PRECASIA Program (Geneva, Switzerland); An Original Teaching Intervention Program of Rehabilitation for DUI (Alcohol) First Offenders.

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Abstract

Many countries or states have been implementing rehabilitation programs for many years for drunk drivers but these interventions vary according to their type or their duration because of absence of standard, evidence-based interventions.

We created a program taking into account previous experiences in Switzerland and around the world. Professionals concerned with the problem of alcohol in traffic (a lawyer from the administration authority, a doctor specialized in alcohology, a traffic psychologist, a specialist in adult training) would implement strategies to reduce recidivism among drunk drivers (first-offenders). Our own observation of DUI offenders has led us to think that most of them are not alcohol dependent and are crucially lacking in information regarding the effects of alcohol on driving.

The first original feature of this program is that it addresses non-dependent drinkers as a priority, even if alcohol-dependent persons are not systematically excluded from the program. The duration of each intervention is never more than 7 hours, which is quite short. The main goal is clearly to teach participants about the legal, medical and psychological consequences of driving under influence of alcohol. Participants are exclusively volunteers and benefit from a substantial reduction in the duration of driving license withdrawal. Three different types of intervention (7 hours; 2 hours; 4 hours) are available, all including 10 participants for each session. Drivers who agree to participate are randomly assigned to one of the three interventions. The main originality of the program is that in one intervention, drivers are asked to come with one of their close relations (spouse, family, friend, ...) for a four-hour session. The seven-hour session is considered as the standard one. The two-hour session consists of a brief and global view of the problems of drunken driving, and is taught in a formal manner.

The program started on March 1, 2001. The population concerned received the program well and the participants are overall satisfied. The expected result is that the intervention with close relations will prove the most effective, both for its impact in reducing DUI recidivism and for its impact on the close relations themselves, who are also generally drivers.

Introduction

Alcohol consumption is diversely distributed throughout the population. Within the population of Western Europe in general, the distribution is roughly as follows (1): 5% alcohol dependents, 20% excessive drinkers and 60% social drinkers ;the remaining 15% are abstainers. The distribution obviously changes when we consider the population subgroup of drivers caught drunk (blood alcohol level equal to or higher than 0.8 promille). The distribution then becomes 20% alcohol dependents, 60% excessive drinkers and 20% social drinkers (2). The distribution again changes when we look at repeat drunk drive offenders: the proportion of social drinkers diminishes, while it rises for the two other categories. In studies conducted on persons found drunk in traffic, such as that done in Geneva in 1992-93 (3), it is often observed that those loosely referred to as "alcoholics" make up almost one-third.

Ever since the automobile was invented, the authorities have had to grapple with the consequences of drunk driving. Should the response be criminal, administrative or educational, should it be punishment or prevention?

It cannot be denied that each change in the legal measures (amendment of the law or a change in its application) involving broader or harsher penalties for driving under the influence of alcohol is followed by a significant statistical improvement in results. Yet it must also be observed that such improvements in the behavior patterns do not stand the test of time, which shows that driver behavior undergoes a kind of "habituation-adaptation" to each new measure.

Many specialists are convinced that a pedagogical or psycho-pedagogical approach to prevention should even further reduce the frequency of recidivism. The International Council on Alcohol, Drugs and Traffic Safety (4) recommends the organization of "rehabilitation courses". According to this recommendation, the course occupies a place parallel to punishment and course attendance leads to a reduction in the severity of the penalty.

The technique of prevention by education is elegant and appealing, but is it effective? The answers available in the literature are often disappointing, for there is no national or international standardization of the types of courses given, nor is there consensus concerning the population that should be targeted. E. WELLS PARKER has evaluated 194 studies in a meta-analysis (5). It is observed that the interventions are designed to change the behavior of the driver or drinker in all categories of drinkers. It is no surprise therefore that this wide diversity of objectives leads to such a broad spectrum of results. Besides, the evaluation of the effectiveness of each intervention is dependent on the methodological quality of the validation studies. Despite the methodological distortions, it has been possible to observe that these programs do have a general impact on recidivism: it diminishes by 10% overall in the groups treated, by comparison with those not treated (control groups). However, it has not been possible to demonstrate an effect linked to the intensity of the program (number of hours, overall duration).

Choosing an intervention

Based on the experiences published, we consider that doing something for this population is better than doing nothing at all, though the choice of a type of intervention is still a matter of some perplexity. If no link can be established between the length or intensity of a program and its effectiveness, why not stick to short programs?

Based on the first observation, we decided to set up a program of rehabilitation courses but we selected three principles that in our view were indispensable.

