variations in the age distributions of clients attending the two courses was in the youngest age grouping; 17 to 20 years. Whereas 13.5% of those who attended

the Southampton/Eastleigh programme were distributed within this age group, the equivalent proportion for Portsmouth was considerably less (2.9%). In seeking to explain this, it is probable that the different selection criteria of each course was the primary cause of the disparity. Although drink drivers in general tend to be younger, those who fall into the High Risk category have been found to be relatively older (Clayton et al, 1980). It is likely that a high proportion of the youngest clients who attended the Southampton/Eastleigh course were not High Risk Offenders.

Examination of clients' marital status revealed a different picture to previous research (Clayton et al, 1980) which has suggested that more serious drink drive offenders are likely to be married. A surprisingly high proportion of course members for whom this information was available (60.3%, or 185 out of 307), were found to be either single, divorced, separated or widowed. Clients whose marital status indicated that they had a partner of some sort (i.e., those who were either married or co-habiting), comprised only 39.7% (122 out of 307) of the total known population. Comparison of the study population with the most recent census data for Hampshire on marital status confirmed that clients were disproportionately represented in the single and particularly the divorced categories¹. Amongst the general population of Hampshire, 33.4% were either single or divorced (OPCS, 1981, Pt.1, p.9, Table 6); the equivalent proportion for those who attended the Course for Alcohol Impaired Drivers was substantially higher at 51.5%. It would appear, therefore, that course members were distinct from the wider population of Hampshire in these terms.

Marital status did not, however, affect whether course members were accompanied by a partner, friend or relative on the programme. The most significant influence in relation to

¹ - Comparisons made between course members and census data relating to Hampshire residents should be treated with some caution in so far as the study population largely excludes those living the north of the county and probably over-represents those cities i.e., Portsmouth and Southampton.

this variable appeared to be which course clients had attended. Whilst a far higher proportion of Southampton/Eastleigh course members (33.5%, or 67 out of 200) were accompanied than Portsmouth clients (12.6%, or 13 out of 103), no definite reason for this difference was apparent. (Those who failed to complete the Course for Alcohol Impaired Drivers, in Southampton/Eastleigh 36 clients and in Portsmouth 7, have been excluded from the total number of possible cases as their attendance was sporadic. It was, therefore, impossible to determine whether they were consistently accompanied by a friend, relative or partner).

One of the most striking features of those referred to the Courses for Alcohol Impaired Drivers was the very high proportion of unemployed clients. Amongst those course members for whom this information was available, more than one third (36 out of 99) of those who attended the Portsmouth programme, and an even higher proportion of Southampton/Eastleigh clients (41.8%, or 87 out of 208) were unemployed. According to figures published in the Employment Gazette, the unemployment rates in Portsmouth and Southampton during the period with which this study was concerned, was never more than 12.4% (Employment Gazette, 1986-1990, Vols. 94(1)-98(1), s.24). This would suggest that the study population were disproportionately drawn from the unemployed.

Like the wider population of 'criminals', those offenders referred to the Course for Alcohol Impaired Drivers were found to be concentrated in the lower social classes. Analysis of the social class of course members, according to the OPCS Classification of Occupations, (1980), is presented in Table 7.2 below.

Whilst Social Class III (M) accounted for the greatest proportion of cases overall (42.8%), those who attended the Portsmouth programme were relatively more concentrated in this group. The characteristics of clients in these terms was also reflected in data relating to occupations which demonstrated that course members were over represented in manual

Table 7.2: Social Class by Course

SOCIAL CLASS	SOUTHAMPTON / EASTLEIGH		PORTSMOUTH		TOTAL	
	Number	%	Number	%	Number	%
I	3	1.7	0	-	3	1.2
II	20	11.5	9	10.8	29	11.3
III (N)	11	6.3	4	4.8	15	5.8
III (M)	67	38.5	43	51.8	110	42.8
IV	35	20.1	14	16.9	49	19.1
V	38	21.8	13	15.7	51	19.8
TOTAL	174	99.9*	83	100.0	257	100.0

N.B. Not Known Cases: Southampton/Eastleigh - 62
Portsmouth - 27

* - Total percentage does not equal 100 as composite percentages have been calculated to one decimal place.

occupations and particularly in the construction industry, (28.7%, or 80 out of 279). The higher Social Classes, I and II, which indicate professional and intermediate occupations, were poorly represented amongst course members. According to census data, only 46.9% of the general population of Hampshire are concentrated in Social Classes III(M), IV and V (OPCS, 1981, Pt.2, p.33, Table 50). This confirms, therefore, that the study population were disproportionately drawn from the lower social classes and were thus distinct as compared with the population of Hampshire as a whole. It is also worth noting that these results coincide with those obtained from other research (Clayton et al, 1980). This would appear to suggest that the lower social class of those referred to the Course for Alcohol Impaired Drivers was not a function of selective sentencing practice, but rather a reflection of the type of persons convicted of excess alcohol offences.

Although it has not been possible to establish any conclusive association between employment status, occupation or social class and levels of alcohol consumption, the characteristics of course members in these terms would appear to reflect those of the general population of heavy drinkers. That is, that the highest proportions of heavy drinkers are found amongst unemployed men and that manual workers are more likely to drink at levels which are detrimental to their health, (Royal College of Physicians, 1987, p.22). Manual workers have also been associated with a high incidence of conviction for drinking and driving, (Clayton et al, 1980).

Given that those referred to both programmes were primarily the more serious drink drive offenders, it was not surprising that most clients (67.8%, or 213 out of 314) were found to have at least one previous conviction of this nature. It might have been expected that all Portsmouth clients would fall into this category in so far as they were High Risk and, therefore, by definition, repeat offenders. Surprisingly, this was the case in only 76.5% of Portsmouth cases. It is probable that this is indicative of missing information in probation client records rather than inappropriate referrals by sentencing courts. Considering the criteria for the Southampton/Eastleigh courses were not limited in the same way as for Portsmouth, a substantial proportion of these clients (63.9%) were also found to be repeat offenders. It is clear then that for a high proportion of the study population their offence did not reflect an isolated incident of drinking and driving. In view of the fact that few offences of this type are detected (Riley, 1991; Donovan, 1989; Riley, 1984), it is not unreasonable to assume that those who were found to have been previously convicted had violated the drink driving laws with relative frequency.

The seriousness of clients' offending behaviour was also indicated by the numbers of those who had committed other motoring offences. A significant minority of clients (54 out of 310, or 17.4%), for example, had been previously convicted of driving whilst disqualified and nearly one half of this

group of offenders (48.1%) had committed this offence at least twice. A slightly higher number of course members (58 out of 310) were found to have committed other serious motoring offences, such as reckless driving, taking without consent or dangerous driving and a further 38 had been convicted of either driving without insurance, driving without due care and attention or careless driving.

Previous studies of convicted drink drivers, which have suggested that a high proportion of these offenders form part of a wider criminal population (Willett, 1971, Clayton et al, 1980), have been supported in this study. This finding, in relation to those who attended the Course for Alcohol Impaired Drivers, was most prominent upon examination of clients with previous non-motoring indictable offences. From a total population of 300 clients, for whom this information was available, 158 (52.7%) had committed at least one previous indictable offence. According to figures published by the Home Office which relate to the general population, 31% of men have committed an indictable offence by the age of 28 years (Home Office Research and Planning Unit, 1987, p.39). Although no precise comparison can be made between this data and that relating to the study population, in view of the fact that the median age of those who attended all courses was within the 21 to 30 years age category, it is not unreasonable to make a cautious comparison. On this basis it would appear that the proportion of drink drivers referred to the Course for Alcohol Impaired Drivers with at least one previous indictable offence was considerably higher than that which would be expected for the general population.

Table 7.3 below illustrates the percentage distribution of the various types of indictable offences amongst those course members (158) who had been previously convicted.

Table 7.3: Type of Previous Indictable Offences

TYPE OF INDICTABLE OFFENCE	Number	% *
Violence Against the Person	70	44.3
Sexual Offences	6	3.8
Burglary / Robbery	49	31.0
Theft and Handling	113	71.5
Fraud and Forgery	33	20.9
Criminal Damage	46	29.1
Other Offences	58	36.7
TOTAL OFFENCES	187	-

N.B. These offences have been classified according to the 'standard list offences' identified by the Home Office (1987). The 'Other' category includes a variety of offences but in relation to this study only includes those related to drugs.

* - Percentages are based on the total number of offenders (158) who had been previously convicted of non-motoring indictable offences.

As the table above clearly shows, Theft and Handling offences were undoubtedly the most common amongst this population. Offences of Violence Against the Person were, however, substantial in numerical terms. It is also apparent (see total) that a high proportion of this population had committed more than one indictable offence.

In concluding this section, it is apparent that those who were referred to the Course for Alcohol Impaired Drivers during the period of this study were distinct in a number of respects. Essentially, they were predominantly male, more likely to come from younger age groups and lower social classes, and were over represented in manual occupations. In

addition to this, there was some evidence to suggest that these offenders had a disproportionate number of previous convictions of all types. These characteristics appear to coincide with the findings of other studies (See Chapter Four) which have suggested that convicted drink drive offenders differ considerably from the general population and, more specifically, from the wider population of drivers. Perhaps more importantly, those who attended courses also appeared to resemble the broader 'criminal' population in relation to many of these characteristics.

7.3 Characteristics of the Offences of Course Members

It has already been suggested that the drink drive behaviour of many of those who attended the Courses for Alcohol Impaired Drivers was serious, in so far as a high proportion were repeat offenders. The seriousness of clients' offending was still further apparent upon examination of the details of individual offences, particularly in relation to blood alcohol concentration. Before describing these findings in more detail, it is worth outlining the specific offences for which drivers were convicted.

As would be expected the vast majority of those who attended courses (308 out of 339, or 90.9%), were convicted of excess alcohol offences. Whilst most of these offences related to 'driving', a small minority (3 out of 308) related to the 'in charge' offence. The remaining 31 course members, were convicted of failing to provide a specimen for analysis. It is worth noting that a substantial minority of course attenders (13.9%) were convicted of more than one offence of these types. This would indicate that these individuals had committed a number of drink driving offences within a relatively short period of time.

In addition to conviction for drink driving or a related offence, most of those who attended courses (187 out of 337) had also had other offences dealt with in the same hearing.

These were primarily 'other' motoring offences of varying degrees of seriousness. Figure 7.4 below illustrates the results of analysis which examine the most serious of these other offences amongst the 187 clients to whom they applied.

Table 7.4: Most Serious Secondary Offence

TYPE OF OFFENCE	Number	%
Driving Whilst Disqualified	55	29.4
Taking Without Consent / Attempted TWOC	9	4.8
Reckless Driving	4	2.1
Motoring Offences (Seriousness 1)	85	45.5
Motoring Offences (Seriousness 2)	17	9.1
Non-Motoring Indictable Offences	9	4.8
Non-Motoring Summary Offences	8	4.3
TOTAL	187	100.0

N.B. All other motoring offences not specified individually have been combined into two categories of severity. The more serious category of offences, Motoring Offences (1), includes; driving without insurance, careless driving, driving without due care and attention and failure to stop after an accident. The second category, Motoring Offences (2), includes; speeding, no MOT, no tax, and no licence.

As the above table demonstrates, the most common secondary offences were those which fell into the Motoring Offences(1) category. Within this category the most frequent additional offence was driving without insurance. It is worth noting however, the relatively high proportion of offenders convicted of driving whilst disqualified (16.3%) which is indicative of the serious nature of previous motoring offences committed by these individuals.

The extent of clients' impairment at the time of their drink drive offences was indicated by their blood alcohol concentrations. As this is a primary means by which the courts assess the gravity of an offence, it was of central importance in determining whether those referred to the Course for Alcohol Impaired Drivers were, indeed, serious offenders. For a substantial proportion of the study population however, this information was not available. The 31 course members convicted of failure to provide a specimen, for example, had by definition been either unwilling or unable to supply a sample which would have indicated their blood alcohol level. The probation records of a further 53 clients did not contain the necessary information. Analysis of blood alcohol concentrations was, therefore, restricted to the 262 cases for which this data was available.

Although the vast majority of course members (78.6%, or 206 out of 262) had provided specimens of breath, which is now the standard means of determining levels of impairment, breath alcohol readings were easily converted to the blood equivalent. The blood alcohol concentrations of 55 clients (21%) were based on 'actual' blood samples, and one was based on a specimen of urine. Table 7.5, below details the blood alcohol levels of Portsmouth and Southampton/Eastleigh course members separately.

The fact that many of those who attended the Course for Alcohol Impaired Drivers had committed serious drink drive offences is confirmed by the large number of clients (141 out of 262) who had blood alcohol concentrations of 200mg/100ml (two and a half times the legal limit), or in excess of this amount. Although a relatively higher proportion of Portsmouth clients (64.8%) fell into this category, given that this programme was restricted to High Risk Offenders only, it might have been expected that 'all' course members would have had blood alcohol levels of at least two and a half times the legal limit. Whilst this was not the case, it is probable that the previous offending behaviour of this population had already defined them as High Risk.

Table 7.5: Blood Alcohol Concentration by Course

BLOOD ALCOHOL CONCENTRATION	SOUTHAMPTON / EASTLEIGH		PORTSMOUTH		TOTAL	
	Number	%	Number	%	Number	%
80mg to 119mg/100ml	24	12.6	3	4.2	27	10.3
120mg to 159mg/100ml	28	14.7	10	14.1	38	14.5
160mg to 199mg/100ml	44	23.0	12	16.9	56	21.4
200mg+/100ml	95	49.7	46	64.8	141	53.8
TOTAL	191	100.0	71	100.0	262	100.0

The tendency for Portsmouth clients to have committed more serious drink drive offences, in terms of their levels of impairment, was also evident upon examination of the mean blood alcohol concentrations of those who had attended the two courses. Where the average blood alcohol concentration of Southampton/Eastleigh course members was 199.28mg/100ml, the average for Portsmouth was substantially higher at 222.07mg/100ml. It is also worth noting that for both groups of clients blood alcohol concentration was found to be associated with age. The correlation between age and 'High Risk Offender' status was mentioned earlier in seeking to explain the different age distributions of clients from the Southampton/Eastleigh and Portsmouth courses. As blood alcohol concentration is one of the high risk criteria, it was reasonable to assume that some correlation between age and blood alcohol concentration existed. Table 7.6 below clearly illustrates that blood alcohol levels tend to rise in direct relation to increasing age.

Table 7.6: Age at Date of Sentence by Mean Blood Alcohol Concentration

AGE AT DATE OF SENTENCE	MEAN BAC (mg/100ml)	
	SOUTHAMPTON / EASTLEIGH	PORTSMOUTH
17 to 20 Years	160.9984	189.7380
21 to 30 Years	190.1547	216.6318
31 to 40 Years	214.7538	226.6814
41 to 50 Years	225.2521	220.6347
51+ Years	234.0650	249.8350

N.B. Not Known Cases: Southampton/Eastleigh - 50
Portsmouth - 39

The only exception to this correlation was in the 41 to 50 years age group for those clients attending the Portsmouth course. Whilst the mean blood alcohol concentration for this age group (220.6mg/100ml) was lower than that for the 31 to 40 years age category (226.7mg/100ml), the difference was relatively minor. Given the small number of cases upon which this analysis was based, the sampling error is likely to be high and thus variations from the straight association might be expected.

Details surrounding the circumstances of clients' offences, such as when they were committed and the type of vehicles driven, were only available through examination of the Pre-Course Questionnaires. As stated earlier, a substantial proportion of clients, (58.7%), did not complete these questionnaires, and those who did frequently could not recall exact details. This applied particularly to recollection of the precise time of the offence. Although there is no reason to believe that those who did not complete the questionnaire were a significantly different population from those who did, analysis of this data should be treated

with some caution as large groups of clients are not represented. In particular, those who attended courses in Eastleigh have had to be omitted as the original questionnaires administered to these individuals did not request information relating to the circumstances of their offences.

Most offenders (81.2%, or 203 out of 250) had been driving cars at the time of their drink drive offence, and only a relatively small proportion (18.8%) had been driving other types of vehicles such as motorcycles or vans. Whilst the highest proportion of offences (11.9%, or 30 out of 253) were committed during December, the figures did not reflect the increase in drinking and driving that might have been expected at this time of year. Indeed, no one month or grouping of months revealed significant variations in the incidence of clients' offending.

The tendency for drinking and driving to be more prevalent on weekend nights (Donovan, 1989; Clayton et al, 1980) was, however, reflected amongst the study population. Whereas offences committed between Monday and Thursday accounted for only 38.5% of the total, those committed on weekends (including Friday) were on average more than twice as frequent (147 out of 239, or 61.5%). Clients' offending was undoubtedly most common between the hours of 9 pm and 3 am. This period accounted for the offences of 70% (107 out of 153) of the known population. In contrast, only 7.8% of offences (12 out of 153) were detected between 6 am and 3 pm. Although it is probable that these figures partly reflect varying levels of police activity, it is highly unlikely that this would account for the disproportionate number of drink drive offences committed on weekend nights.

