

LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON JUSTICE AND COMMUNITY SAFETY Mr Peter Cain MLA (Chair), Dr Marisa Paterson (Deputy Chair), Mr Andrew Braddock MLA

Submission Cover Sheet

Inquiry into Dangerous Driving

Submission Number: 047 Date Authorised for Publication: 10 October 2022



30 September 2022

The Committee Secretary Standing Committee on Justice and Community Safety ACT Legislative Assembly GPO Box 1020, Canberra, ACT, 2601 By email: <u>LACommitteeJCS@parliament.act.gov.au</u>

Inquiry into Dangerous Driving

Submitted by: Sharon Tuffin, Chief Executive Officer Karralika Programs Inc.



Introduction

Karralika Programs is a specialist alcohol and other drug treatment service provider supporting adults, families and young people in the ACT and surrounding NSW region. We welcome this Inquiry and its Terms of Reference given our role in supporting the to reduce the harms associated with problematic alcohol and other drug use for themselves, their loved ones and the broader community.

We are pleased to provide some background information and insights based on our expertise and connection with the community including road users, policing, courts, corrections, and health and related services. The focus of our submission is primarily on road safety and driving impairment related to alcohol and other drug consumption and the Alcohol and Drug Awareness Courses in the ACT.

Karralika Programs is one of two providers of the legislated Alcohol and Drug Awareness Cources (ADAC) and have been delivering our drink and drug driving program, called REVERSED, since the enactment of the legislation in November 2011. As a specialist alcohol and other drug treatment service, the delivery of REVERSED has enhanced positive impacts for the individual participants and the wider community beyond being an 'education course' and as a result, we are advocating strongly for greater recognition and involvement of specialist alcohol and other drug treatment services in the development of policy and in the delivery of therapeutic programs to reduce risky and dangerous driving.

The following information is presented in relation to the relevant Inquiry Terms of Reference.

Item b) Police response to dangerous driving in the ACT (both in prevention and post-crash response)

As one of the longest standing specialist alcohol and other drug treatment service providers in the ACT, operating for nearly 45 years, Karralika Programs has a deep connection and commitment to harm minimisation and community safety and wellbeing. We are keen to maintain our role in supporting community-based measures to address alcohol and other drug (AOD) use through our wide range of treatment programs as well as our REVERSED program specifically around driving.

It is challenging however for organisations like ours to meet the increasing demand when service capacity is limited. The upcoming commissioning for alcohol and other drug treatment services provides an opportunity to reinforce the significant and important impact that evidence-based and outcomes-focussed programs have. However it is disheartening to note that this process will not include any additional resourcing, leaving the gap between demand and service capacity unaddressed. This has ongoing implications for individual and community safety including matters being considered by this Inquiry.

We support the recommendation from the ACT Alcohol Tobacco and Other Drugs Association (ATODA) that the ACT Government increases funding to the ACT AOD sector to increase the reach of, and accessibility to, services that seek to reduce the harms associated with alcohol and other drug dependence. Treatment programs and services have been proven to make significant and positive impact on the health and wellbeing of individuals and families, as well as a return on investment. The recent analysis from the Australian Institute of Criminology shows that on average demand reduction programs, including specialist AOD treatment services, provide a return on investment of \$5.40 (AUD) for every dollar spent.⁽¹⁾

With respect to policing resources, we note the extensive evidence regarding the efficacy of Random Breath Tests (RBTs) in enhancing road safety, and the positive impacts this (alongside other measures) has had with regarding to road safety. However this is not the case for roadside drug testing, as the level of impairment from typical use of some illicit substances is not as high as for alcohol,⁽²⁾ the link between impairment and detectable amounts is not clear;⁽³⁻⁴⁾ and the deterrent effect is less well-established.⁽⁵⁾

We refer to the comprehensive submission from ATODA in relation to the dearth of evidence of a causal link between specific levels of drug use and impairment, which also refers to the ACT Government's Road Safety Action Plan 2020-2023 that states "to date, no major international or technological developments have been able to establish a causal link between specific levels of drugs and impairment, which can be applied across the population" and acknowledges concerns regarding the lack of impairment testing as part of the ACT's drug driving framework.⁽⁴⁾

While the ACT Road Safety Action Plan 2020-2023 notes that the ACT Government will monitor national and international developments and approaches to roadside drug testing and impairment testing,⁽⁴⁾ the issue remains that without evidence-based impairment thresholds, there are significant human rights and proportionality concerns associated with a zero-tolerance approach.⁽⁶⁾ It is also the case that without a strong evidentiary base, roadside drug testing has the potential to divert police resources for more efficacious measures (such as RBTs) and to undermine community confidence in the legitimacy of ACT Policing's enforcement activities.⁽⁷⁾ Some have commented on the concern that the intensity of RBTs, a proven road safety measure has decreased, whilst the roadside drug testing has increased without the ability to test impairment.^(8, 9) It is acknowledged that illicit drug use can contribute to driving impairment, the evidence is clear that alcohol must remain a focus of road traffic accident prevention measures.^(10,11,12)

We support the ATODA recommendation that the ACT Government's roadside drug testing program be reviewed as part of the review indicated in the ACT Road Safety Action Plan $2020 - 2023^{(16)}$.

