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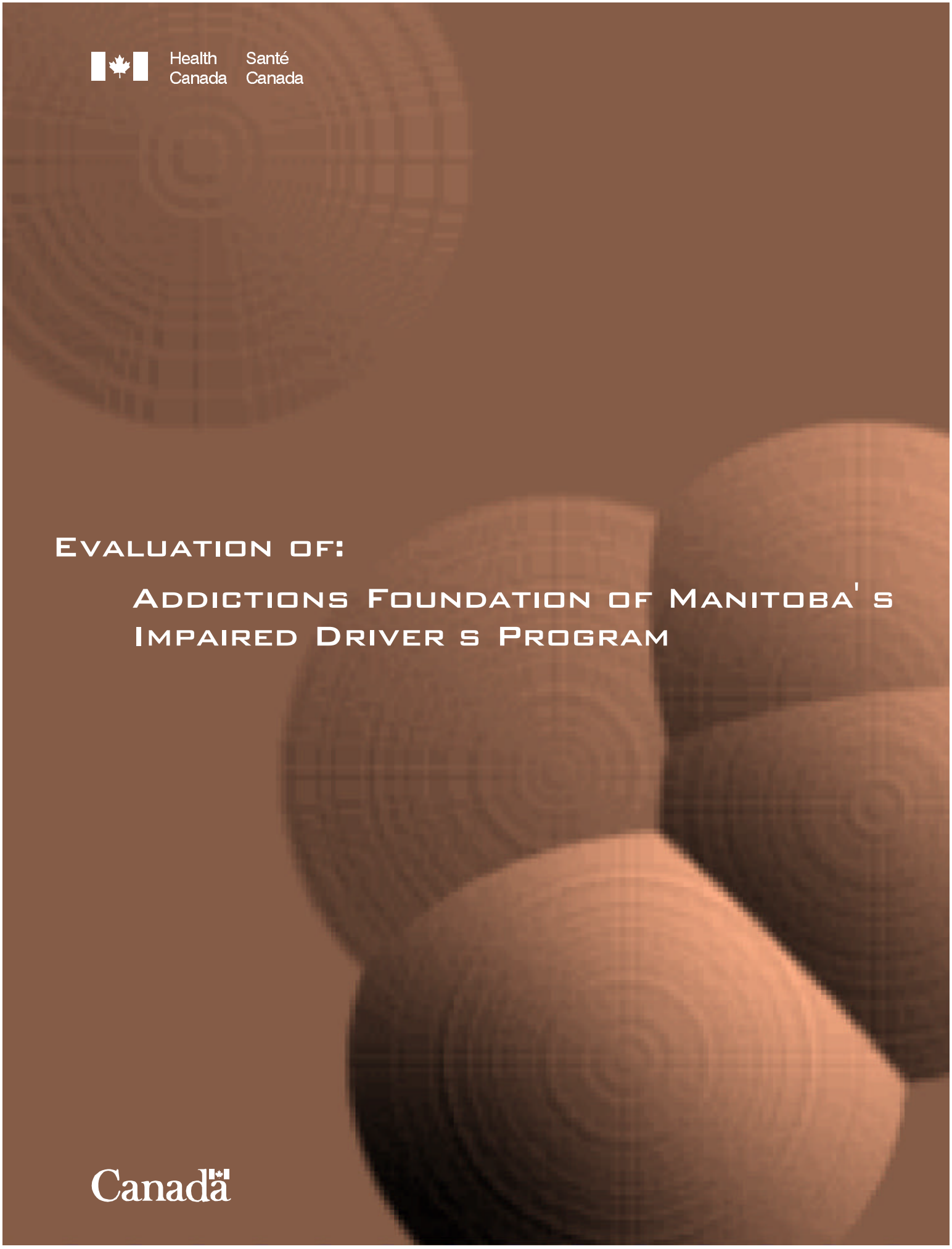
Evaluation of:

Addictions Foundation of Manitoba's Impaired Driver's Program



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Evaluation of Addictions Foundation of Manitoba: Impaired Driver's Program

Office of Alcohol, Drugs and Dependency Issues
Health Canada

canada's drug strategy

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INTRODUCTION

A. Background

In the mid-1980 s, public concern over impaired driving and its related dangers resulted in action by various levels of government. In 1985, the federal government revised the *Criminal Code of Canada* (sections 237, 238 and 239) to increase the consequences for impaired driving. In September 1986, through amendments to the *Manitoba Highway Traffic Act*, the Division of Driver and Vehicle Licencing (DDVL) and the Addictions Foundation of Manitoba (AFM) were authorized to implement the **Addictions Foundation of Manitoba's Impaired Driver's Program.**

An assumption central to the program, is that not everyone who participates is dependent on alcohol or other drugs. However, there is a belief that people charged and convicted of impaired driving need to examine their patterns of use. Under provincial legislation, Manitobans convicted of drinking and driving offences under the *Criminal Code* have their licence suspended for one year for the first offence and five years for subsequent offences if they occur within five years of an earlier criminal code conviction.