7.4 Sentencing Characteristics

Those who were sentenced to attend the Course for Alcohol Impaired Drivers were primarily referred from Magistrate and

Crown Courts within Hampshire. A minority of offenders (7 out of 346) however, were referred by courts outside of the county; 5 of these individuals attended courses in Southampton and the remaining 2 attended the Portsmouth programme. Table 7.7 below provides a breakdown of the number and proportion of offenders sentenced by the various courts within Hampshire (a more detailed breakdown of this table is provided in Appendix D.

Table 7.7: Number of Referrals by Sentencing Courts

SENTENCING COURT	REFERRALS TO COURSE	
	Number	%
Basingstoke / Alton / Petersfield MC	10	3.0
Eastleigh MC	92	27.3
Fareham / Gosport / Droxford MC	17	5.0
Havant MC	31	9.2
New Forest MC	32	9.5
Portsmouth MC	70	20.8
Southampton MC	74	22.0
Southampton CC	5	1.5
Winchester MC	6	1.8
TOTAL	337	100.1*

N.B. * - Total percentage does not equal 100 as composite percentages have been calculated to one decimal place.

The number of referrals made by the various courts in Hampshire reflect a combination of factors. In part they reflect the size of the court and as such, the number of drink drive cases heard in any particular period. They also reflect the locations in which the Course for Alcohol Impaired Drivers

was run and, therefore, the relative ease with which clients were able to attend the programmes and hence, consent to a probation order with this condition. Equally important, however, were the attitudes and sympathies of probation officers who chose whether or not to recommend a probation order with this condition to the courts in any particular case. Similarly, Magistrates will have differing knowledge of such programmes, and varying opinions of their relative worth in general, and in relation to particular defendants. It is also worth pointing out that as the Portsmouth course was restricted to High Risk Offenders, the total number of possible referrals which courts using this programme could make was relatively less. Any explanation of the varying number and proportion of referrals made by particular courts is, therefore, fraught with difficulties. A number of observations, however, can still be made and some cautious explanations attempted.

The most notable feature of the above table is the high proportion of referrals made by Eastleigh Magistrates Court, (27.3%, or 92 out of 337), relative to other courts of a similar size such as Fareham, Gosport and Havant. The primary explanation for this is that the first courses for Alcohol Impaired Drivers were run in Eastleigh by John Cook who was the Senior Probation Officer working in this area. During the initial period in which these courses were run, John Cook was instrumental in persuading the Magistrates of the Eastleigh bench to refer drink drivers to the programme. Eastleigh Magistrates Court was therefore a pioneering court in the use of this alternative sentencing method for drink drive offenders; between August 1983 and May 1985, during which the first eight courses were run in this area, Eastleigh Magistrates Court made 67.4% (29 out of 43), of the formal client referrals.

Portsmouth and Southampton, the largest Magistrates Courts in the County, made the second highest proportion of referrals to the programme; 22% (74 out of 337) and 20.8% (70 out of 337) respectively. Whilst relatively large numbers of

client referrals would be expected from their size, these figures perhaps also reflect their significance in terms of being the venues for the majority of courses run.

The North of the county is notable for its lack of referrals; Basingstoke made only two referrals during the period of investigation, and Winchester and Alton, only six and three respectively. No referrals were made by Aldershot and Andover. This can be partly explained by the problems of distance which are involved in sentencing offenders to attend courses in different areas of the county. The disproportionately low number of referrals, however, primarily reflects the differing attitudes towards the role of the Probation Service in respect of drink drive offenders of those responsible for probation in the North of Hampshire. Whilst the possibility of running a Course for Alcohol Impaired Drivers in this part of the county was considered, it was felt locally that such a programme would be in conflict with the objectives of the Probation Service. Essentially, this concerned the emphasis on directing probation intervention to cases where there was a high risk of custody. Although some drink drivers, particularly those who fall into the High Risk Offender category, would be considered legitimate targets for probation intervention in these terms, in a high proportion of cases there is minimal risk of imprisonment.

As was discussed in the previous section, differences in blood alcohol concentration between those who attended the two programmes clearly demonstrated that Portsmouth clients tended to be more serious offenders. This difference between Southampton/Eastleigh and Portsmouth course members was also reflected upon examination of the relative periods of disqualification imposed by the courts. In considering the length of disqualification to impose on any individual offender, Magistrates typically consider the seriousness of the offence; blood alcohol concentration is a central factor in this assessment (Halnan, 1987). Whilst most clients received relatively long periods of disqualification, in Portsmouth there was a higher proportion, (82.8%, or 82 out of

99), who received three years or more. In Southampton/Eastleigh the equivalent figure was 60.7%, (130 out of 214). Examination of the proportions of individuals with lower disqualification periods of up to twelve months again indicated the less serious nature of the offences of those who attended Southampton and Eastleigh Courses for Alcohol Impaired Drivers. The relative proportions for Southampton/Eastleigh and Portsmouth respectively were 13.1% (28 out of 214) and 3% (3 out of 99). Statistical analysis confirmed that the direct relationship between blood alcohol concentration and length of disqualification was highly significant (Chi-squared = 32.47, d.f.4, $p = 0.00$).

The most common length of probation order imposed by the courts in referring offenders to the Course for Alcohol Impaired Drivers was twelve months. In total, 61.8% of clients (212 out of 343) received a twelve month order. Considering that the standard length of order recommended by the Probation Service was never more than twelve months, a surprising number of orders (76 out of 343) were made for eighteen months or more. Analysis of the distribution of these clients revealed that a higher proportion (27.1%) had attended the Portsmouth programme than the Southampton one (19.9%). This again probably reflected the more serious offending of Portsmouth course members. The remaining 55 clients, (16%), received orders for less than twelve months. The vast majority of this latter group attended the first courses run in Eastleigh when the length of order recommended to the courts was six months.

7.5 Comparison of a Group of Course Members with a Control Group of Drink Drive Offenders Sentenced in Other Ways.

Throughout this chapter it has been demonstrated that many of those who attended the Course for Alcohol Impaired Drivers during the period of investigation were serious motoring offenders. This was evident in respect of the large proportions of clients who had high blood alcohol concentrations and previous convictions for other motoring

offences including drink driving. The seriousness of clients' offending behaviour was still more apparent in the relatively large number who had been referred to the programme following conviction for more than one excess alcohol offence and the high proportion who had had other fairly serious motoring offences dealt with in the same hearing. As would be expected, this appeared to be reflected in the periods of disqualification imposed by the courts. Whilst this evidence alone would appear to suggest that those referred to the course were more serious offenders of this type, without knowledge of the characteristics of the wider population of convicted drink drivers, it is not possible to establish this as fact.

In order to determine whether those who attended the Course for Alcohol Impaired Drivers were indeed a significantly different population from those drink drivers dealt with by other means, it was necessary to examine a group of course members in relation to a group of other offenders who were not referred to the programme. For this purpose, all those convicted by Eastleigh Magistrates Court of drinking and driving or related offences between May 1985 and April 1987, (in total 260), were examined. Of these, 34 were referred to the Course for Alcohol Impaired Drivers. The remaining 226 offenders received other sentences (primarily fines and imprisonment) and might, therefore, be regarded as a potential 'control group'.

Initially, these two populations were examined according to their sex, and their age at the date on which they were sentenced. Amongst both groups the proportion of male offenders was far higher than that of females. The 18 female drink drivers convicted by Eastleigh Magistrates Court during the two year period constituted only 6.9% of the total population of 260, and a similar proportion (5.9%, or 2 out of 34), of those referred to the Course for Alcohol Impaired Drivers. Similarly, the age composition of offenders revealed fairly similar proportions from both groups in each of the age categories. See Table 7.8 below.

Table 7.8: Age at Date of Sentence by Type of Sentence

AGE AT DATE OF SENTENCE	COURSE FOR ALCOHOL IMPAIRED DRIVERS		OTHER TYPES OF SENTENCE		TOTAL	
	Number	%	Number	%	Number	%
Under 17 Years	-	-	2	0.9	2	0.8
17 to 20 Years	8	23.5	39	17.3	47	18.1
21 to 30 Years	14	41.2	89	39.4	103	39.6
31 to 40 Years	7	20.6	53	23.5	60	23.1
41 to 50 Years	2	5.9	27	11.9	29	11.2
51+ Years	3	8.8	12	5.3	15	5.8
Not Known	-	-	4	1.8	4	1.5
TOTAL	34	100.0	226	100.1*	260	100.1*

N.B. * - Total percentage does not equal 100 as composite percentages have been calculated to one decimal place.

The highest number of drink drive offenders were concentrated in the 21 to 30 years age category and were represented in roughly the same proportion within each sentencing group, i.e. Impaired Drivers Course referrals, and other types of sentence. Given the relationship between blood alcohol concentration (and thus seriousness of offence) and age, it might have been expected that those referred to the course would be relatively older offenders. Whilst a slightly higher proportion of course members were found to be in the oldest age category, on the whole this did not appear to be the case.

The majority of drink drive offenders sentenced by Eastleigh Magistrates Court (88.1%, or 229 out of 260) had been convicted of offences of driving or attempting to drive with blood alcohol concentrations in excess of the prescribed limit. This group accounted for all but one of those who attended the Course for Alcohol Impaired Drivers and 86.7% (196 out of 226) of the control group. A further 20 offenders (7.7%), were sentenced for failure to provide a specimen for analysis (one of which was referred to the course) and 11, (4.2%), were convicted of being in charge of a vehicle having consumed excess alcohol. As the 'in charge' offence is relatively less serious than the other offences, it was significant that none of these offenders were referred to the Course for Alcohol Impaired Drivers.

Further analysis was undertaken to determine the number of drink drive offences for which these two groups were convicted. Whilst the majority were sentenced for only one offence, 4% (9 out of 226) of the control group, and a slightly higher proportion of course members, 5.9% (2 out of 34) were convicted of more than one offence of this nature in the same court hearing.

It has already been demonstrated that a high proportion of the main study population of course members had been convicted of other fairly serious motoring offences at the same time as their drink drive conviction. The fact that those referred to the Course for Alcohol Impaired Drivers were relatively more serious offenders in these terms was evident from examination of this data in relation to all those sentenced by Eastleigh Magistrates Court between May 1985 and April 1987. Table 7.9 below details the most serious additional motoring offences for which the two populations of drivers were convicted.

Table 7.9: Most Serious Additional Motoring Offence by Type of Sentence

MOST SERIOUS OFFENCE	COURSE FOR ALCOHOL IMPAIRED DRIVERS		OTHER TYPES OF SENTENCE		TOTAL	
	Number	%	Number	%	Number	%
Driving Whilst Disqualified	2	5.9	10	4.4	12	4.6
TWOC / Attempted TWOC	3	8.8	5	2.2	8	3.1
Reckless Driving	1	3.0	-	-	1	0.4
Motoring Offences (Seriousness 1)	8	23.5	18	8.0	26	10.0
Motoring Offences (Seriousness 2)	4	11.8	42	18.6	46	17.7
None	16	47.1	151	66.8	167	64.2
TOTAL	34	100.0	226	100.0	260	100.0

It is clear from the above table that not only had a higher proportion of course members been convicted of additional motoring offences, but also that their offences tended to be of a more serious nature. Of those referred to the Course for Alcohol Impaired Drivers, more than half, (52.9%, or 18 out of 34), were convicted of other motoring offences, compared with a third (33.2%, or 75 out of 226) of those sentenced in other ways. Further examination of these two groups revealed that whilst 20% (15 out of 75) of the control group had committed other serious offences such as, driving whilst disqualified, taking without consent and reckless driving, a considerably higher proportion of course members (33.3%, or 6 out of 18) fell into this category. It is, therefore, apparent that those who were sentenced to

attend the Course for Alcohol Impaired Drivers were likely to be more serious offenders, and were thus distinct from the wider population of drink drivers dealt with by Eastleigh Magistrates Court.

The relative gravity of course members' offending behaviour was further evident from the lengths of disqualification imposed by the Court. In the absence of information relating to blood alcohol concentrations or previous convictions, the period over which offenders were disqualified from driving was the most precise indication of the seriousness of their offence. The tendency for length of disqualification to increase in direct relation to rising blood alcohol concentrations was discussed earlier in respect of the main study population, and on this basis it would seem reasonable to assume that the period over which offenders are disqualified from driving reflects, to some extent, their levels of impairment. Discussions with the Clerk to the Justices for the South Hampshire Magistrates Courts (Fareham, Gosport, Eastleigh and Droxford) confirmed that those with previous convictions for excess alcohol offences tend to receive longer periods of disqualification and, more specifically, that a three year period of disqualification is indicative of a second conviction.

Whilst only 13.1% (29 out of 221) of those who were sentenced in other ways received a driving ban of three years or more, one half (17 out of 34) of those referred to the Course for Alcohol Impaired Drivers fell in to this category. Similarly, a far higher proportion of the control group (44.3%, or 98 out of 221) were disqualified for the minimum period of twelve months, compared to the equivalent proportion of course members (17.6%, or 6 out of 34). Examination of data relating to disqualification clearly demonstrated that those sentenced to attend the Course for Alcohol Impaired Drivers were serious drink drive offenders, who were more likely to have been previously convicted of a drink drive offence and/or to have had higher blood alcohol concentrations.

The day and month on which drink drive offences were committed were also examined, but revealed no significant differences between the two populations. As in the offences of the main study population, those relating to drink drivers sentenced at Eastleigh Magistrates Court were largely committed on weekends. Saturday and Sunday, accounted for 53.3% of offences relating to course members, and 47.3%, of the offences associated with the control group. Analysis of the months in which offences occurred indicated no particular month to be predominant.

In conclusion, it was evident that those sentenced by Eastleigh Magistrates Court to attend the Course for Alcohol Impaired Drivers were a different population from those dealt with through other, and more traditional, means. Whilst no great variations between the two groups were revealed in terms of the characteristics of offenders or the day or month on which offences were committed, examination of additional motoring offences indicated that those committed by course members were not only more numerous, but also of a more serious nature. Similarly, analysis of the periods of disqualification imposed by the Court, which are indicative of the seriousness of drivers' offending behaviour, suggested that the control group was a different population in these terms. It would appear, therefore, that during the period of investigation, (May 1985 to April 1987), Eastleigh Magistrates Court were selective in referring offenders to the Course for Alcohol Impaired Drivers. The basic selection criteria were probably the seriousness of the individuals' immediate offending, in terms of levels of impairment, together with their previous offending behaviour.

CHAPTER EIGHT

OUTCOMES ACCORDING TO SOME CRITERIA OF SUCCESS

In attempting to measure the success of the Course for Alcohol Impaired Drivers a number of criteria were initially identified. These can be categorised into five main areas of interest. The first of these, on a very basic level, was concerned with the ability of the Probation Service to ensure that clients completed the educational programme and thus, fulfilled the condition of their probation order. The second related area of interest was the attendance records of course members; that is, to what extent individuals were successful in completing a particular course uninterrupted. Given that the Course for Alcohol Impaired Drivers was essentially a programme of alcohol education, it was obviously important to determine the degree to which it was effective in increasing participants' knowledge of alcohol. This, therefore, constituted the fourth criteria of success. A detailed examination of course members' drinking behaviour and attitudes and behaviour relating to drinking and driving subsequent to course completion, was also considered to be essential in evaluating the success of the programme. It was thought that these latter criteria should be examined some years after individuals had attended the course if the longer term effectiveness of the educational programme was to be assessed. Finally, it was important to determine the degree to which the course effected a positive change in clients' offending behaviour associated with drinking and driving. The most obvious method by which some indication of this latter criterion could be attained, was through examination of reconviction data in relation to course members.

It is worth noting, that the latter three criteria, which relate to the knowledge, attitudes and behaviour of clients who attended the programme, largely reflect the stated aims of the Course for Alcohol Impaired Drivers. The only possible exception to this concerns the subsequent offending behaviour of course members. As discussed earlier, although the

intention to prevent further offending is not an explicit objective of the course, it is implicit in the aims as a whole.

Whilst, in practice, it was possible to measure the success of the Course for Alcohol Impaired Drivers in terms of completion rates, attendance records and alcohol knowledge, data relating to the attitudes and behaviour of course members proved difficult to acquire. Before going on to present the results that were obtained in this part of the study, it is important briefly to describe the problems encountered in gaining access to some of the data required.

The primary aim of seeking information on the drinking behaviour, and attitudes and related behaviour of ex-course members towards drinking and driving, was to determine whether the Course for Alcohol Impaired Drivers was successful in effecting sustained long term change in individuals. In order to obtain this information, it was necessary to interview clients who had completed the programme some time prior to the time of study. The methods by which a group of ex-course members were identified, and the problems experienced in contacting these individuals, have been discussed in detail in Chapter Six. Essentially, it proved impossible to obtain interviews with a representative sample of this group and as such, the success of the course in terms of effecting long term attitudinal and behavioural change could not be determined. The data obtained from the 15 interviews that were conducted are presented in Chapter Ten.