Item g) The effectiveness of rehabilitation and driver re-education at reducing recidivism

Research indicates that in relation to drink and drug driving offence, education or intervention programs can improve drivers' attitudes, reduce alcohol consumption and decrease recidivism.^(11,13,14,15) In the ACT it is a mandatory licensing requirement for drivers convicted of a drink or drug driving offence to complete an alcohol and drug awareness course. Karralika Programs is an approved provider of the extended ADAC course for mid-high range and repeat offenders and has been delivering our REVERSED program since the legislation came into force.

There is good evidence to confirm that higher risk drivers require more intensive programs combined with therapeutic support. Karralika Programs is pleased to be able to deliver this program and recommend that greater priority be placed on courses provided by specialist AOD treatment services such as the REVERSED program of Karralika.

As a specialist AOD service, our program is therapeutic and educational, and is delivered by qualified practitioners. Through our program, participants have an opportunity to delve more deeply into the link between alcohol and other drug use and decision-making as it relates to driving under the influence. Feedback from our participants endorses this added benefit, through connecting with qualified workers and with their peers. Opportunistic conversations between facilitators and participants during breaks has provided brief intervention, with some participants going onto discussions about accessing further services beyond REVERSED.

The REVERSED program not only seeks to improve knowledge and awareness of the dangers associated with driving under the influence, it also supports discussions around strategies to support good decision making, along with an appreciation of the responsibility to supporting the safety of all road users. Feedback from participants has been very positive,

"Taking the non-judgemental approach is the best way to engage with people, this then gives you the opportunity to educate them. I liked how the presenters were genuinely not judging and I think that's important if you really want people to take on the message"

"As I now have a better understanding of the affects I can now look at the strategies I need to put in place to help"

"Facilitators were awesome at making everything easy to understand"

"Thank you so much for a great program, went well and has definitely convinced me to change my drinking habits"

"The trainers started the course by making the participants feel at ease and it was obviously confidential. They listened to what we had to say and was very supportive. I would just like to say thank you for this course and I really learnt a lot from it"

"No I would never drink drive again I have made a stupid decision that I am paying the consequences for. I would be putting myself and others in danger and doing the REVERSED course has made me realise that even more. It would be a privilege to get my license back and I would never jeopardise that again"

With the impacts of COVID, Karralika Programs transitioned REVERSED into an online course, transitioning to hybrid and some courses being able to return to face to face. Our programs run after hours to ensure that employment and other responsibilities do not limit people's ability to participate.

Summary of key information about REVERSED in 2021-22

Karralika Programs delivered 11 Courses during the year with 87 people enrolled. Seventy-seven people successfully completed the course. Participants are asked to identify the drug of concern that has lead them to attend REVERSED. Results shown below:

- 57.4% Alcohol
- 32.4% Drug
- 3.4% Both alcohol and drug
- 6.8% Not stated.

We also invite participants to identify the source of referral to the REVERSED course:

- 31.0% Self
- 27.5% Solicitor
- 9.1% Corrections
- 8.0% Court
- 6.8% Family/Friend

- 4.5% Counsellor
- 2.2% Police
- 1.1% RTA
- 6.8% Other
- 3% Not stated

Karralika Programs encourages all those involved in road safety, whether that is roadside testing, RTA, legal system and others to raise awareness and actively encourage people to seek out information and support.

Costs of participation

Under the current arrangements, those who are required to attend an ADAC such as REVERSED, are required to pay on a fee-for-service basis. Whilst Karralika Programs offers concession rates, there may be circumstances where a person's capacity to pay is a financial barrier to access. As an approved service provider, Karralika Programs advocates for consideration of financial support to participants that meet certain criteria, or alternatively that Karralika Programs be funded directly to deliver the REVERSED program at a reduced (or zero) cost to the participant. This may go some way to increasing the number of participants attending programs in addition to those required to attend, and reduce the number of individuals continuing to drive unlicenced as a result of not be able to afford the cost of completing the course and successfully having their licences returned.

Item i) Any other related measure with respect to the administration of corrections, courts and sentences in the ACT with respect to dangerous driving.

As noted under Item g, there is potential for an increased role of corrections and courts in raising awareness of, and referring people to, the REVERSED course to reduce risky or dangerous driving and connect people with services and programs that have a therapeutic benefit as well as educational focus.

Karralika Programs would welcome the opportunity to continue our conversations and engagement with ACT Government in relation to the ADAC, and other harm reduction and harm minimisation measures and to strengthen the linkages between road safety, community safety and health and wellbeing.