The target population must be made up of drivers who are **receptive** to information that, in overall terms, can prompt them to adopt behaviors more in line with traffic safety. We therefore adopted the working hypothesis that a teaching intervention is effective only if its

target population is comprised of social drinkers and excessive drinkers and not of alcohol-dependent individuals (6).
We decided not to address either the psychological make-up of drivers or their lifestyle. Our experience as practitioners (lawyer, doctor or psychologist) has led us to conclude that these drivers were crucially lacking in information concerning the effects of alcohol on their conduct and the legal implications of a possible repeated offence and the possibility to progress from social drinking to dependency. Thus we adopted a **purely teaching approach.**
Lastly, as it has never been clearly demonstrated that an intensive or protracted intervention was more effective than a short one, we choosed for a solution that entailed **short** and relatively light rehabilitation courses.
We nonetheless considered it legitimate and necessary to compare several types of intervention based on these principles.

Target population
Our chosen target population is made up of excessive drinkers and social drinkers, i.e. drivers who sometimes consume too much alcohol and do so improperly, without being dependent individuals. The question is how to recognize those who may be considered as "social drinkers", "excessive drinkers" or "alcohol-dependent persons" from amongst drunk drivers. In practical terms, the selection must be made not after a clinical examination but based on a driver's administrative record. The result of this is that it is not possible to make a positive selection by choosing drivers from the target population. The answer lies in a negative selection, where drivers who are quite probably alcohol-dependent are eliminated.
By "alcohol-dependent" we mean persons whose relationship with alcohol is clearly one of psychological or even physiological dependence and who, according to Fouquet's definition (7), are no longer able to stop themselves drinking. In such cases, only abstinence and a thorough change of lifestyle are effective.
Swiss federal legislation recently defined the criteria by which a driver could be suspected of being "alcohol-dependent":

- non-recidivist drivers who have been found to have a blood alcohol level equal to or higher than 2.5 promille.
- recidivist drivers who have been found on the second occasion to have a level equal to or higher than 1.6 promille.
- second-time recidivists (three instances of drunkenness), regardless of their BAC.

Two criteria used in the canton of Geneva must be added to this list:

- non-recidivist drivers who have been found to have a blood alcohol level equal to or higher than 2 promille, between 6:00 h. and 18:00 h.
- drivers who very quickly become repeat offenders (in less than one year).

Those regarded as "social drinkers" or "excessive drinkers" are drivers not covered by the above list, and those classified as such after a medico-psychological assessment.
By limiting our action to these drivers, the target population becomes as homogenous as possible. Nevertheless, imparting a course to all drivers meant a potentially large number of participants. This is why, while retaining this proposal as a long-term objective, we set up a more restricted intervention by deciding that drivers who could follow the course would only be non-recidivists with blood alcohol of less than 2.5 promille.
It is not possible under current Swiss legislation to impose a rehabilitation course on drivers who are not multiple recidivists. For this reason, courses are not compulsory: each participant being a volunteer. Besides, participants benefit from a reduction in the period of driving license suspension.
The case of drivers who consume cannabis is strikingly similar to that of the alcohol users who are the targets of the intervention being proposed here. They are non-dependent social

consumers or problem consumers who are largely ignorant of the properties of the product they are consuming. By and large, they are potentially capable of adopting alternative behaviors (consuming and continuing to drink, but separating the two). We would like to highlight the fact that a teaching intervention carried out with persons who have driven under the influence of alcohol could also be extended to persons having driven under the influence of cannabis.

Three types of courses

Type 1. In Fribourg, Switzerland, a course has been existing for 3 years on the basis of a seven-hour session. It was in order to benefit from that experience that we selected this course as the standard one.

Type 2. One variant consists of including a close relation of the driver concerned, chosen and named by the driver (spouse, companion, friend, …) in the teaching intervention. Different studies covering the treatment of alcohol-dependent patients have shown that the effectiveness of the therapy was considerably improved when an important close relation was involved in the treatment procedure (8, 9). By transposition, it is conceivable that a driver accompanied by a close relation would benefit much more from the information and counseling aimed at changing and reducing risk behavior at the steering wheel of his/her vehicle. Accordingly, the presence of close relations at this type of course could have an impact at various levels and at different points in time. During the course, it enriches the discussion, especially in terms of better recognition of dangerous behaviors and in seeking alternative behaviors. After the course, it serves as a reminder of the resolutions made and of objective arguments in favor of alternative behaviors. Neither can it be overlooked that the accompanying relations are themselves almost invariably drivers and very often drinkers who will also benefit from the information given at the courses they are attending. As it seemed hardly practical to ask a relation to be present for a whole day, we have reduced this intervention to four hours (a half day).