The second identified criterion of success on which information was difficult to acquire was the subsequent offending behaviour of course members. In order to assess the relative success of the programme, however, it would have been necessary to compare the study population with a group of other drink drive offenders sentenced by the courts through other means. This latter group would act as a control group. Reconviction data was initially sought through the police. This potential source, however, proved unsuccessful,

essentially due to problems associated with data protection legislation.

The second possible source of reconviction data was the Driver Vehicle Licensing Centre, (DVLC). Initially, this body was approached through the Department of Transport, and a tentative agreement was made to provide the data for a group of ex-course members and an additional control population. During the period of study, however, DVLC became an 'Agency' under the Government's privatisation initiatives. Under their new operating regulations the Driver Vehicle Licensing Agency is required to charge consumers for any information they provide; this extends to other Government bodies. Financial considerations were, therefore, an obstacle. Whilst the Department of Transport did not refuse to purchase the information, they made clear that the substantial amount of money involved could not be released without due consideration and subsequent administrative procedures which would be time consuming. Unfortunately, the reconviction information was not forthcoming during the period over which this study was conducted.

Before examining the three criteria of success on which information was available (completion rates, attendance records and alcohol knowledge), it is necessary to define the total study population. As in the examination of data relating to the characteristics of course members, their offence and sentence, it was necessary to exclude a number of cases from this part of the analysis. Voluntary clients and those referred to the programme for offences other than excess alcohol (48 out of 394) were not included in the total population for reasons discussed earlier in Chapter Seven. In addition, those who attended the first seven courses operative in Eastleigh (35 out of 394) have been omitted as the structure and content of these courses was significantly different from the revised format. Finally, 2 cases associated with the Southampton course have been excluded. These clients were unable to complete the Course for Alcohol Impaired Drivers for exceptional reasons relating to their employment.

They were, therefore, returned to court for re sentencing; they were not considered to have breached the conditions of their probation order. In total, 85 cases have been excluded leaving a total population of 309 clients. Of these, 201 attended courses in Southampton. The remaining 108 attended the Portsmouth programme.

The three criteria of success; course completion rates, attendance records and alcohol knowledge, are examined in turn in the remainder of this chapter.

8.1 Course Completion

Examination of the completion rates relating to Southampton and Portsmouth courses revealed significant variations in their success. From a total population of 108 clients who attended the Portsmouth programme, only 7 failed to complete their probationary condition, producing a completion rate of 93.5%. In contrast to this, a far higher proportion of Southampton course members (31 out of 199) did not complete the programme (the total study population for Southampton was reduced by 2 cases where information relating to this variable was not available). The Southampton Course for Alcohol Impaired Drivers thus demonstrated a substantially lower proportion of completions of 84.4%.

Further analyses were undertaken in an attempt to determine whether those who failed to complete the Course for Alcohol Impaired Drivers were a significantly different population from those who were successful. From examination of the relative ages of these two groups at the date on which they were sentenced, it was evident that those who failed to complete the Course were younger. Whilst only 39.5% (104 out of 263) of those who completed both courses were in the 21 to 30 years age category, 60.5% (23 out of 38) of those who failed to complete the programme fell into this age group (information relating to this analysis was not available in 8 cases). The relatively younger age of those who failed to

complete the programme could not, however, explain the greater proportion of non completions relating to the Southampton course; a similar proportion of clients from both courses were concentrated in the 21 to 30 years age category.

8.2 Course Attendance

Of the 269 clients who completed the Course for Alcohol Impaired Drivers in full, further analysis was undertaken to determine the attendance rates of these individuals. Whilst the majority were successful in completing the first course they were referred to, a significant minority (42 out of 269) were absent from a sufficient number of sessions to require them to repeat the whole programme in full. Of this group, 4 clients did not complete the programme until the third attempt. Noticeable differences were also found between the Portsmouth and Southampton courses in this respect. Amongst those attending the Portsmouth courses 7.9% (8 out of 101) were required to repeat the programme due to poor attendance. The equivalent proportion for the Southampton population was 20.2%, (34 out of 168). One in five of Southampton cases, therefore, did not complete the first course they were referred to.

More detailed analysis of those who were successful in completing the first course revealed that only 65.6%, (149 out of 227), missed none of the eight sessions. Of the remaining 78 clients, the vast majority, (84.6%), missed only one session. No significant difference between the two courses was revealed through this analysis.

Taken as a whole then, the attendance records of those referred to the Course for Alcohol Impaired Drivers, particularly in Southampton, were noticeably poor. From a total of 307 clients, less than a half (48.5%) completed the programme without absence.

8.3 Alcohol Knowledge

The problems associated with the two Alcohol Knowledge Questionnaires, which clients are required to complete prior to course attendance and subsequent to course completion, have already been discussed in Chapter Six. The inadequacy of information from this source has meant that the following analysis have been based on a substantially reduced population. The results presented should, therefore, be treated with some caution.

Of the 269 clients who were successful in completing the Course for Alcohol Impaired Drivers, in 65 cases full information on both Alcohol Knowledge Questionnaire scores was not available. Of the remaining 204 cases, the scores obtained related to three significantly different questionnaires. The Alcohol Knowledge Questionnaire on which the following analyses have been undertaken is the revised version which is included in the teaching pack, Don't Take the Risk (See Appendix C). Those who completed the other two questionnaires (37 out of 204) were too small in number to merit any detailed examination of their scores. The total population for which the degree of increased knowledge of alcohol could be measured was, therefore, 167. The distribution of this group between Southampton and Portsmouth courses was 95 and 72 cases respectively.

Table 8.1 below details the results of comparing the two questionnaire scores, completed before and after course attendance, for the two courses combined. Each individual case was categorised according to whether the relative scores demonstrated an improvement in alcohol knowledge, no change, or a deterioration.

Table 8.1: Change in Alcohol Knowledge Following Course Completion

CHANGE IN KNOWLEDGE	NUMBER	%
Improvement in Knowledge	132	79.0
No Change in Knowledge	27	16.2
Deterioration in Knowledge	8	4.8
TOTAL	167	100.0

As the above table illustrates, the Course for Alcohol Impaired Drivers was successful in effecting improvement in knowledge relating to alcohol in the majority (79%) of cases. It is worth noting, however, that of those clients whose relative scores did not indicate an increase in knowledge, an apparent deterioration was evident in some (8 out of 35). Although this latter result is obviously difficult to explain, it is improbable that the reduction in knowledge was in any way connected with individuals' course attendance. A more likely explanation would be that some clients, especially those with reading difficulties, were given differing degrees of help in relation to the two questionnaires by their supervising probation officers.

In seeking to explain the different score changes amongst clients, it was thought that three primary factors could be influential. The first of these related to the actual course which clients had attended, i.e. either Portsmouth or Southampton. As Table 8.2 below demonstrates, the mean score change for Portsmouth clients (14.06) was indeed higher than that for Southampton (10.74).

**Table 8.2: Before-After Difference in Alcohol Knowledge Scores
by Course**

COURSE	NUMBER OF CLIENTS	BEFORE-AFTER SCORE DIFFERENCE	
		Mean	Standard Deviation
Southampton	95	10.74	8.82
Portsmouth	72	14.06	9.43

The fact that the average change in knowledge of Portsmouth course members was significantly greater was confirmed by a t-test using a pooled estimator of the common population variance ($t = -2.34$, d.f.165, $p = 0.02$). Whilst the structure and content of the two courses varied in only relatively minor respects it is, therefore, possible that they differed in their ability to impart knowledge. An alternative explanation for the difference in score change between the two courses is that those who attended the Portsmouth programme were more interested in the subject of alcohol and, therefore, learnt and retained information more readily. Given that all Portsmouth clients were High Risk Offenders and as such, were more likely to have experienced problems associated with their drinking, it is arguable that the course was more relevant to them and thus of more interest. The precise cause of the disparity in knowledge change between Portsmouth and Southampton clients has, however, been impossible to determine.

The second variable which was examined in terms of differential knowledge change was the age of individuals at the time of their conviction. It was hypothesized that younger clients might learn and retain information more readily than older ones and thus, demonstrate a relatively greater increase in knowledge. In testing this hypothesis, the difference between individuals' first and second scores were categorised according to whether they indicated a low, medium or high improvement in knowledge. Table 8.3 below presents the results

of cross tabulating this variable with the age of course members at the time of their conviction.

Table 8.3: Improvement in Alcohol Knowledge by Age at Date of Sentence

AGE OF CLIENTS	IMPROVEMENT IN ALCOHOL KNOWLEDGE			TOTAL
	Low	Medium	High	
17 to 20 Years	8	3	4	15
21 to 30 Years	16	29	26	71
31 to 40 Years	20	15	14	49
41 to 50 Years	7	8	5	20
51+ Years	4	2	5	11
TOTAL No.	55	57	54	166

N.B. Not Known Cases: 1

As the above table illustrates, there did not appear to be any particular association between clients' age and the degree to which their knowledge improved following their attendance on the Course for Alcohol Impaired Drivers (Chi-squared = 9.85, d.f.8, p = 0.28).

The final factor which was examined in attempting to explain differential score change was clients' social class. Initially, this variable was cross tabulated against individuals' first alcohol knowledge score. See Table 8.4.

Table 8.4: First Alcohol Knowledge Score by Social Class

SOCIAL CLASS	FIRST ALCOHOL KNOWLEDGE SCORE			TOTAL
	Low	Medium	High	
I and II	4	2	14	20
III (Non-manual)	1	4	3	8
III (Manual)	22	18	21	61
IV	7	14	5	26
V	6	9	4	19
TOTAL	40	47	47	134

N.B. Not Known Cases - 33

Course members' initial knowledge of alcohol was found to be related to their social class (Chi-squared = 20.30, d.f.8, $p = 0.01$). The observed pattern is one of relatively greater knowledge in the highest classes (I and II). Differences in this respect were not, however, apparent upon examination of the degree of improvement in clients' scores following course attendance. See Table 8.5 below.

Table 8.5: Improvement in Alcohol Knowledge by Social Class

SOCIAL CLASS	IMPROVEMENT IN KNOWLEDGE			TOTAL
	Low	Medium	High	
I and II	11	6	3	20
III (Non-manual)	3	2	3	8
III (Manual)	18	21	22	61
IV	5	10	11	26
V	8	6	5	19
TOTAL	45	45	44	134

N.B. Not Known Cases - 33

Statistical analysis revealed that the difference between alcohol knowledge scores before and after course completion was unrelated to clients social class (Chi-squared = 8.69, d.f.8, $p = 0.37$).

In concluding this chapter it is important to point out that it was only possible to examine the success of the Course for Alcohol Impaired Drivers in terms of a limited number of variables. Due to the problems encountered in attempting to obtain a representative sample of ex-course members and in gaining access to reconviction data, it was impossible to adequately address some important criteria of success which were initially identified. The problems experienced in this study have obvious implications for the feasibility of a comprehensive evaluation of such courses in the future.

From the data that was available, however, some tentative conclusions may be drawn. First, whilst most of those referred to the course were successful in completing the programme, the attendance records of clients were noticeably poor. Less than a half of those referred to the Course for Alcohol Impaired Drivers completed it without absence. This may indicate a need for more stringent rules regarding the attendance of participants on courses.

The second point worth mentioning relates to the ability of this course to increase participants' knowledge of alcohol. The results of analyses presented in this chapter clearly demonstrated that most clients' knowledge improved after attendance on the course.

Finally, it is important to point out that for each of the variables examined (course completion, course attendance and change in knowledge), the Portsmouth course appeared to be more successful. In terms of course attendance and course completion, it is possible that those who attended the Portsmouth programme perceived the consequences of failing to complete it as more serious. Given that Portsmouth clients were all High Risk Offenders, and thus at risk of custody if

they were returned to court, this explanation would appear to be quite feasible. The reason for the difference between Portsmouth and Southampton clients in relation to knowledge improvement was, however, not clear. As discussed earlier, the better performance of Portsmouth course members in this respect might reflect either the content and structure of the Portsmouth programme, or the type of offenders who attended it.

CHAPTER NINE

THE COURSE FOR ALCOHOL IMPAIRED DRIVERS: THE ATTITUDES AND BEHAVIOUR OF SOME COURSE MEMBERS

The data presented in this chapter was gained through the author's participation on a number of courses during the period of investigation. The method by which this information was obtained has been described in detail in Chapter Six. The primary purpose of attending the Course for Alcohol Impaired Drivers was to determine clients' attitudes and associated behaviour in relation to both drinking and drinking and driving. This chapter, however, also examines course members' attitudes to the Course for Alcohol Impaired Drivers in general, and towards those involved in the Criminal Justice Process.

It is important to emphasise at this stage, that the data included in the following sections reflects the reported perceptions and behaviour of 26 clients who attended five of the courses. It should not, therefore, be taken as indicative of the characteristics of the main study population. It is also important to point out that the analysis of this data obviously reflects the author's observations and interpretations relating to the comments and statements made by clients during the course sessions.

The areas outlined below are examined in turn in the following sections.

- 9.1 Types of Course Member in Relation to their Levels of Drinking and Self Perception of this.
- 9.2 A Drinking Culture.
- 9.3 The Attitudes of Course Members Towards their Conviction and to Drinking and Driving in General.

- 9.4 Individual Perceptions of the Problems Encountered due to Conviction and Disqualification.
- 9.5 The Attitudes of Course Members Towards those Involved in the Criminal Justice Process.
- 9.6 Course Members' Perceptions of the Course for Impaired Drivers.
- 9.1 Types of Course Member in Relation to their Levels of Drinking and Self Perception of this

The drinking behaviour and levels of alcohol consumption of those who attended the five courses differed greatly. The vast majority, however, reported average levels of alcohol consumption that were considerably in excess of the 'safe levels' outlined by the Health Education Authority (1989). In attempting to analyse the drinking behaviour of these course members, it was possible to identify three groups whose patterns of drinking and underlying reasons for drinking were distinct. It should be noted that the three groups detailed below are the result of qualitative analysis of the data relating to the clients who attended the courses observed. Whilst they reflect, as accurately as possible, the drinking behaviour those observed, they cannot be generalised to describe that of all those who attended the courses during the period of investigation.

The first group was characterised by regular and habitual drinkers who consumed a moderately fixed quantity of alcohol over a given period, i.e., either a day or a week. Many of these individuals were undoubtedly dependent on alcohol, and it was essentially this which determined their reasons for drinking. Those who did not demonstrate signs of dependency and who did not drink on a daily basis generally drank through habit and were as such, at risk of developing dependency.

The second group consisted of those whose drinking was concentrated into 'binges'. The frequency with which drinking occurred varied considerably from once a week to as little as once a year. Whilst drinking was relatively infrequent amongst many of this group, the dominant characteristic common to all individuals was the exceptionally large quantities of alcohol consumed during a relatively short period of time. Amongst those course members who fell into this category, there was a tendency to abstain from drinking altogether when not on a 'binge'. The stimulus for the onset of drinking varied according to the frequency of drinking. For those who drank once a week the only justification needed was the fact that it was the end of the working week or a Friday night,

"I don't drink all week, but when Friday night comes I've got to go out".

For those who drank infrequently, the stimulus was invariably a personal crisis, such as the break up of a relationship or the loss of employment.

The third group of clients could be termed 'opportunists'; that is, those whose drinking behaviour was largely determined by their opportunity to consume alcohol. The most common determinant of the frequency and quantity of alcohol consumption amongst this group was their individual financial circumstances at any point in time, as the following two comments indicate,

"It depends how much money I've got. If I'm flush I'll drink more, and visa versa".

"If I'd a load of money I'd be pissing it up every night. It depends on what the cash flow's like".

In each of the three categories outlined above, the vast majority of clients consumed a quantity of alcohol a week which was likely to damage their health in the long term. Some of these individuals demonstrated signs, to varying degrees,

of a physical and/or psychological dependency on alcohol.

Whilst the drinking behaviour of most of those in the study population was worthy of some concern, very few were willing to acknowledge their drinking as in any way problematic. This is not to say that individuals' drinking did not worry them to varying degrees, as this was evident throughout all the courses attended, but merely that there was a reluctance to openly admit concern. For example, one course member stated,

"My Mum seems to think I'm an alcoholic, but I don't think it's a problem; I go to work every day. The only time you've got a problem is when you admit it yourself... I don't have to drink".

This particular client maintained that his drinking behaviour was not problematic throughout his course attendance, despite experiencing numerous social, financial, and employment difficulties relating to this during the eight week programme. Another course member, who recognised that he did not drink for purely social reasons, was none the less reluctant to consider his drinking as a problem,

"I'm not an alcoholic. I haven't got a problem. It wasn't the drink that affected me life. It wasn't the drink that made me have all the problems that led me to drinking".

Whilst this 'denial' was particularly evident during the initial sessions of each programme and declined to some extent in the latter sessions, it was a feature which ran throughout each course. Not all course members attitudes to their drinking, however, were characterised by denial. A minority had accepted their dependency on alcohol before they attended the programme and were open in their acknowledgement of this. One client whose average alcohol consumption a week was approximately 236 units, (equivalent to 118 pints of ordinary strength beer), stated,

"I'm an alcoholic... I know I've got to cut down (drinking), but 'cause I drink so much it's difficult. Like if I cut down two pints a day it's not much difference".