Recommendations / considerations

Karralika Programs recommends that the ACT Government consider the following actions and opportunities to enhance road safety in the ACT:

- Increase funding to the ACT AOD sector to ensure increased reach and accessibility of treatment services reducing alcohol and other drug dependence in the community.
- Prioritise therapeutically-informed and delivered driver intervention programs such as the Karralika Programs REVERSED course.
- Consider opportunities and ways to reduce any financial barriers to enrolment in a therapeutically-informed driver program, to support maximum participation numbers and increased road safety.
- Support and promote increased referral pathways for drink and drug drivers to treatment where required.
- Work with the AOD sector on relevant actions under the ACT Road Safety Action Plan 2020-2023, in particular the review of the effectiveness of the Territory's drink and drug driving scheme against best practice models.

We wish you well with your Inquiry and look forward to working with the ACT Government in support of a healthy and safe community.

References

ACT Government. ACT Road Safety Strategy 2020 - 2025. Canberra:

https://www.cityservices.act.gov.au/__data/assets/pdf_file/0004/1686307/ACT-Road-Safety-Strategy-2020-2025_New.pdf: ACT Government, 2020.

ACT Government. ACT Road Safety Report Card 2021. Canberra:

https://www.cityservices.act.gov.au/ data/assets/pdf file/0006/1931703/2021-ACT-roads-safety-reportaccess.pdf: ACT Government, 2021.

- 1. Voce A and Sullivan T. What are the monetary returns of investing in programs that reduce demand for *illicit drugs*? : Australian Institute of Criminology, 2022.
- Johnstad PG. Comparative harms assessments for cannabis, alcohol, and tobacco: Risk for psychosis, cognitive impairment, and traffic accident. *Drug Science, Policy and Law* 2022; 8: 20503245221095228. DOI: 10.1177/20503245221095228.
- 3. Blandino A, Cotroneo R, Tambuzzi S, et al. Driving under the influence of drugs: correlation between blood psychoactive drug concentrations and cognitive impairment. a narrative review taking into account forensic issues. *Forensic science international: Synergy* 2022; 4: 100224.
- ACT Government. ACT Road Safety Action Plan 2020-2023. Canberra: <u>https://www.cityservices.act.gov.au/ data/assets/pdf file/0005/1686308/ACT-Road-Safety-Action-Plan-2020-2023.pdf</u>: ACT Government, 2020.
- O'Donovan S, Lewis D, van den Heuvel C, et al. Methamphetamine and alcohol detection in vehicle-driver fatalities in South Australia: A 10-year survey (2008–2018). *Journal of Forensic Sciences* 2022; 67: 257-264. DOI: <u>https://doi.org/10.1111/1556-4029.14876</u>.
- 6. Moxham-Hall V and Hughes C. Drug driving laws in Australia: What are they and why do they matter. *Bulletin No* 2020.
- 7. White M. Evaluation of roadside drug testing in Victoria. Supplementary Submission Number 49b to the Inquiry into Road Transport Amendment (Medicinal Cannabis Exemptions from Offences) Bill 2021. NSW Parliament:

https://www.parliament.nsw.gov.au/lcdocs/submissions/79050/049b%20Dr%20Michael%20White.pdf 2022.

- Alcohol Tobacco and Other Drug Association ACT (ATODA). Submission to the ACT Budget 2022-23 Consultation. Canberra: 2022 https://www.budgetconsultation.act.gov.au/__data/assets/pdf_file/0004/1965091/011.-ATODA-ACT-Budget-Submission-2022-23.pdf
- 9. Bureau of Infrastructure and Transport Research Economics (BITRE). *Road Safety Dashboards: Australia Roadside drug testing in 2020*. Canberra: Australian Government: Department of Infrastructure, Transport, Regional Development, Communications and the Arts: <u>https://www.bitre.gov.au/dashboards</u>, 2022.
- 10. European Monitoring Centre for Drugs and Drug Addiction. *Drug use, impaired driving and traffic accidents.* 2nd ed. Lisbon: EMCDDA, 2014.
- 11. Schulze H, Schumacher M, Urmeew R, et al. Driving under the influence of drugs, alcohol and medicines in Europe—findings from the DRUID project. 2012.
- Baldock MRJ and Lindsay VL. Examination of the role of the combination of alcohol and cannabis in South Australian road crashes. *Traffic Injury Prevention* 2014; 16: 443-449. DOI: 10.1080/15389588.2014.969804.
- 13. Terer K and Brown R. *Effective drink driving prevention and enforcement strategies: approaches to improving practice*. Canberra: Australian Institute of Criminology, 2014.
- 14. Sheehan MC and Wilson H. The impact of completing a drink driving rehabilitation program on future drinking: the clients' perspective. In: *ICADTS Symposium: The Road Ahead for Alcohol, Drugs and Traffic Safety: Evolution, Revolution, and Research Needs* 2011.
- 15. Thompson J, Wundersitz L and Raftery S. Evaluation of the performance of alcohol and drug awareness courses provided in the ACT. *Journal of road safety* 2020; 31: 30-39.
- 16. Howard E, Harris A, McIntyre A, et al. *Effectiveness of drink driving countermeasures National Policy Framework*. Report no. 1925854736, 2020. Austroads Sydney.