Type 3. From the moment the drivers attending the course become volunteers, the very fact of having declared themselves as such already constitutes a decisive step toward reducing the risk of recidivism. The very acceptance of the idea of a rehabilitation course is an indication that one has distanced oneself somewhat from one's own behavior. It could therefore be asked if at this point a structured and relatively heavy course is still really meaningful or whether it would suffice to provide some brief information simply to confirm and reinforce a change of attitude already taking place. To verify this hypothesis, we chose a mini-course (2 hours) given by a single instructor, "ex-cathedra".

Hypotheses and comparison

Our main working hypothesis is that the rate of DUI recidivism varies within a population of non-dependent drinkers according to the type of intervention proposed. The relative effectiveness of the three types of courses can be gauged only if the volunteer drivers are randomly assigned to each course. Besides, a comparison of the three types of intervention is not academic and is not an end in itself. In the long run, it must allow for an informed choice among the interventions, with a view to selecting the one with the highest cost-effectiveness ratio and translating the experience into long-term action. At the end of three years over which the three types of teaching interventions will be practiced, one of them will be chosen.

Our secondary hypothesis is that the rate of recidivism varies according to the driver's "profile". The profile is determined by the totality of administrative, medical and social data collected for each driver. The effectiveness of the course is the outcome of the interaction between the type of course and the profile of those following it. We therefore needed to gather the information required to determine these profiles. This is done at an hour-long admission

interview conducted by a psychologist familiar with alcohology evaluation techniques and who is not involved in the course. That data are covered by professional secrecy and is communicated exclusively to the validating medical commission. It covers the history of alcohol consumption, determination of alcohol status, family and professional status, educational level, age and gender. The authority supplies administrative data. This covers the year of issue of the driving license, the date and time of the offence, blood alcohol level at time of offence, associated offences and the duration of driving license withdrawal.

Procedure

In dealing with a dossier, the administrative authority informs the person - defined in keeping with the criteria discussed above - by letter about the possibility of volunteering to follow a rehabilitation course. The person is also informed about the cost of the course (SFR 250, roughly 170 euros), the reduction in the period of driving license withdrawal if the course is attended regularly, that candidates will be randomly distributed between the three types of courses, and about the structure of the three courses.

The candidates are called for an admission interview where lots are drawn to distribute them into the three intervention groups and they are told of the outcome of the drawing of lots. The authority provides the evaluation committee with information about new offences committed by participants during the three years following the course.

<table>
<tr><td colspan="3">ADMISSION INTERVIEW (1 hour)</td></tr>
<tr><td colspan="3">DRAWING OF LOTS</td></tr>
<tr><td>STANDARD GROUP</td><td colspan="2">EXPERIMENTAL GROUPS</td></tr>
<tr><td></td><td>WITH A RELATION</td><td>SHORT INTERVENTION</td></tr>
<tr><td>1 day (7 hours)</td><td>½ day (4 hours)</td><td>2 hours</td></tr>
<tr><td>150 persons</td><td>150 persons</td><td>150 persons</td></tr>
<tr><td colspan="3">450 persons</td></tr>
<tr><td colspan="3">FOLLOW UP : 3 years</td></tr>
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Goals and content

The topics addressed during the courses are the same, regardless of the variant in question. They will be dealt with in greater or lesser depth and presented in a more or less synthetic manner and more or less interactively. The primary objective is to reduce the number of repeat drunk drive offences. The goal is therefore to help participants to avoid finding themselves again in a similar situation, at worst. The course summary is presented by emphasizing the cost of drunkenness at the wheel in terms of money, imprisonment or suspension of driving licenses. The main message is “to separate drinking and driving”. Participants are neither judged nor blamed for their offence. The topics covered relate to:

- legislation: The definition of “drinking”, the criminal, administrative and civil implications of repeat drunk drive offences, and insurance law.
- medical aspects: calculation of blood alcohol, absorption/elimination curve, pharmacological and perceptive-cognitive aspects, health risks.
- cultural and psychological aspects: alcohol, a culturally accepted and encouraged drug, positive and negative effects of alcohol, preconceived and misguided notions about the effects of alcohol, strategies to avoid driving under the influence of alcohol.

Conclusion

There is no conclusion, as it is too early to draw one. For the time being, we can merely state that the course is being well received and that the drawing of lots is well accepted. The close relation is generally chosen without difficulty and involves a “pal” more often than we had expected.

On the one hand, we are also convinced that we need to reach a wider cross-section of the target population comprised of social drinkers and to reach them earlier. On the other hand, e also believe that the population of alcohol-dependent must be excluded as far as possible from rehabilitation courses.

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