Perhaps predictably, there did appear to be some association between clients' perceptions of their drinking behaviour and their knowledge of alcohol. The majority of course members knew little about this drug and were largely misinformed by popular myths relating to its nutritional qualities, its physical effects, and the methods by which it is eliminated from the body. Those who regarded themselves as dependent on alcohol, however, were generally very well informed in this respect. The primary explanation for the differing degrees and accuracy of knowledge held by these two groups was that the latter group had invariably received some form of alcohol education, associated with their dependency, prior to their course attendance. For this minority of individuals the Course for Alcohol Impaired Drivers was perceived as of minimal benefit, as they were already able to consider their drinking behaviour in relation to the facts about alcohol. A programme of more specialised and individualised help would probably have been of greater benefit to these clients.

9.2 A Drinking Culture

The individual drinking behaviour of those who attended the Course for Alcohol Impaired Drivers was diverse, taken as a whole, however, there were obvious indications that a shared 'drinking culture' was experienced by many. This culture was characterised by three interrelated elements. The first of these, was the extremely overt, 'masculine' nature of the culture. The second was a drinking behaviour determined by 'immediate gratification'. The final element was apparent in clients' 'fatalistic attitudes', particularly evident in relation to their health.

A Masculine Drinking Culture

The fact that masculinity is one of the dominant social meanings associated with alcohol consumption has already been discussed in Chapter One. This association was reflected in the drinking culture of course members and indeed appeared to be the primary feature of it. The overt masculine nature of this culture was apparent from where drinking typically took place, from the sexual characteristics of those who were members of this culture and from their adherence to perceived masculine values.

It is worth noting at this stage, that the vast majority of course members drank with other drinking partners who were reported to consume alcohol with the same frequency and in similar quantities to themselves. In only a very small minority of cases did clients perceive their behaviour as in any way abnormal in terms of the norms of their drinking group. The drinking culture was, therefore, not exclusive to course members but shared with a much wider population of drinking partners.

The primary locations for alcohol consumption amongst course members were either public houses or working men's clubs. These drinking places were significant in so far as they have long been recognised as predominantly male domains. Whilst women are not excluded from public houses, as they have been in the past, these places of drinking remain dominated by men and as such, may be seen to reflect codes of masculine behaviour such as dominance and aggression. Other drinking venues, such as restaurants, friends' homes or individuals' homes were relatively rarely cited.

On most occasions on which clients drank they were accompanied by other 'male' drinking partners. Where women were present, it was in their relationship to men as either wives or girlfriends, but not as equal drinking partners. The fact that women were not perceived or treated as equal to men

in drinking terms was clearly apparent in the following comment made by one course member,

"Pints don't look right on women; women are dainty... They can't hold their drink anyway".

Alcohol consumption within this culture was regarded as a symbol of male virility. Furthermore, status within a drinking group appeared to be associated with the ability to tolerate large quantities of alcohol. For example, one course member remarked,

"Six pints is nothing is it? I used to drink eight pints a night when I was twenty-four, and still stand up".

The importance of drinking alcohol to individuals' self perceptions was most obvious when course members reported their experiences of drinking soft drinks in a public house (this was one of the sessional projects which clients were required to undertake). The following comments of two course members when asked how they felt about this exercise, were typical of those of the study population.

"I felt stupid... 'cause I was sitting with a glass of coke. It didn't seem right".

"I didn't really enjoy it (orange juice). I felt a prat when I ordered it".

It was apparent that whilst most individuals did not dislike drinking non-alcoholic drinks as such, their self esteem deteriorated significantly when required to do so in their local public house. This was recognised by one of the wives who accompanied her husband on the course,

"Men find it difficult when they go out for a drink not to have a strong one. It seems to be a status symbol - they can't have a low alcohol drink or a soft one".

Given the association between individuals' alcohol consumption and their self perception of this, it was not surprising that a minority of course members failed to complete this exercise, and that still more did not do so in their normal place of drinking.

Individual course members' perceptions concerning the consumption of non alcoholic beverages were not simply a product of their own prejudices, but also reflected the attitudes of their 'drinking mates'. Where drinks were being bought in rounds, a frequently cited reaction by a drinking partner to the request for a soft drink was either to ignore it or to refuse to order the drink. Even where course members' preferences were respected, their departure from normal drinking behaviour was not accepted without comment. One course member reported the following reaction from his drinking mates,

"They were calling me a soft ****.....'Don't be soft, Have a pint', and all that. 'What's the matter with you? Can't you handle your drink?'".

The pressure put on men to drink was recognised by one client as a reflection of the association between drinking and masculinity,

"I think it's more likely that blokes will get a barracking from their mates for not having a drink than women. It's probably to do with male machoism or something".

Most of those who experienced pressure from their drinking partners admitted to having acted in a similar fashion on previous occasions. One course member admitted to pressurising his girlfriend to drink.

"I pressurise her (girlfriend) to drink. Only when she's feeling really ill with a hangover though. If she has a drink she's usually more compatible".

Immediate Gratification

The second feature of the drinking culture was apparent in the way in which course members drank to satisfy their immediate needs. For some individuals this was necessarily associated with their dependency on alcohol which determined their immediate need to drink to satisfy their addiction. For most course members, however, the immediate gratification that was sought through drinking was essentially dependent on the capacity of alcohol as a mood altering drug. There were a variety of reasons why individuals used alcohol in this way. Many course members referred to drinking as a means of satisfying their immediate needs of enjoyment. For example, one individual stated,

"I'm just interested in going out and enjoying myself. I drink for the enjoyment of it".

Another course member commented,

"I go to the pub to have a few drinks and a laugh with me mates... I'm young, free and single, and I'm going to enjoy it".

The use of alcohol in this way, however, was not the only reason clients gave for drinking. Some drank to cope with immediate problems in their life such as the loss of employment or a domestic dispute. One individual whose drinking on the day he committed his drink driving offence was stimulated by a row with his girlfriend, stated,

"I turn to drink, I really do. If anything goes wrong...".

Other course members referred to their drinking as a way of coping with stress, or merely as a means of relaxing.

"Drinking to me, after work, is a way of relaxing".

As the above quotations clearly illustrate, the immediate gratification that individuals obtained from alcohol consumption was an important determining factor in their drinking behaviour. The fact that the study population appeared preoccupied with the immediate and present was also reflected in their attitudes, particularly towards their health.

Fatalism

In general, the comments of clients throughout the course in relation to their health, clearly reflected a fatalistic attitude. Most course members were reluctant to consider their health in the long term, and when encouraged to do so by course leaders demonstrated little concern. For example, one course member made the following comment when asked whether he had considered cutting down his drinking.

"It is something I have to do, but I don't know when. I'm twenty-six (years old), but I think by the time I'm thirty, thirty-five, I'll be a bit more sensible. But, at the moment all I want to do is have a laugh, nobody lives forever".

This comment was followed by one in a similar vein made by another course member,

"Bloody right, I don't care what I'm doing to my health, I enjoy it".

Whilst the attitudes expressed by clients towards their health were generally fatalistic, at times individuals did demonstrate signs of concern which were evident from their facial expressions. This concern, which appeared as a temporary phenomenon and which was only rarely voiced, was more apparent in the latter sessions of the course when clients' levels of drinking and associated health risks were addressed in detail. There was, therefore, evidence of some

ambiguity in terms of course members' attitudes towards their health. In attempting to explain individuals' overt, fatalistic attitudes and simultaneous expressions of concern, it is possible that they were reluctant to acknowledge a long term health risk as this would have necessitated some re-evaluation and possible change in their drinking behaviour. A further explanation could be that this ambiguity was associated with course members' perceptions of masculinity; that is, that they did not consider concern for their long term health as compatible with the values of the male drinking culture of which they were a part.

9.3 The Attitudes of Course Members Towards their Conviction and to Drinking and Driving in General

The way in which course members viewed their drink drive conviction varied greatly between individuals, but in most cases was either associated with the circumstances of the offence or with previous offending behaviour. For example, a number of clients accepted their conviction as the logical outcome of habitual offending behaviour of this nature. The following comments were made by course members who perceived their conviction in this way.

"I knew I'd get caught sooner or later. I've been doing that (drinking and driving) more or less, on and off, for ten years... It was just a matter of time".

"I've done it (drinking and driving) hundreds of times, so I thought it was fair cop".

Other course members viewed their conviction more in terms of 'bad luck'. The assumption underlying this attitude was that most people drink and drive at some stage and that, therefore, individual detection was dependent upon the law of probabilities. As such, one individual stated that he did not regard his offence as anything to be ashamed of and justified

this by referring to the similar offending behaviour of a police officer.

"I'm not ashamed of my drink driving offence. We all do it. I even saw in the paper the other day that a police constable was done for being three times over the limit".

Associated with this perception of 'bad luck' was the view held by many clients that the risks of detection for drinking and driving were minimal. (It has already been established that course members were quite accurate in this assessment). The fact that course members had determined the risks of conviction in this way was apparent from the comments made by a number of individuals. One such comment, which produced responses of empathy from other clients, is reproduced below.

"You always think it (being caught for drink driving) can't happen to you".

A further reaction by some offenders towards their conviction was to deny responsibility for their own behaviour by either blaming their offence on their circumstances or on other individuals. For example, one individual blamed his girlfriend for an argument which, in his view, had caused his offending behaviour. This is evident from the following dialogue between the course member concerned and a course leader.

Course Member "I had an argument with my girlfriend; if I hadn't had the row I wouldn't have gone out".

Course Leader "Are you saying then that this (the offence) wasn't your fault".

Course Member "I don't think it was. If it wasn't for the argument and the row, I wouldn't have been out that evening".

Whilst these course members obviously differed in their attitudes towards their offence, common to the majority of clients was the absence of any intention to commit the offence before they started drinking. This was illustrated by one individual who stated,

"I only went out for a drink. I didn't mean to drink and drive. It was only after I'd had a few (drinks)".

Clients' perceptions of the effect of alcohol on driving skills and ability underwent a noticeable change during the progression of all five courses observed. The comments of course members during the initial three sessions clearly reflected ignorance in this respect. During the first session of one course, the following comment was made by a course member.

"You shouldn't be counting pints, it depends on how you feel. Every night is different. As soon as I feel a bit dodgy I stop (drinking), and for someone else it might be different. It's not the amount you drink, it's how you feel".

Another client, whilst recognising that alcohol did impair driving ability, did not think that this applied to all individuals. He made this comment in session three,

"Most people are badly affected by alcohol, it reduces their driving skills. But, some must improve - it's the law of probabilities".

Conversely, when clients were aware of the extent of impairment due to alcohol their attitudes were quite often of the other extreme. For example, one course member questioned the wisdom of the law in defining a legal alcohol limit in relation to driving at all.

"Why have a legal limit if driving is impaired with less than the legal limit of alcohol?... If the question is

safety, and reaction times are slowed by drinking, then the law is wrong".

The change in clients' attitudes towards drinking and driving was most evident during the last session of the Course for Alcohol Impaired Drivers where they were required to set themselves goals for the future. Without exception, every course member resolved not to drink and drive again. The rationale for this decision by clients, however, was not clear. Whilst it is probable that their attendance on the programme was influential, a number of other factors may also have contributed to this resolution. For some, the penalties and associated problems resulting from conviction were undoubtedly a sufficient deterrent. Difficulties experienced by course members in these terms are addressed in more detail in the following section. Associated with this, the even harsher penalties of a subsequent conviction would have been considered by many as too great a risk. Furthermore, from a cynical perspective, some clients might have perceived the resolution not to drink and drive again as one which was expected by course leaders, and thus have made it without any real commitment to behavioural change.

9.4 Individual Perceptions of the Problems Encountered due to Conviction and Disqualification

Throughout the eight sessions of the Course for Alcohol Impaired Drivers clients referred to the problems they had experienced as a direct result of their offence. Whilst some of the problems encountered related to course members actual conviction and to the financial penalties imposed for related offences, the majority were associated with their disqualification from driving. This resulted in varying degrees of hardship amongst clients, from only minor inconvenience to loss of employment. Some of the numerous consequences of conviction, as experienced by course members, are outlined below.

The loss of employment opportunities which were dependent upon the possession of a clean driving licence, were referred to by a number of clients. The inability to apply for, or obtain employment of this nature, also had implications in financial terms as one course member pointed out.

"My conviction has affected me mainly financially. I've lost jobs that were two times as much money as I was on".

The financial implications of conviction were also anticipated by clients in discussions relating to the cost of insurance once their licences were returned. To many the considerable increase in insurance premiums, which result directly from a drink drive conviction, was perceived as unfair. One course member stated,

"When I got done for drinking and driving I wasn't involved in an accident and it didn't cost the insurance company anything. But they whack up the insurance (premium) so much that I can't afford it. It's not fair".

The implications of conviction, however, were not merely financial. Most course members commented on the inconvenience caused through the necessity of using public transport. Others, who were fortunate enough to receive lifts from friends and partners, were aware of their reliance on these individuals and referred to the erosion of their independence which disqualification had meant.

Individuals' conviction and disqualification, in many cases, had also affected members of their family and friends in other ways. One course member commented on how his disqualification had affected his children.

"I can't drive, so I can't take the kids out on weekends".

In one instance a course member's drink drive conviction, coupled with his drinking behaviour, had led to separation from his partner.

The numerous problems encountered by course members as a direct result of their conviction and disqualification were sufficient to deter some from repeating their offence. As one individual stated,

"This is the first time I've lost my licence, and when I get it back I've no intention of drinking and driving again. It's ***** up my life too much already".

For most clients, however, such resolutions, if they had been made previously, had not resulted in behavioural change. Prior experiences of conviction and disqualification had not deterred course members, who were second time offenders, from repeating the same offence. Whilst details of the previous offending behaviour of this particular group of course members was not known, it is worth noting that of the main study population 67.8% had been previously convicted of excess alcohol offences or failure to provide a specimen for analysis.

9.5 The Attitudes of Course Members Towards those Involved in the Criminal Justice Process

The negative views about those involved in the Criminal Justice Process held by many course members were clearly apparent throughout the Course for Alcohol Impaired Drivers, but were most clearly revealed during the Court Role Play exercise in Session Four. This session provided a unique opportunity for clients to address court officials and Magistrates in a comparatively informal setting and to air grievances relating to their offence and sentence. Whilst course members were keen to question all court officials present, Magistrates, the Police and Clerks to the Court were noticeably singled out as individuals to whom most grievances

were related. The attitudes of clients to these three are examined in turn in the following sections.

Magistrates

Most of the questions which course members addressed to Magistrates were related to the sentence they had received for their drink drive offence. In many cases individual penalties were considered to be grossly unfair by clients who sought some explanation from the Magistrates present. One course member perceived the severity of his sentence as the result of Magisterial bias against certain individuals. He put the following question to one Magistrate,

"Do you ever look at a defendant and take an instant dislike to him, 'cause for my first drink drive offence I got eighteen months ban and a £600 fine".

In this instance the Magistrate sought to determine the details of the client's offence, and thereafter concluded that the sentence imposed had been a reasonable application of the tariff. As this example demonstrates, the attitude of the course member towards members of the judiciary resulted from his ignorance of the sentencing process. Whilst the sentencing process can inevitably produce minor discrepancies in the penalties imposed for the same offence and related circumstances, gross inequalities are generally prevented through sentencing guidelines which Magistrates must adhere to. On almost every occasion where course members questioned Magistrates as to the fairness of their sentence, the explanation given accounted for the size of the penalty. What was clear from this exercise, was the urgent need for the principles of sentencing to be explained to those to whom they are applied, if perceptions of inequality and attitudes of hostility towards Magistrates are to be avoided.

A further grievance expressed by some course members related to Magistrates' rights to sentence at all. This was

apparent in one course member's question to the Magistrates.

"What I really want to ask is what gives you the right to sentence me, or anyone else?... What gives you the right to look right through me and make me feel this (gesture) small".

In replying to this question, one Magistrate pointed out that they were just ordinary people like anyone else, and asked the course member,

"Who else would you have?".

This response, although it did not generate any verbal reply from the group, was clearly not accepted as an adequate explanation. From an observer's position, it was obvious that course members did not regard Magistrates as representative of those they encountered in their every day lives, but were unable to express this in clearly understandable terms. It is probable that the differences perceived by clients related primarily to the relatively higher social classes to which Magistrates generally belong and to their higher social standing in the community.

The final point worth mentioning in this section is the partiality with which Magistrates favoured the Police in relation to defendants, as perceived by course members. One client directly questioned the Magistrates on this matter.

"If I pleaded not guilty, who would you go for, me or the police? You'd believe the police wouldn't you?".

Although the Magistrates strongly denied this allegation, the client believed that his personal experiences had proved otherwise.

Throughout this session the negativity, and moreover direct hostility, with which many course members viewed Magistrates was clearly apparent. Whilst the Magistrates made

every attempt to justify the legitimacy of their actions and those of their colleagues, from clients' perspectives, they were only successful in this in relatively few instances.

The Police

Course members attitudes towards the police were even more negative than those expressed in relation to Magistrates. Surprisingly though, the officers present in the Role Play sessions were not subject to the degree of hostility and questioning experienced by Magistrates. In seeking to explain this, it is possible that the officers concerned, whose duty was to operate the intoximeter, were not considered by clients as representative of other police officers. Certainly, during all the courses observed no complaints were expressed against these officers in particular.

The attitudes of clients towards the police largely resulted from their direct experiences of officers in relation to their offence. For example, one course member reported his treatment by the police when apprehended for his offence, as follows,

"I wasn't fairly treated from the start... maybe 'cause I'm Irish, I don't know. But the first thing they said was that I stole the car... There was a big lump at the side of my neck where they held me and thumped me".

Another course member, who was detained in a police cell overnight following his charge for drink driving, reported the circumstances surrounding a second drink drive charge the next morning.

"They gave me the keys (to the car) the next day, and I told them I was driving home. They radioed through to Shirley Police Station and picked me up again... but that one got thrown out of court".

The incidents cited above are just two of a multitude recounted by course members in which the police were considered to have acted either unfairly or with gross misconduct. Whilst these grievances were rarely expressed during the role play sessions, the negative attitudes with which clients regarded the police remained apparent during the latter sessions of the programme.

Court Clerks

Clients' attitudes towards Court Clerks again reflected their experiences of these individuals. The negativity with which course members viewed Clerks was largely due to the influence which these individuals were perceived to have in the sentencing process; as one individual stated,

"In my experience the only problem in going to court is the Clerk of the Court... he has the last word and that's it".

In most cases where clients' voiced opinions they related incidents of the imposition of harsher penalties where Clerks had intervened in the sentencing process. For example, one course member made the following comment,

"When my case was heard the Clerk said (to the Magistrates) that due to my past record he thought that I should take a re-test".

In this particular instance, the course member's grievance could be seen as justified as the order to repeat a driving test is dependent upon magisterial discretion as it is not a mandatory penalty. However, in most cases where the Clerk was perceived to have influenced the sentence of the Court the intervention was wholly justified. The Clerk has a duty to advise the Court on matters of law as Magistrates are not legally qualified in this area. Under certain circumstances this duty would extend to informing Magistrates that a

particular sentence was not lawful and that the penalty must be harsher. An example of this, related to one course member's court appearance, was where the Magistrates attempted to impose a twelve month disqualification period for his second drink driving offence. In this instance the Clerk had a duty to advise the Magistrates that a three year disqualification period was the minimum they could impose. Whilst the intervention was considered by the course member as unfair at the time, this was due to an ignorance of the responsibilities that the Clerk had to the Court.

The attitudes and beliefs expressed by course members during the Court Role Play session remained apparent throughout the Course for Alcohol Impaired Drivers. The negativity with which those involved in the Criminal Justice Process were viewed did not alter significantly as a result of the unique experience which this session allowed. It is debateable, however, to what extent course members' perceptions can be expected to change through a meeting of this nature. In considering this issue, it is important to point out that most clients had had previous experiences of Magistrates, the Police and Clerks in relation to previous offending behaviour, and thus had probably held such negative attitudes for some time. Whilst details of the previous offending behaviour of this group of course members was not known, of the main study population 80.2% (316 out of 394) were found to have at least one previous conviction of some sort. Furthermore, it is questionable whether those whose role in the Criminal Justice Process is to charge, prosecute, sentence, or advise on the sentencing of offenders, can be viewed by these individuals in a positive light. This latter point is, perhaps, the most significant in accounting for course members' perceptions of those involved in the Criminal Justice Process.

Whilst the Court Role Play session was, thus, ineffectual in changing clients' attitudes towards those involved in the Criminal Justice Process, it did enable them to acquire a better understanding of the duties and responsibilities of the

Court in hearing and sentencing cases. This opportunity was one which clients found both interesting and enjoyable.

9.6 Course Members Perceptions of the Course for Alcohol Impaired Drivers

Course members' perceptions of the Course for Alcohol Impaired Drivers underwent a significant change during the progression of the programme. The most striking difference was apparent from comparing clients' attitudes as revealed in the first sessions, with those expressed in the final weeks of the courses observed.

During the initial session of the Course for Alcohol Impaired Drivers, clients' attitudes towards their attendance was generally negative. Many perceived their attendance purely in terms of fulfilling the conditions of their probation order and were mostly ambivalent in their expectations of the course. Others demonstrated fairly hostile attitudes and openly expressed the reluctance with which they were participating. The atmosphere of the first session of the programme in particular was, therefore, somewhat stilted and reflected the quasi-obligatory nature of clients' referrals. Whilst most course members' perceptions of the programme were overtly negative and pessimistic, a small minority were conspicuous for their positive approach. For example, one course member commented on his expectations of the course during session one as follows,

"I hope to learn a lot from this course. I know it doesn't work for everyone, but I see it as a chance to address myself and my drinking. I think it will open my eyes a bit".

The change in clients' attitudes towards the Course for Alcohol Impaired Drivers did not occur at any particular point during the programme. For most course members this change appeared to take place gradually as their experiences each

week caused them to reformulate their initial impressions. During the period of course attendance most clients were, at some stage, open in sharing experiences relating to their drinking and offending behaviour with the group. Quite often this included discussing problems of a very personal nature with other course members, who demonstrated very creditable skills of empathy. Similarly, as the programme progressed there was evidence of an increasing cohesion between group members and mutual support for each other. The most pertinent example of this was where one course member refused to participate in the role play exercise in session six. This exercise was designed to encourage the development of coping strategies in situations where individuals may be put under pressure to consume alcohol. The following dialogue demonstrates how a potentially confrontational situation was avoided through the supportive intervention of other course members.

Course Member (1) - "This (exercise) is stupid. I'm not at school now. I don't have to do anything here I don't want to."

Course Leader - Explains that participation in all exercises included in the programme is a condition of the course member's probation order.

Course Member (2) - "Look, all you've got to do is
to participate. Have a go, then they can't
Course Member (1) take you back to court.

Course Member (3) - "Come on (name), I'll do it (exercise)
with you. "

In this instance the reluctant course member (1) agreed to participate in the exercise through the support of others in the group. The changing attitudes of some clients were, therefore, influential in ensuring the compliance of others, and it is probable that such changes also affected a re-

evaluation in some of their perceptions of the programme.

As stated earlier, the most obvious changes in clients' attitudes towards the course were apparent in the final week. In this session course members were invited to comment on their experiences of the programme and to identify any particular parts which they perceived as advantageous or, conversely, of minimal benefit. In doing so, course members referred to a wide variety of aspects of the programme. Invariably, the Court Role Play session was mentioned as being of particular interest, but other parts of the course were perceived as of differential benefit to different members of the group.

The emphasis of the programme on alcohol education, as opposed to the association between alcohol and the impairment of essential driving skills, was referred to by a number of participants. One client made the following comment in relation to this issue.

"I don't think this course did much for the driving. It focussed on the drinking more".

The above comment was supported by other members of this particular group, one of whom stated,

"Yeh, that's true. I agree with that. There was only that film, that wasn't very educational anyway. They send you here for drink driving, and a little film isn't much is it?".

In general the comments of course members during this final session, as compared with those expressed in session one, indicated a significant change in attitude towards the Course for Alcohol Impaired Drivers. Most clients appeared to perceive the programme more positively and their experiences had obviously run counter to their expectations in some respects. One course member made the following comment in relation to the programme in general.

"It's (the course) not what I expected, it's more relaxed".

This was supported by another client who stated,

"Yeh, I thought it was going to be a load of straights sitting round talking about drinking".

Another course member who had been particularly negative and resentful about his course attendance initially, made this comment in the final session.

"I thought it (the course) would be a load of rubbish but, I've learnt a lot. I really think it was very good".

It is worth reminding the reader at this stage of the attitudes of those who attended the original Course for Alcohol Impaired Drivers. As discussed in Chapter Five, monitoring of the first courses clearly demonstrated that participants were both resistant and hostile to the educational programme and that this did not change throughout their course attendance. The comments of course members, as detailed above, are evidently in direct contrast to the views of these former clients. It is likely that this change in attitude reflects the care with which the structure and content of the revised course was constructed and the group work skills of course leaders which were, in many instances, of a very high standard.

CHAPTER TEN

INTERVIEWS WITH A GROUP OF EX-COURSE MEMBERS:

EXAMINATION OF LONG TERM ATTITUDINAL AND BEHAVIOURAL CHANGE

Information relating to the long term effects of the Course for Alcohol Impaired Drivers was sought by way of interviews with ex-course members who had completed the programme some years prior to the time of study. The primary objective of this part of the study was to determine to what extent an educational programme of this nature could effect sustained attitudinal and behavioural changes in relation to two key areas. The first of these concerned clients' drinking behaviour. The second area of interest was the specific drink drive offence. It was also considered important to elucidate individuals' perceptions of the Course for Alcohol Impaired Drivers as it was thought that these could, possibly, be significant in explaining differential change. The sampling and interview methodology, together with the problems encountered in obtaining this information have been described in detail in Chapter Six. It is important to re-iterate, however, that the data presented in this chapter relate to only a small number of interviews (15 in total), which were not representative of the main study population. The results of this analysis should, therefore, be treated with some caution, and should not be taken as indicative of clients' attitudes and behaviour in general.

Analysis of the interview data was undertaken in relation to three areas of interest. These areas, which are examined in turn in the following sections, are outlined below.

10.1 Interviewees' Perceptions of the Course for Alcohol Impaired Drivers

10.2 Examination of Long Term Behavioural Change in Relation to Drinking

10.3 Drinking and Driving - Examination of Attitudinal and Behavioural Change

10.1 Interviewees' Perceptions of the Course for Alcohol Impaired Drivers

From the fifteen interviews conducted it was clear that most individuals had had very positive experiences of the Course for Alcohol Impaired Drivers. The vast majority viewed the course highly, thought that it was a good idea, and believed that it had been of help to them. Only a small minority of those interviewed were critical of the course and did not consider their course attendance to have been worthwhile. It is, of course, possible that the apparent confidence in the programme which many respondents expressed merely reflected a desire to conform to what they perceived the interviewer wanted to hear. Without examining the interview data as a whole, however, it is not possible to determine whether this was the case. The issue of the validity of individuals' responses is, therefore, addressed towards the end of this chapter.

In expressing their attitudes towards the programme respondents invariably identified a primary aspect of it which they felt had been of most benefit to them. For some, this was the educational opportunity that the course provided, as the following comment by one interviewee indicates.

"I thought it (the course) was first class... I learnt a lot... Having spent all my life at sea and long distance driving, I didn't know what I was drinking... I didn't used to think about it, and it (the course) opened my eyes to all manner of things".

Another respondent, who expressed a similar view, had used his educational experience to inform others.

"I thought it (the course) was good. It taught me the units (of alcohol) etc. that I didn't know before. I told everyone else as well".

The knowledge that individuals had of alcohol was apparent throughout many of the interviews conducted. In a minority of instances, however, respondents were unwittingly misinformed in some respects. One interviewee, for example, thought that certain types of alcoholic drinks were more detrimental to health than others.

"I only drink beer anyway, which isn't as bad. I think that's what they (course leaders) were getting at - the damage that spirits do".

Other respondents had considered the course as an alternative to other sentences and perceived it as of most value in this respect. For example, one individual referred to the liberty which the programme had allowed him as an alternative to custody.

"I thought the course was excellent... probably for selfish reasons. It was my second conviction and I was facing... being banged up. So what's eight weeks on the Impaired Drivers Course if it enables you to live in your own home?".

Another respondent commented on the course as a more desirable sentence than a fine.

"I think the Probation Service have got a pretty good thing going. It saves all that bitterness you have when you get a fine and you can't afford to pay it. You go out and have a few drinks and steal something to pay for it".

Some individuals had applied to have their driving licences returned early following their course attendance and, on occasion had been successful in this. For one respondent this had undoubtedly influenced his perceptions of the Course

for Alcohol Impaired Drivers.

"It (the course) impressed me greatly... For me, I wouldn't have got my licence back a year early. I had a good assessment from the course and I showed the letter to the Magistrates... that little thing about the Impaired Drivers Course swung it for me, I think".

A minority of those interviewed referred to the differential benefit of the course for varying types of participants. For example, one individual, who considered himself to be a 'professional', made the point that the programme was aimed at the lower social classes and as such, had not met his needs.

"I didn't think it (the course) was appropriate to my kind of person... There seems to be some assumption that it's working class manual people that drink, and the course is geared towards that... It was geared to a lower intelligence".

Similarly, another interviewee, when asked whether he thought the course was a good idea, considered the age of participants to be an important determining factor.

"It depends on whose on it (the course). You're never going to stop a youngster from drinking... At nineteen you don't give a **** about alcohol and health... For other middle aged people, who drink a bottle of wine every night, it's good".

Only a very small minority of those interviewed reported entirely negative perceptions of the programme. However, one such individual believed that his pessimism was shared by a much wider population of course members.

"To be honest it (the course) was a waste of time. No one wanted to be there. If you went on the course you didn't get fined... so, that's why most of them were on it. That's why I did it anyway."

Whilst this opinion was not shared by the majority of those interviewed, many respondents did comment on particular aspects of the course which they either disliked or felt could be improved. One exercise in particular (Doggy Tails, in session eight of the course), was singled out by a number of individuals as inappropriate given the age of participants. The following comment was typical of the views expressed in relation to this exercise.

"I thought it (the course) was a little bit silly towards the end. Everyone had to walk around with a bit of card on their backs. It was a bit childish really".

Other respondents referred to the use of 'shock' tactics as a deficiency of the programme, as the following comment indicates.

"There were parts that were a little amateurish. Parts of it were designed to shock, like showing the liver".

A more serious criticism of the programme was made by one interviewee who commented on the inadequacy of post course supervision.

"I wasn't followed up enough. All you had to do was report (to the probation office) and have a little chat. If anyone else had that only then I don't think it was enough".

In conclusion, it was apparent that the vast majority of those interviewed valued the Course for Alcohol Impaired Drivers highly. Whilst many identified particular areas that could be improved, overall respondents reported very positive experiences of their course attendance. It is important to

point out, however, that these individuals were not representative of the main study population and that, given the reasons for their differentiation, more favourable impressions of the programme might have been expected anyway. Most obviously, the data obtained relates to individuals who agreed to be interviewed. It is, therefore, questionable whether this population held similar views to those who either declined to be interviewed or failed to reply to the interview request. Furthermore, in view of the fact that a significant proportion of respondents (4 out of 15), had appeared on either television or radio in connection with their course attendance, it is quite possible that those whose experiences of the course were most positive, were those most willing to be interviewed. It is worth bringing to the reader's attention that a minority of respondents actually stated that they had agreed to interview as they wished to see the course used more widely in other parts of the country. Finally, two of the interviewees had attended and completed the course on a voluntary basis. This category were, therefore, over-represented in terms of their distribution amongst the main study population. Given that these participants' attendance on the programme was through choice, it is reasonable to assume that they considered it to be a worthwhile use of their time.

10.2 Examination of Long Term Behavioural Change in Relation to Drinking

A primary aim of interviewing ex-course members was to determine whether the Course for Alcohol Impaired Drivers was successful in effecting a positive change in their drinking behaviour. Whilst examination of change in the long term was of primary interest, individuals drinking behaviour immediately subsequent to course completion was also considered to be important. In order to determine whether any real change had occurred it was also necessary to elucidate patterns of drinking prior to participation on the programme. Interviewees were thus asked to provide details of their drinking behaviour at three distinct points in time, as

follows; immediately prior to their course attendance, directly following course completion, and at the time of interview.

Drinking Behaviour Prior to Course Attendance

In describing their drinking behaviour prior to course attendance most interviewees said that they had typically drunk in public houses or in working mens clubs with friends. It is worth noting that these two particular places of drinking were also identified as the most common from the observation of courses described in the previous chapter. Whilst some respondents also reported drinking at home, only a small minority of individuals said that this had been their only place of drinking. As would be expected, all those whose drinking had occurred only in their own homes were 'lone' drinkers. One respondent commented on the reason for this.

"When things are bad for me, other people can't drink fast enough to keep up with me. You rather tend to become a bit of a loner".

In describing the frequency of drinking, most of those interviewed recalled that they had consumed alcohol most days a week. Although two respondents were reluctant to reveal their levels of drinking prior to course attendance, all of those who did so had consumed an average quantity of alcohol a week which was in excess of the safe levels identified by the Health Education Authority. The levels of alcohol consumed by a high proportion of these individuals was likely to have damaged their health in the long term.

Drinking Behaviour Following Course Completion

Whilst most of those interviewed believed that their attendance on the Course for Alcohol Impaired Drivers had made them think about their drinking behaviour, the vast majority

reported no change in this immediately following course completion. All these individuals reported similar patterns and levels of alcohol consumption to those described prior to their course attendance. One respondent made the following comment when asked whether he thought the programme had caused him to change his drinking behaviour in any way.

"No, the course didn't change that (drinking behaviour). I'd go out and blow the best part of £50 in a night".

In replying to this same question a number of interviewees referred to their disqualification from driving as a disincentive to changing their drinking behaviour. One individual made the following comment in relation to this.

"No it (the course) didn't change my drinking because I didn't have to drive afterwards".

For some course members, however, their attendance on the Course for Alcohol Impaired Drivers had caused them to alter their drinking behaviour significantly. Most of these individuals emphasized a reduction in the quantity of alcohol consumed, as the following comment indicates.

"It (the course) enlightened me in so many different ways. Let's say it cut my drinking down by half... almost".

Another respondent had refrained from drinking altogether subsequent to course completion, but implied that this had only been a temporary change.

"It (drinking behaviour) did change at the time. I went on strict no alcohol for six, nine, maybe twelve months".

One individual who firmly believed that his participation on the programme had changed his drinking was unable to identify in what sense this had occurred.

"Oh yes, it (the course) definitely changed my drinking... I don't know how it changed, but it did".

Drinking Behaviour at the Time of Interview

Many of those who reported no change in their drinking behaviour following course completion described similar patterns of drinking at the time of interview to those identified prior to course attendance. For these individuals, their participation on the programme had made no significant difference to their alcohol consumption at any point in time. A relatively high proportion who reported no initial change, however, had altered their behaviour by the time of interview and indicated a variety of reasons for this. For some, this change merely reflected their age.

"I've grown out of it. When you're seventeen or eighteen all you want to do is get smashed and out of your brains".

Similarly, another respondent commented,

"I don't drink as much now. But, I think that's due to getting older. When you're younger you can drink and still get up in the mornings".

Some said that they had reduced their drinking for financial reasons, as the comments below indicate.

"I drink a little bit less 'cause I'm on the dole now".

"Well, I still drink now, but one night a week... I've got a house now, so I can't afford to do it".

Two of those interviewed had sought further professional help in relation to their drinking and referred to this as the primary reason for change. One individual who had attended meetings of Alcoholics Anonymous made the following comment.

"Because I had a little bit of a problem, I went to Alcoholics Anonymous recently. I've been dry now for six or seven weeks... It's the first time I've packed it up completely".

It was apparent, therefore, that those who had effected no initial change in their drinking behaviour but had altered it by the time of interview, had done so for reasons other than ones associated with their attendance on the Course for Alcohol Impaired Drivers. From this evidence it would seem reasonable to assume that where the course effects no change in drinking behaviour immediately following completion, it is unlikely that subsequent change will occur as a direct result of prior participation on the programme.

Of those whose participation on the Course for Alcohol Impaired Drivers had caused them to reconsider their drinking behaviour, not all had been successful in maintaining the change. One respondent confided that once he had lost contact with the Probation Service his drinking became problematic once more.

"It (drinking behaviour) did change while I was on the course... But, as soon as I lost contact, that wasn't a good thing. That was a bad thing... The drinking got worse".

Two of those interviewed, however, reported that they had been successful in effecting a permanent reduction in their levels of drinking and believed that their experiences on the Course for Alcohol Impaired Drivers had been the primary influence in this. It is worth noting though, that one of these individuals was not willing to specify his actual alcohol consumption at any of the three points in time requested by the interviewer and as such, had offered no actual evidence of change.

Most of the interviewees had thus made some change to their drinking behaviour between the time of referral to the

programme and the time of interview. Where change did occur, this was invariably associated with individual levels of drinking and the frequency with which this occurred. None of those interviewed reported any change in terms of where or with whom they drank. It is worth noting, however, that although most individuals had reduced their drinking considerably, most still drank at levels in excess of those recommended by the Health Education Authority, and a minority at levels which were likely to damage their health in the long term. Furthermore, the reasons that most respondents gave for altering their patterns of drinking were not associated with their experiences on the Course for Alcohol Impaired Drivers.

10.3 Drinking and Driving - Examination of Attitudinal and Behavioural Change

The most interesting results obtained from interviewing this group of ex-course members related to their attitudes towards drinking and driving and their behaviour subsequent to course completion in this respect. Before examining this data in detail it is useful to briefly describe the offending behaviour of these individuals prior to their conviction.

Offending Behaviour Prior to Conviction

Although the questions contained in the interview schedule did not specifically address individual offending behaviour prior to conviction, the majority of respondents described their previous drink driving behaviour during the course of interview. From interviewees' comments in this respect it was apparent that there were two distinct categories of offenders; those who combined drinking and driving on a regular basis, and those who committed this offence relatively infrequently. The previous offending behaviour of most respondents could be located within the first of these groups. It is worth noting that the regular combining of alcohol consumption and driving was found to be

a normal feature of individuals' social lives in a study of drink drive offenders conducted in Birmingham (Clayton et al, 1980).

In general, the habitual offenders amongst the interview population reported that they had regularly driven whilst impaired by alcohol without consideration of the possible consequences. One individual, for example, made the following comment.

"I didn't give it a great deal of thought... It didn't bother me in the least. It was a regular occurrence..."

Many of this group associated their offending behaviour with their perceptions of the risk of detection. One respondent referred to the development of his drink driving behaviour as follows,

"You start doing it, you don't get caught, so you just carry on".

Another interviewee related his behaviour to living in a rural area where he had perceived the risks of detection to be in his favour.

"If I went to Southampton or Bournemouth I probably wouldn't drink. But, you get back into this area and then you have stupid thoughts like 'They (the Police) can't get me here, and it's only a mile home anyway'".

It is worth bringing to the reader's attention the belief that the possibility of detection for drinking and driving is minimal was not only shared by a significant proportion of the interview population, but was also apparent from observation of courses, as detailed in the previous chapter.

The second category of offender was of those who reported drinking and driving rarely, if at all, during the period preceding their conviction. These individuals invariably

implied that their offending behaviour had been unintentional and had resulted from ignorance in some respect. One respondent, for example, who had been drinking in a friend's home prior to committing his offence, had not been aware of the quantity of alcohol he had consumed.

"It wasn't that I didn't count the drinks, it was that I didn't allow for the large measures being poured".

Another interviewee had not realised the rate at which alcohol is eliminated from the body, and had driven the morning after a heavy drinking session unaware that he was in excess of the legal limit. Given the lack of general knowledge of alcohol which this particular group of respondents demonstrated, it is quite possible that their offending behaviour had been more frequent than they had perceived it to be. In this sense, the primary difference between the two categories of offenders could be seen as the degree of intention or consciousness with which they offended.

The remaining sections of this chapter examine the attitudes of respondents towards drinking and driving, and their behaviour in this respect subsequent to course completion.

Respondents Attitudes Towards Drinking and Driving

In order to determine the attitudes of the interview population in terms of drinking and driving, and to assess whether the Course for Alcohol Impaired Drivers had effected any change in these, information was sought from respondents in relation to three areas. The first of these was concerned with individuals' perceptions of the affect of alcohol on essential driving skills and ability. It was thought that these would affect attitudes to drinking and driving in general. The second area of interest was related to respondents' perceptions of the drink drive offence on a very broad basis; that is, whether they thought it to be acceptable

or unacceptable behaviour. Finally, it was important to determine to what extent individuals believed their attitudes had changed since their conviction and to elucidate possible reasons for this.

Perceptions of the Affect of Alcohol on Driving Skills and Ability:

Most of those interviewed thought that the effect of alcohol on essential driving skills and ability was that of impairment. Whilst individuals identified a number of ways in which driving is adversely effected, most emphasized an increase in reaction times as the most important. The two comments below are typical of those of a number of respondents.

"It's the reactions more than anything it (alcohol) affects".

"One thing the course did show me was how much it (alcohol) slows your reactions".

Some respondents did state, however, that when they were under the influence of alcohol they believed that their driving ability was unimpaired. The following comment was made by one individual who made this point.

"Based on my experience (on the course) alcohol must affect how well you drive... but you don't think so at the time".

Another respondent reported that when intoxicated there is a tendency to believe that driving ability is enhanced.

"You always think you drive better... You think you're more careful. I thought I was more careful".

Given that all those interviewed had completed an eight week educational programme designed to inform them of the affect of alcohol on driving skills, it was anticipated that the majority would be aware of the deleterious effects of combining these two activities. What was surprising was the relatively high proportion (4 out of 15) who still believed that alcohol did not impair their ability to drive. One individual gave the following response to the question, 'Do you think that drinking affects how well you drive?'

"No, and that's honestly. If you go out all ***** evening and you're knocking back the Bacardis and Scotches, then yes. But, sometimes I think you need a few pints to go out on the road with those ***** nutters".

Another respondent held a similar view.

"No, I don't think it (alcohol) really affects how well you drive, unless you're really paralytic. I could drink over the legal limit and drive quite safely I think".

The two other interviewees in this group, whilst believing that alcohol affected driving skills and ability in general, did not believe that it affected their own driving. For one respondent, individual attitudes towards driving, and to some extent the age of the driver, were the most important factors.

"I don't think (alcohol affects how well you drive)... The reason for this is that people have different attitudes towards driving. I regard myself as a very safe driver. I mean, I won't take any chances, and a few pints won't change that. Some people can drink a lot more, especially people my age. I mean, I can have five pints and be okay (to drive) but, some of these youngsters have two halves and can't walk. It's got a lot to do with your attitude towards driving".

A similar point concerning the age of drivers was made by the other interviewee who believed that alcohol had a differential affect on the driving ability of individuals.

"No, it (alcohol) doesn't affect how well I drive... As far as I'm concerned, I've seen these nippers coming out of the pubs and raring off. I don't know how they've got the cheek. I can drink five pints and I'm okay (to drive). But it's the law, you can't argue... You could have a law for me and a law for them but, you can't".

Whilst the majority of those interviewed thought that alcohol impaired their ability to drive, it was apparent that some, despite their attendance on the eight week educational programme, did not believe this to be the case.

Attitudes to Drink Driving and Reasons for Change where this had Occurred:

From the interviews conducted it was apparent that all of this group believed that it was wrong to drink and drive. It is worth noting that even those who did not think that alcohol impaired their own ability to drive, perceived the offence in general in this way. Most respondents expressed this in the form of an overt declaration that they wouldn't drive again whilst impaired by alcohol. A minority, however, appeared to have stronger opinions on this issue, as the following two comments indicate.

"I think it's (drinking and driving) anti-social. Roads are unsafe for good drivers without the added problems of some idiot drink driving".

"It's (drinking and driving) socially unacceptable. I think the law is necessary and it should be enforced".

The vast majority of respondents believed that their attitudes had changed since their conviction, and most

attributed this change to their attendance on the Course for Alcohol Impaired Drivers. One respondent referred to the fact that the programme had made him consider the risks involved in drinking and driving.

"I think it (the course) did change my attitude. It makes you think by going on the course what a risk you're taking - not just yourself, but to others as well".

Similarly, another individual commented on the opportunity the course had allowed her to think about the sense in combining driving with even small quantities of alcohol.

"I think that it (the course) made you think about drinking and driving; that you shouldn't have a drink at all before driving. I don't mean one, I mean none at all".

Not all those who felt their course attendance had changed their attitudes, however, had done so through reconsidering the wisdom of their offending behaviour. One respondent had altered his attitude as he felt his conviction, and subsequent participation on the course had labelled him a criminal.

"Yes, I guess it (the course) did change my attitude because it made me feel like a criminal. I felt a bit dirty".

Those who believed that their attendance on the Course for Alcohol Impaired Drivers had not been responsible for the difference in their attitudes towards drinking and driving identified a variety of reasons for this change. These were primarily associated with the possible consequences of future conviction. A number of respondents, for example, referred to the probability of a custodial sentence if they reoffended.

"I know next time it will be Winchester (prison)... On a third conviction the Magistrates would have a very bad view of it".

"I'd lose everything if I got done again, and I'd lose time".

Others commented on the substantial period of disqualification from driving that would accompany subsequent conviction.

"... the course didn't change it (attitude to drinking and driving). It's just the fact that if I get done again it'll be my licence forever. The course itself won't stop people doing it".

"Well, me attitude had to change towards it (drinking and driving). I've had two previous conviction anyway, and the next time it's ten years (disqualification). I need to be mobile".

One respondent, who believed that the detection of his offending behaviour was the primary reason for his change in attitude, stated,

"The course didn't (change attitude to drinking and driving), just actually being stopped by the copper did. It was the fact that I was caught".

It was apparent, therefore, that the vast majority of those interviewed believed that they would not combine drinking and driving again, and that most believed that the Course for Alcohol Impaired Drivers had been the primary influence in changing their attitudes. The reasons that many others gave, however, were not associated with the potential dangers of this behaviour, but were related to the personal hardship that subsequent conviction would cause.

Driving Behaviour in Relation to Drinking

At the time of interview, the majority of respondents held a driving licence and drove on a regular basis. Two of the interview population, however, did not possess a motor vehicle and were unable to drive; one individual had received a five year period of disqualification for his conviction which had not expired, the other reported that he could not afford a vehicle of his own and had had no access to the use of any other since he had completed the Course for Alcohol Impaired Drivers. Questions contained in the interview schedule which related to individuals' driving behaviour subsequent to course completion, were thus applicable to only thirteen out of the fifteen respondents. As such, the data and analyses presented in this section relate only to the thirteen interviewees who had driven since their attendance on the Course for Alcohol Impaired Drivers.

Of this group, the majority reported that when driving they attempted to ensure that they were not in excess of the legally prescribed limit in relation to blood alcohol concentration; that is, 80mg/100ml. The methods respondents employed to ensure their fitness to drive varied considerably. Most said that they did not drive after having consumed even small quantities of alcohol, and typically adhered to a 'no alcohol' policy. One individual made the following comment in relation to this.

"I won't drink and drive and that's it. Not even a half, because I know that if I have a couple there's always a chance that I may end up driving".

Whilst some ensured their sobriety by consuming non alcohol or low alcohol drinks when driving, others preferred to use public transport when attending social occasions where alcohol would be available.

"If.. I'm going out for a drink... I'll get a bus there and a taxi back".

Others typically drove to a place of drinking and left their vehicle there if they believed they had consumed too much alcohol, as the following comment illustrates.

"If I have too much, then I put the keys behind the bar. The landlord's very good; he'll drive us home or bring the car back in the morning".

One respondent reported that amongst his drinking group female spouses took the responsibility for driving and as such, he was able to ensure that he did not drive in excess of the legal limit.

"If I go out with mates, the wives are happy to drive... they'll drink tonic water. If they do feel deprived then they think it's better than their husband falling around and then driving... If he's happy, then she's going to be happy".

Some respondents ensured their fitness to drive through setting themselves a personal limit, in terms of alcohol consumption, which they would not exceed. One individual though, recognised the difficulties of adhering to this in some drinking situations.

"If I'm driving... I'll have no more than two measures (units of alcohol) basically... That's the way I do it... but, that's easier in a pub than in a social situation 'cause you don't know what measures you're getting".

Most of those who reported that they limited their alcohol consumption if driving had identified levels which would ensure, as far as possible, that they did not exceed the legal limit. For one individual, however, this was not the case. Whilst recognising that the personal level he had set himself would render most people in excess of the legal blood alcohol limit, this interviewee believed that he was an exception to the rule.

"I know I'm okay if I have four pints (of lager), and that's Stella, that's the strongest. Any more than that, then I get a taxi... You know when you've had enough... But, any normal person, I'd say two pints".

A minority reported that they did not attempt to ensure that they did not exceed the legally prescribed limit in relation to blood alcohol concentration when driving. One respondent made the following comment.

"I don't set myself a limit... I just see how I feel, and that".

Another individual confided that he had driven knowing that he was unfit to do so in terms of the law.

"I mean, the legal limit is about two and a half pints, and to me that feels like I've just had a glass of water. So, I have a few more but, I know I'm over the limit".

Amongst the interview population there was, therefore, a minority who appeared to disregard the law in terms of drinking and driving. The majority, however, reported that they either abstained from alcohol entirely when driving, or employed a 'personal' method to ensure their fitness to do so.

In view of this latter conclusion, and of respondents' perceptions' of drinking and driving detailed previously, the results obtained from questioning individuals on their actual driving behaviour subsequent to course completion were surprising. Nine out of the thirteen respondents, to whom questions relating to driving behaviour were applicable, admitted to having driven in full knowledge that they were in excess of the legally prescribed limit on at least one occasion since completing the Course for Alcohol Impaired Drivers. One respondent made the following comment when questioned on this issue.

"I'd like to say I don't do it (drink and drive) any more. But, I will admit I've been over the top a couple of times".

This individual, however, went on to imply that his drink drive behaviour was not as serious as it had been prior to his conviction.

"... But, not like I was then (prior to conviction)... now I change my drink from lager to lager shandy... I can drink lager shandy until it comes out of my ears. It's all lemonade, isn't it ?".

Another respondent described his offending behaviour as follows.

"Oh yes, I've done it (drink and drive) a lot, I think... quite recently. About this time (6.30 pm) I'd sneak off and say I'm just going out for a packet of cigarettes. I wouldn't come back until twelve (pm) and I knew that... When things were really crazy I used to start (drinking) on my way home from work".

One interviewee referred to the fact that offending behaviour of this nature is often undetected as an important factor which encouraged him to continue drinking and driving.

"After a few years you take the odd chance and you get away with it, so.....".

It is worth noting at this stage, that although a high proportion of respondents admitted to having drunk driven since their course attendance, it is possible that the actual proportion was still higher. Given the commitment to the course expressed by the vast majority of those interviewed, it is possible that some may have been reluctant to affirm their offending behaviour for fear of discrediting the programme. This fear was, in fact, evident in a comment made by one respondent.

"If I say yes (I did drink and drive since the course), that's going to mean the course is a failure, isn't it?".

The frequency with which the nine respondents who revealed their offending behaviour had drunk driven since course completion varied considerably. Some reported this behaviour to be relatively infrequent. One such individual appeared to attempt to excuse his behaviour to some extent.

"I have (drunk driven) once or twice. Very short distances though. One particular time I remember there was no taxis or buses. I think it was a Sunday. So I did make the effort".

For others, however, combining alcohol consumption and driving was a more regular occurrence, as the following two comments indicate.

"I have done it (drunk driven)... about ten or fifteen times since I got my licence back (30 months prior to time of statement)".

"Yeh, I have done it (drunk driven). Not being inebriated, but knowing I've had more than the law allows... Not often, I'd say about once a month, I suppose".

Unfortunately, it was not possible to make an accurate comparison of the frequency of offending amongst this population prior to course attendance and following course completion. However, it is the author's impression that for some respondents the frequency of their offending behaviour subsequent to course completion was relatively less. Whether this perceived change in behaviour can be attributed to individuals' experiences on the course is impossible to determine. It is quite plausible that the experience of conviction was sufficient to deter some from drink driving with the same frequency as they had prior to detection.

Respondents were also asked whether they could envisage any situations arising in the future where they may drink and drive. The majority of those interviewed affirmed that they could envisage such circumstances. It is worth noting that most of those who reported that they hadn't driven whilst unfit through alcohol since their course attendance, could perceive situations in the future where they would do so. The circumstances which individuals identified, however, varied considerably. Most reported that the only situation in which they would drink and drive would be in what they perceived to be emergency situations. The following response was typical of a number of others.

"The only situation I could envisage, is if I'd been drinking in the house and the wife had an accident - I'd take her to hospital... or anyone else... if the need was essential".

Others, however, needed less justification. One interviewee reported that he would drive whilst impaired by alcohol if in some countries outside Great Britain. Another respondent stated that his drink drive behaviour would depend on the distance involved.

"It's hard to say, it would depend on how far away from home I was. But, if I was just around the corner, and if I was having a laugh, I probably would (drink and drive)".

Another individual referred to drinking in a rural area as a situation in which the potential for drink driving was high for him.

"Oh yeh (I can see situations arising in the future where I might drink and drive). I think it's very difficult not to be over the limit sometimes, especially if you go out in the country. You have a couple (of drinks) in one pub, a couple (of drinks) in another, and that's it, you're over the limit".

The final issue worth addressing in this section is to what extent the interview population adhered to the law in terms of their disqualification from driving. Questions relating to this were applicable to fourteen out of the fifteen interviewees; one individual had sold his vehicle immediately following conviction and had had no access to any other since that time. When questioned on this issue, seven out of the fourteen respondents admitted to having driven during the period of their disqualification. It is worth noting that five out of the seven individuals who had committed this offence had also reported drinking and driving. For these offenders, their disregard of the law had been two-fold. Whilst there may be some association between the violation of the law in these two respects, no clear relationship could be determined due to the small numbers interviewed.

Most of those who had driven during their period of disqualification had committed this offence infrequently (between one and three times). Others had regularly driven during their disqualification and two individuals had done so every day for a considerable period of time. In explaining their offending behaviour, a variety of reasons were outlined by respondents. Those who had driven regularly had invariably done so for the purposes of employment, as the following comments illustrate.

"I drove for four months every day for work. Obviously they (employers) didn't know I was disqualified... I got caught and done once for driving whilst disqualified... the police thought it was a one off".

"It's just one of those things but, work as well. When you're on your own and you can't find anyone else (to drive), it's a case of having to".

The need to drive was also commented on by one interviewee who had driven during her disqualification less frequently.

"I had to drive abroad because my husband was ill. We were up a mountain and there was nothing else to do. I was very very careful. We were two miles from the nearest town and I had to get him medicines".

One respondent had driven immediately following the commencement of his driving ban.

"... I drove my bike to the Court and rode the bike back again as well... when I was banned".

The incidence of driving amongst disqualified persons was perceived by some respondents to be a relatively common occurrence. These individuals typically pointed out others who had attended the Course for Alcohol Impaired Drivers at the same time as themselves whom they knew to have driven during their disqualification. The following comments by two individuals illustrate this.

"... I know a lot that did (drive whilst disqualified). Even those that were going on the course had their cars outside".

"... I've seen some cheeky **** driving there (to the course), and they're already banned".

It is worth bringing to the reader's attention that during one of the courses observed, five out of the seven participants admitted to having driven during their then current disqualification. From the author's point of view, it would appear that the opinion expressed by some of the interview population (that this offence is quite common), is perhaps a reflection of the reality.

Conclusion

The primary aim of this chapter has been to assess to what extent the Course for Alcohol Impaired Drivers was

successful in effecting long term attitudinal and behavioural change amongst the interview population. For this purpose, two key areas have been addressed. The first of these related to respondents' attitudes to drinking and driving and their behaviour in this respect. The second area concerned individuals' drinking behaviour in general. It is important, however, to relate these two areas to respondents' perceptions of the course in attempting to explain the outcomes of qualitative analyses.

Drawing together the results obtained from examination of these three areas, there appeared to be an obvious paradox between respondents' attitudes and beliefs, and their reported behaviour. Whilst the vast majority claimed to view the course highly, to believe that it was a good idea and that it had been of help to them, few were able to support these perceptions with evidence of change, either in terms of drinking or offending behaviour. Firstly, most respondents thought their attendance on the programme had caused them to think about their alcohol consumption, and yet the vast majority did not change this in any way following course completion. Those who had altered their drinking behaviour by the time of interview, generally reported reasons for this other than their attendance on the course. Secondly, all those interviewed appeared to disapprove of drinking and driving and the vast majority believed that the Course for Alcohol Impaired Drivers had changed their attitudes to this. A substantial proportion of respondents also stated that they would not drink and drive again. The behaviour of individuals did not, however, reflect their attitudes as a surprisingly high proportion had reoffended since completing the course. The contradiction between respondents' attitudes and beliefs, and their behaviour was most vividly illustrated by one interviewee who stated,

"I wouldn't drink and drive again... I think about other people. I could knock someone down and I'd feel pretty guilty... I thought the course was good... it stopped me

from drinking and driving. Having said that, I did get done twice again, but I wouldn't do it now".

In attempting to explain why this paradox was apparent in the cumulative responses of many of the interview population, it is possible that individuals were not entirely honest in their replies to some questions. As stated earlier, it could be argued that they were eager to comply with what they thought the interviewer wanted to hear and thus, expressed their attitudes accordingly. Whilst this might explain the favourable impression that most individuals gave of the course and their reported attitudes to drinking and driving, the fact that so many admitted to reoffending is inconsistent with this explanation.

Another possible interpretation of the discrepancy between attitudes and behaviour, is that those interviewed were inclined to report what they thought was 'expected' of them. Given respondents prior participation on the Course for Alcohol Impaired Drivers, and the knowledge they had acquired through this of alcohol in general and of its affect on driving skills and ability, it is possible that they thought their attitudes to these behaviours 'should' have changed. Furthermore, if those interviewed did, indeed, value the course highly they may have wanted to demonstrate credible changes in attitude. However, had these individuals been attempting to give only positive impressions, it is again unlikely that so many would have revealed their offending behaviour subsequent to course attendance.

It is the author's opinion that, rather than attempting to relate in interview what they thought was expected of them or what they thought the interviewer wanted to hear, respondents were, in general, frank and honest in their replies. In only a small minority of instances did the interviewer doubt the honesty of a response to a particular question. The paradox between attitudes and behaviour amongst the interview population was, therefore, thought to be an accurate reflection of the reality; that is, that whilst

individual's attitudes relating to drinking and driving were on the whole fairly responsible, the behaviour of most was not.

It should be acknowledged however, that the paradox between attitudes and behaviour amongst the interview population was not without exception. A small minority of respondents did report a substantial reduction in their levels of drinking which they associated with their course attendance. Similarly, in relation to the specific drink drive offence, some of those who expressed a change in attitude also reported behavioural change.

The Course for Alcohol Impaired Drivers, therefore, achieved only partial success in effecting long term change amongst the interview population in terms of drinking, and drinking and driving. The primary affect of the programme was in altering individual attitudes, but in most cases this did not result in changes in behaviour. The outcome of the Course for Alcohol Impaired Drivers in this respect has mirrored the results of other studies which have examined programmes of alcohol education. As discussed earlier, although alcohol education can increase individuals' knowledge of alcohol, this does not necessarily result in attitudinal and behavioural change (Silman, 1979; Bagnall, 1987). Furthermore, a change in attitude is not necessarily accompanied by corresponding changes in behaviour (Silman, 1979).

In order to understand such apparent contradictions in the context of the Course for Alcohol Impaired Drivers, it is important to consider the circumstances within which this programme operates. Essentially, our Society is one in which drinking is not only socially acceptable but, on many occasions, is also actively encouraged. Although attitudes to drink driving are somewhat ambiguous, it is clear that little stigma is attached to either the offender or his offence. In view of this, the fact that individuals may know their behaviour to be wrong and yet continue to act in the same way, is less surprising.

CONCLUSIONS

The Course for Alcohol Impaired Drivers, together with its development and some outcomes, have been examined on the preceding chapters. The importance of this course is apparent in two respects. Primarily, it is both a unique and innovative means of dealing with drink drive offenders. Secondly, in targeting this population, it differs from other programmes of alcohol education in its focus; essentially, it is based around the subject of impaired driving. In concluding this study it is, therefore, appropriate to consider the Course for Alcohol Impaired Drivers within these two contexts.

As outlined in Chapter Two, alcohol education has become an increasingly central strategy in the prevention of alcohol-related problems. Whilst approaches to this subject differ considerably, they have been broadly similar in their development. On a very basic level, this has been characterised by a declining emphasis on the simple provision of factual information and a growing awareness of the need to equip individuals with 'decision-making' skills. In so far as the evolution of the Course for Alcohol Impaired Drivers was consistent with this, it paralleled the wider trend in alcohol education.

Despite progress in this respect, alcohol education has been found to have only little effect. From a review of the literature in this area it was apparent that whilst education can be successful in increasing levels of knowledge, individual attitudes, and particularly behaviour, are less open to change. The limitations of alcohol education have, indeed, been reflected in the present examination of the Course for Alcohol Impaired Drivers. This clearly suggested that although such a programme has the ability to impart knowledge and even to influence participants' attitudes towards drinking and driving, it is of little use in preventing repetition of the drink drive offence. In view of the failure of the course to effect behavioural change amongst

most of those interviewed in this study, it might seem that it is of little value in dealing with those who violate the drink driving laws. The Course for Alcohol Impaired Drivers has, however, been established in Hampshire as an alternative option available to the courts in sentencing drink drive offenders and its value should be assessed within this context. Essentially, it is important to compare the course with other, more traditional, sentences of fines or imprisonment.

The fine has been the sentence most often applied to drink drive offenders and yet, as stated earlier, has proved to be of little effect in terms of either punishment or deterrence. In most instances, it appears to have only a small impact on the individual and in this sense it is unlikely that the threat of a financial penalty will dissuade others from infringing the law. Whilst imprisonment might be a more successful deterrent, and is potentially the most severe sentence, it is rarely used by the courts. It is, therefore, not surprising that the possibility of a custodial sentence has largely failed to reduce the incidence of drinking and driving.

Although it is apparent that the objectives of punishment and deterrence are seldom achieved by way of financial or custodial sentences, it is not clear to what extent these penalties can reduce rates of reoffending. The need to determine the effectiveness of both fines and imprisonment, and of the Course for Alcohol Impaired Drivers, in these terms, is obvious. In view of this, the current Government experiment which aims to evaluate training courses for drink drive offenders is a welcome initiative. It is likely that this experiment will compare reconviction rates associated with the available sentencing options.

The question of how to deter potential drink drive offenders will, however, remain an issue even if innovative sentences like the Course for Alcohol Impaired Drivers are found to be more effective in reducing the frequency of

reoffending. As discussed in Chapter Four, prevention attempts in this area have focused primarily on either increasing levels of police enforcement or increasing the severity of existing penalties.

It has already been established that the 'actual' risk of detection for drinking and driving is minimal and that offenders, including those who attended the Course for Alcohol Impaired Drivers, tend to perceive it as such. Increasing police enforcement of the law then, attempts not only to ensure that more drink drivers are convicted, but also to change public perceptions of the likelihood of this happening. Although extending levels of police activity has been found to be an effective deterrent, it can also be problematic in terms of money and resources if maintained over long periods. Perhaps more importantly, this measure poses a serious question relating to the liberty of the wider population of law-abiding motorists.

Increasing the severity of sentences has been a less favoured strategy. The problem here is essentially one of relativity. Although drink driving is undoubtedly a serious offence, it is important that the associated penalties are not disproportionate when compared with those for other offences such as theft. To increase the severity of sentences for drinking and driving to a level which might deter potential offenders could make them inconsistent in these terms. A further consideration is the degree to which the public would support harsher penalties for drink drive offenders. The effectiveness of any law is, after all, partly dependent upon the level of respect it can command. In view of the fact that the majority of motorists have been found to believe that existing penalties for those who infringe the drink driving laws are too lenient, it is probable that more severe sentencing would be favoured by most. It might, however, be difficult to determine 'acceptable limits' to harsher penalties.

Whilst on a broad level, public opinion in relation to sentencing might be clear, attitudes to drinking and driving in general have been characterised by ambivalence. This is most clearly demonstrated in the varying degrees of seriousness with which drink driving is regarded according to the consequences associated with it. Similarly, although it is evident that this offence is viewed by many as a serious social problem, it is also apparent that drink drive offenders are not perceived by the public as 'criminals' in the same way as those who commit non-motoring offences.

In attempting to explain such contradictory attitudes, it is important to consider attitudes to drinking in general. Alcohol is, perhaps, the most highly valued drug in our society and has a central role in the social lives of many. Social meanings associated with alcohol consumption, such as those of masculinity, maturity and sociability, both reflect and reproduce positive public attitudes towards this drug. Whilst drinking is, therefore, socially acceptable, and even actively encouraged, this is only the case when it is confined within approved limits. Once the levels of 'moderate' alcohol consumption have been infringed, the drinker becomes labelled as both 'deviant' and 'alcoholic'. In this sense, Society's attitudes towards drinking and driving may be seen as merely a reflection of the ambivalence with which drinking in general is viewed.

In part, this ambivalence can be attributed to ignorance. Given that alcohol is so widely available and that drinking is the norm rather than the exception, it is ironic that no standard or universal form of alcohol education exists. It would certainly be naive to assume that knowledge of the short term and long terms effects of consumption and of the many problems associated with drinking, is gained through experience alone. Indeed, observation of the Courses for Alcohol Impaired Drivers revealed that even amongst this group of mainly regular drinkers, beliefs were frequently misinformed and ignorance was widespread. It was also apparent that many course members were not aware of the extent of

driver impairment which accompanies alcohol consumption. If, as is likely, the inadequate knowledge of course members reflects a wider ignorance of alcohol and its effects amongst the general population, it is not surprising that drinking and driving is often not regarded with the proper sense of proportion.

In the author's opinion, the need for alcohol education is clear. It is essential that individuals are given the opportunity to understand the possibly consequences of their drinking behaviour and thus, the ability to make 'real' and informed choices. The desirability of initiating this education within the school setting is also evident. It is important that young people learn about alcohol as early in their drinking careers as possible in order that they can avoid developing harmful drinking practices and the habit of combining drinking and driving.

Having identified the need for alcohol education at the school level, it is not the intention to suggest that this should be pursued to the exclusion of other educational initiatives at different stages in individuals' drinking careers, or indeed of other measures that can help to reduce overall levels of alcohol consumption. Centralised measures such as advertising restrictions, price controls and taxation policy are all possible interventions. Similarly, efforts which aim to reduce the incidence of drinking and driving, such as increasing both levels of enforcement and the severity of sentences should also be considered in the light of their ability to deter.

In conclusion, it is apparent that the problem of drink driving cannot be disassociated from that of alcohol. In this sense, it is not surprising that the Course for Alcohol Impaired Drivers, as examined in this study, did not demonstrate wholly favourable results. Operating within an environment where alcohol consumption is largely encouraged, it is only to be expected that such a course will have a limited effect. It is the author's opinion, that the issue of

drink driving can only be successfully tackled within the context of an integrated approach to the prevention of alcohol-related problems in general.

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APPENDIX A

CONVICTIONS FOR DRINKING AND DRIVING
IN ENGLAND AND WALES

YEAR	NUMBER OF CONVICTIONS	YEAR	NUMBER OF CONVICTIONS
1967	10038	1978	49695
1968	18374	1979	56320
1969	23721	1980	66394
1970	26273	1981	60786
1971	38774	1982	63832
1972	47098	1983	84670
1973	55053	1984	87503
1974	56153	1985	93193
1975	58145	1986	93981
1976	49999	1987	101173
1977	45369	1988	105027

Source: The Scottish Council on Alcohol

* - These figures do not include convictions for failure to provide a specimen. Between 1968 and 1983, of those required to provide a specimen, 5.2% refused to failed to do so (Scottish Council on Alcohol, 1988).

APPENDIX B

OFFENCE ANALYSIS AND EXAMINATION

Example use of flip chart:

Name: JOHN MASON Date of offence: Friday 6th August

Whether drinking evening BEFORE day of offence.

If so describe: i.e.

			UNITS
THURSDAY	7.00 p.m.	Went for quiet drink with friends to pub 3 pints of ordinary lager	6
	10.00 p.m.	Home for coffee – no more alcohol (N.B. Alcohol <i>should</i> have left his body by 4.00 a.m.)	
FRIDAY	6.15 a.m.	Got up. Light breakfast.	
	7.00 a.m.	To work by car.	
	7.30 a.m.	Arrived at work.	
	9.30 a.m.	Sandwiches and tea. Continued working.	
	12.00 a.m.	Cooked lunch and drank water. Continued working.	
	3.00 p.m.	Went shopping.	
	4.00 p.m.	Arrived home. Relaxing at home. Light tea and cup of tea.	
	7.00 p.m.	Drove to meet girlfriend.	
	7.30 p.m.	Drove with girlfriend to town to meet friends.	
	8.00 p.m.	Went to six or seven pubs. Drank 6 pints of lager.	12
	11.00 p.m.	Walked to night club. 2 to 2½ pints ordinary lager	(say) 5
	2.00 a.m.	Left nightclub. Walked to where car parked.	
	2.30 a.m.	Drove girlfriend home.	
	2.45 a.m.	Becoming drowsy and driving too fast. Lost control of car on bend – car into ditch.	
	3.00 a.m.	Hired taxi – went home – reported car stolen.	
	3.30 a.m.	Police called – he admitted he had been driving. Positive 'roadside' breathalyser test. Arrested – taken to Police Station Intoximeter reading 70mcg BREATH	

- Total hours since first drink: 7½ hours 17 Total units
- Likely residue of alcohol units in blood: (assuming rate of alcohol elimination of 1 unit per hour) 9½
- Breath reading indicates residue of alcohol units in blood to be: 10
- The difference between the figures in 2 and 3 (above) is insignificant and therefore indicates an accurate recollection of events.
- If these figures do not correlate there can be a number of reasons:
 - Poor recollection.
 - Deliberate over or under estimation.
 - The liver is working more efficiently, i.e. indication of a heavy regular drinker but this efficiency is likely to reverse.
 - Slower rate of metabolism due to ill health, age, sex, health, weight, fat, tiredness, medication, speed of drinking, types of drink etc.
- If any of the features in (5) are present, allow the group member to 'think again' as a check.

Alcohol Knowledge Questionnaire



COURSE FOR ALCOHOL IMPAIRED DRIVERS

It is helpful to us when planning Alcohol Education Courses to have some idea of how much people already know about alcohol.

Please answer all the questions by putting the letter of your choice in *BOTH BOXES*.
For example:

Alcohol Impaired Drivers Courses originated in:

- (A) Eastleigh, Hampshire.
- (B) Birmingham, West Midlands.
- (C) Newcastle, Tyne & Wear.

A

A

(A) is the correct answer.

Alcohol Knowledge Questionnaire

Name:

1. WHICH STATEMENT IS TRUE?

½ pint of ordinary beer contains the same amount of alcohol as:

- (A) a standard glass of wine
- (B) a double tot of whisky
- (C) a bottle of barley wine
- (D) 2 pints of cider

☐

1	
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2. WHICH STATEMENT IS TRUE?

- (A) It's the hops in beer that makes you drunk
- (B) It's the alcohol in beer that makes you drunk
- (C) It's the gas in beer that makes you drunk
- (D) It's the yeast in beer that makes you drunk
- (E) It's the malt in beer that makes you drunk

☐

2	
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3. WHICH STATEMENT IS TRUE?

A bottle of spirits marked '70' or '70 proof' contains:

- (A) 100 per cent alcohol
- (B) 80 per cent alcohol
- (C) 60 per cent alcohol
- (D) 40 per cent alcohol

☐

3	
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4. WHICH STATEMENT IS TRUE?

Once in the body alcohol affects:

- (A) Only the stomach
- (B) Only the kidneys
- (C) Only the liver
- (D) Only the brain
- (E) All parts of the body

☐

4	
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5. WHICH STATEMENT IS TRUE?

Alcohol travels round the body:

- (A) In the blood
- (B) In the nervous system
- (C) In the urine
- (D) In the digestive juices

☐

5	
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6. WHICH STATEMENT IS TRUE?

The most accurate way to find out how much someone has had to drink is to:

- (A) Add up the number of drinks they have had
- (B) Measure the alcohol in their blood
- (C) Ask them how they feel
- (D) Find out how long they've been drinking

☐

6	
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7. WHICH STATEMENT IS TRUE?

The effect of alcohol will be slowed down

- (A) if you are tired
- (B) if you gulp your drinks
- (C) if you have an empty stomach
- (D) if you have a full stomach

☐

7	
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Alcohol Knowledge Questionnaire

Name: _____

8. WHICH STATEMENT IS TRUE?

The legal limit for drinking and driving is:

- (A) 60mg of alcohol in 100ml of BLOOD
- (B) 80mg of alcohol in 100ml of BLOOD
- (C) 100mg of alcohol in 100ml of BLOOD
- (D) 120mg of alcohol in 100ml of BLOOD

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8

9. WHICH STATEMENT IS TRUE?

The legal limit for drinking and driving is:

- (A) 35mcg of alcohol in 100ml of BREATH
- (B) 50mcg of alcohol in 100ml of BREATH
- (C) 80mcg of alcohol in 100ml of BREATH
- (D) 100mcg of alcohol in 100ml of BREATH

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9

10. WHICH STATEMENT IS TRUE?

The legal limit for drinking and driving is:

- (A) 75mg of alcohol in 100ml of URINE
- (B) 107mg of alcohol in 100ml of URINE
- (C) 145mg of alcohol in 100ml of URINE
- (D) 162mg of alcohol in 100ml of URINE

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10

11. WHICH STATEMENT IS TRUE?

An average sized man would normally reach the legal limit after drinking:

- (A) 1 pint of strong lager
- (B) 2½ pints of ordinary beer
- (C) A double whisky
- (D) 4 single gins

☐

11

12. WHICH STATEMENT IS TRUE?

An average sized woman will normally be affected by alcohol:

- (A) more than an average sized man
- (B) less than an average sized man
- (C) the same as an average sized man

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12

13. WHICH STATEMENT IS TRUE?

Alcohol is broken down by:

- (A) the kidneys
- (B) the intestine
- (C) the liver
- (D) the stomach

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13

14. WHICH STATEMENT IS TRUE?

Alcohol is:

- (A) a stimulant
- (B) a depressant
- (C) a harmless substance

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14

Alcohol Knowledge Questionnaire

Name:

15. WHICH STATEMENT IS TRUE?

- (A) Alcohol does not affect your sense of balance
- (B) Alcohol makes you more sensitive to pain
- (C) Alcohol prevents heat loss from the body
- (D) Alcohol impairs judgement

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15

16. WHICH STATEMENT IS TRUE?

- (A) Alcohol increases muscular strength
- (B) Alcohol slows reaction time
- (C) Alcohol increases your ability to recover from headlight glare

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16

17. WHICH STATEMENT IS TRUE?

You get the maximum effect from one pint of beer:

- (A) ½ hour after drinking it
- (B) 1 hour after drinking it
- (C) 1½ hours after drinking it
- (D) 2 hours after drinking it

☐

17

18. WHICH STATEMENT IS TRUE?

The time it takes for the body to rid itself of the alcohol in one pint of beer is:

- (A) 1 hour
- (B) 2 to 3 hours
- (C) ½ hour
- (D) 4 hours

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18

19. WHICH STATEMENT IS TRUE?

An effective way to sober up is to:

- (A) get plenty of fresh air
- (B) take a cold shower
- (C) wait for the body to get rid of the alcohol
- (D) drink black coffee

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19

20. WHICH STATEMENT IS TRUE?

The organ MOST likely to be damaged by alcohol is:

- (A) the heart
- (B) the liver
- (C) the brain
- (D) the kidneys

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20

21. WHICH STATEMENT IS TRUE?

After you have drunk 2½ pints of ordinary beer the risk of having an accident is:

- (A) 5 times greater
- (B) no difference
- (C) 10 times greater
- (D) 2½ times greater

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21

Alcohol Knowledge Questionnaire

Name:

22. WHICH STATEMENT IS TRUE?

Regular heavy drinking:

- (A) improves your sex life
- (B) helps prevent illness
- (C) improves your appetite
- (D) makes your body dependent on alcohol

☐

22

23. WHICH STATEMENT IS TRUE?

The effect of alcohol on the body can be speeded up by:

- (A) drinking 1½ pints of milk beforehand
- (B) adding a fizzy drink
- (C) drinking from a tall narrow glass
- (D) drinking tomato juice 2 days before

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23

24. WHICH STATEMENT IS TRUE?

Alcohol provides the body with:

- (A) minerals
- (B) protein
- (C) vitamins
- (D) energy

☐

24

25. WHICH STATEMENT IS TRUE?

An above average number of problem drinkers are employed as:

- (A) office clerks
- (B) shop assistants
- (C) commercial travellers
- (D) refuse collectors

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25

26. WHICH STATEMENT IS TRUE?

At the legal limit of alcohol concentration the risk of an accident is:

- (A) increased by 5 times
- (B) increased by 10 times
- (C) increased by 25 times

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26

27. WHICH STATEMENT IS TRUE?

The likelihood of a regular drinker dying of cancer or heart disease is:

- (A) Twice as likely
- (B) Four times as likely
- (C) Ten times as likely

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27

28. WHICH STATEMENT IS TRUE?

The likelihood of a regular drink/driver dying in a car crash is:

- (A) Three times as likely
- (B) Five times as likely
- (C) Nine times as likely

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28

Alcohol Knowledge Questionnaire

Name:

29. WHICH STATEMENT IS TRUE?

Drinking alcohol after taking drugs:

- (A) Increases the effect of the alcohol
- (B) Makes no difference
- (C) Reduces the effect of the alcohol

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29

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30. WHICH STATEMENT IS TRUE?

On a cold day alcohol will:

- (A) Reduce heat loss from the body
- (B) Make no difference
- (C) Increase heat loss from the body

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30

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31. WHICH STATEMENT IS TRUE?

The following has no effect on how quickly you get drunk!

- (A) When you last ate
- (B) Your sex
- (C) Your weight
- (D) Mixing the types of alcohol in your drinks

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31

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32. WHICH STATEMENT IS TRUE?

The likelihood of someone who gets drunk easily becoming addicted to alcohol is:

- (A) Less likely
- (B) More likely
- (C) No difference

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32

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33. WHICH STATEMENT IS TRUE?

In a bottle of spirits there are the following number of English pub measures: (1/6th of a gill)

- (A) 15
- (B) 20
- (C) 30
- (D) 40

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34. WHICH STATEMENT IS TRUE?

In an ordinary size bottle of wine (70cl) there are:

- (A) 5 standard glasses
- (B) 7 standard glasses
- (C) 9 standard glasses

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34

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Alcohol Knowledge Questionnaire

Name:

35. WHICH STATEMENT IS TRUE?

If someone is a regular drinker alcohol gets into the bloodstream:

- (A) More quickly
- (B) More slowly
- (C) At the same rate

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35

☐

36. WHICH STATEMENT IS TRUE?

Alcohol makes reaction times:

- (A) Quicker
- (B) Slower
- (C) No change

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36

☐

37. WHICH STATEMENT IS TRUE?

Alcohol tends to:

- (A) Improve vision
- (B) No change
- (C) Create tunnel vision

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37

☐

38. WHICH STATEMENT IS TRUE?

Alcohol

- (A) Improves co-ordination
- (B) Worsens co-ordination
- (C) Has no effect on co-ordination

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38

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39. WHICH STATEMENT IS TRUE?

Alcohol:

- (A) Makes you a safer driver
- (B) Makes you a less safe driver
- (C) Makes no difference to driving safety

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39

☐

40. WHICH STATEMENT IS TRUE?

Alcohol makes your judgement of distance:

- (A) Less accurate
- (B) More accurate
- (C) No better or worse

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40

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APPENDIX D

INTERVIEW QUESTIONNAIRE

1. When did you go on the course ?
Month Year
2. What did you think of the course ?
3. Did you think any parts of the course were better than others ?
4. Was there any aspects of the course that you didn't like?
5. Do you think the course is a good idea ?
6. Was the course of any help to you ?

If yes, in what ways ?
7. Did the course teach you much about alcohol - how it effects you ?
8. Did the course make you think much about how much you were drinking ?

9. Do you think the course made you think about other people's drinking at all (that they might have been drinking more than was good for them) ?
10. What about drinking and driving - Do you think the course made you more aware when other people were drinking and driving ?
11. How did you feel about getting convicted for drinking and driving ?
12. Did you feel the sentence was fair ?
13. How long were you disqualified from driving for ?
Months:
14. So when did your disqualification end ?
Month: Year:
15. Did you have to drive for your job ?

If yes, what happened when you were disqualified ?

16. Are you driving now ?

If not - Have you driven since the end of your disqualification ?

If not - Why not ?

17. Did your disqualification inconvenience you in any ways, or cause any problems ?

18. Did your conviction inconvenience you in any ways, or cause you any problems ?

19. Do you think your conviction or disqualification affected anyone else e.g. family or friends ?

20. Did you tell people, at the time, about your conviction ?

21. What did they think about it ?

22. Do you find your conviction or previous disqualification a problem in any way now ?

If I can just ask you to think back to before the course for a minute:

23. Where did you used to go drinking ?
(Pubs / Clubs / Home)
24. Would have that be most nights a week or just a couple ?
25. And would that be with friends or on your own ?
26. Could you say roughly how much you were drinking a week ?
27. So, do you think that going on the course changed your drinking in any way, or did you do much the same ?
28. And what about now ?
29. Do you think that drinking effects how well you drive ?
30. If yes, did you realise this before you were convicted ?
31. How do you feel about drink driving now ?

32. Do you think the course made you change your attitude at all ?

33. Do you ever feel pressurized now to drink more than you want to ?

If yes, how do you deal with this ?

34. If you were at the pub with a few mates how do you buy your drinks ?

(Rounds, Kitty, Buy Own, Slate etc.)

35. Are there any times that you tend to drink more than others ?

If so, at what times ?

36. Do you think that you've taken any chances with your driving at all since you've been on the course ?

If so, how often ?

Reason ?

37. Can you see situations arising in the future where you might drink and drive ?

If so, when ?

38. Do you try to make sure you're not over the limit if you're driving ?

If yes, how do you do this ?

39. If you were out drinking and you knew you had to drive home how much would you have to drink ?

40. How easy do you find it to count your drinks ?

41. Did you drive during your disqualification at all ?

If so, how often ?

Reason ?

42. Is there anything else you would like to say ?

APPENDIX E

REFERRALS TO THE COURSE FOR ALCOHOL IMPAIRED DRIVERS
BY SENTENCING COURT

SENTENCING COURT	SOUTHAMPTON / EASTLEIGH		PORTSMOUTH		TOTAL	
	Number	%	Number	%	Number	%
Alton M.C.	-	-	3	2.8	3	0.9
Basingstoke M.	2	0.9	-	-	2	0.6
Droxford M.C.	2	0.9	-	-	2	0.6
Eastleigh M.C.	91	39.4	1	0.9	92	27.3
Fareham M.C.	8	3.5	-	-	8	2.4
Gosport M.C.	7	3.0	-	-	7	2.1
Havant M.C.	-	-	31	29.2	31	9.2
Hythe M.C.	4	1.7	-	-	4	1.2
Lymington M.C.	4	1.7	-	-	4	1.2
Newport M.C.	-	-	1	0.9	1	0.3
Petersfield M.C.	1	0.4	3	2.8	4	1.2
Portsmouth M.C.	3	1.3	67	63.2	70	20.8
Romsey M.C.	14	6.1	-	-	14	4.2
Southampton M.C.	74	32.0	-	-	74	22.0
Southampton C.C.	5	2.2	-	-	5	1.5
Totton M.C.	10	4.3	-	-	10	3.0
Winchester M.C.	6	2.6	-	-	6	1.8
TOTAL	231	100.0	106	99.8*	337	100.3*

Not Known Cases - 2

* - Total percentage does not equal 100 as composite percentages have been calculated to one decimal place.