Persons charged/convicted of driving while impaired (DWI) are required to undergo an assessment by the AFM in order to have their licence reinstated. Referrals are made based on the outcomes of the assessment and may include an educational workshop, a high-risk program, treatment or no further action. The assessment and referral options form the basis of the Addictions Foundation of Manitoba's Impaired Driver's Program.

The present *Evaluation of Addictions Foundation of Manitoba's Impaired Driver's Program* was conducted in follow-up to the recommendation made to Health Canada in the report *Dealing with DWI Offenders in Canada: An Inventory of Procedures and Programs* (July 1994) prepared by the Traffic Injury Research Foundation (TIRF). One recommendation was to evaluate Manitoba's comprehensive system for dealing with DWI offenders. This retrospective evaluation results from that recommendation.

The retrospective evaluation focused on participant satisfaction with some outcome measures. The evaluation was conducted by Proactive Information Services Inc. in consultation with a Steering Committee.

The Steering Committee members included representatives from Health Canada, Transport Canada, Addictions Foundation of Manitoba, Manitoba Department of Justice, Manitoba Highways and Transportation: Division of Driver and Vehicle Licencing, Manitoba Public Insurance, Royal Canadian Mounted Police and the Winnipeg Police Services. The Steering Committee members had input into the Detailed Evaluation Plan, instrument development, as well as the drafts of the Final Report. In addition, the evaluator met with the Winnipeg-based members of the Steering Committee to receive and incorporate their feedback. The evaluation was conducted during the period of February to June 1996.

B. Impaired Driver's Program Description

In 1980, the AFM began operating a province-wide program for persons convicted of a second or subsequent charge of DWI. In 1986, the current Impaired Driver's Program (IDP) was established on a province-wide basis. The program is mandatory for first and subsequent impaired driving offenders prior to the reinstatement of their driving privileges. All costs associated with the delivery of the program are payable by the offender at time of assessment. The current cost of assessment is $270.00. *(Buckholz & Kaplan, 1995)*

The goal of the program is to assess the alcohol/drug usage of the offender and to provide appropriate services, as determined through the assessment process. By offering services, the intent of the program is to provide a mechanism for the early intervention and prevention of alcohol/drug problems.

A basic assumption underlying the IDP is that not all offenders are high-risk alcohol/drug users or alcoholics. Thus, the program is intended to intervene on drinking and driving behaviours, as well as on drinking behaviours.

Manitoba has one of the most comprehensive approaches in Canada to address the issue of impaired driving, and is viewed by other jurisdictions as a leader in the field. Other provinces have examined the Manitoba's approach. The IDP has its own unique features:

- It is an **intervention program** that provides services based on a continuum of use, including chemically dependent participants. Thus, the program is for people who are using alcohol or drugs in a hazardous or harmful manner, as well as those who have not separated drinking and driving behaviours. The assessment itself is viewed as part of the intervention process.
- It uses a standardized instrument, the Substance Abuse Life Circumstance Evaluation (SALCE), in the **assessment process**, and also a structured interview by trained addictions counsellors. The interview form is referred to as the Counsellor Directed Assessment (CDA).
- It has a **fee for service**. For some offenders, both the fee and time commitment for the program emphasize the seriousness of the offence and reflect the prevailing societal concern about impaired driving. It is a cost recovery program. This aspect necessitates efficient management of the program and does not create a burden for the taxpayer.

Clinical Assessments

Four possible clinical assessments are available for participants of the IDP: Non-Apparent Problem; Presumptive Problem; Active Problem; and Problem Under Control.

Non-Apparent Problem:

These people have no apparent alcohol/drug problem requiring further services and are deemed not to be at risk of re-offending. They are taking responsibility for the offence and have viable alternative plans to prevent further offences. They may have already made lifestyle changes prior to accessing the program.

Presumptive Problem:

Offenders assessed as being in the presumptive problem category are at risk either of re-offending or are using alcohol/drugs in a high-risk manner. There are two possible referral options for this category: the educational workshop or the high-risk program.

Those referred to the *educational workshop* are deemed to be at risk of re-offending due mainly to a combination of: not taking responsibility for the offence; not having viable options to prevent further incidents of impaired driving; engaging in high-risk behaviours as identified through their driving abstract or lifestyle (e.g., not considering the potential consequences to their employment when it is dependent on a driver's licence); and/or not being able to gain insights easily into the need to make lifestyle changes.

Those referred to the *high-risk program* are deemed to be at risk in the way they use alcohol/drugs and, therefore, also at risk of re-offending. Criteria used for determining this type of referral include a combination of: periods of over-using alcohol/drugs which may also include episodic reduction in consumption or abstinence; inability to link his/her behaviour with consequences in his/her life; no obvious signs of chemical dependency; previous involvement with the IDP; demonstrable risks in lifestyle as evidenced by alcohol/drug use contraindicated to personal health issues, lifestyle centres around heavy consumption, or family/work concerns related to alcohol/drug use; and/or the need for a more in-depth program to gain insights into the need to make lifestyle changes.

Active Problem:

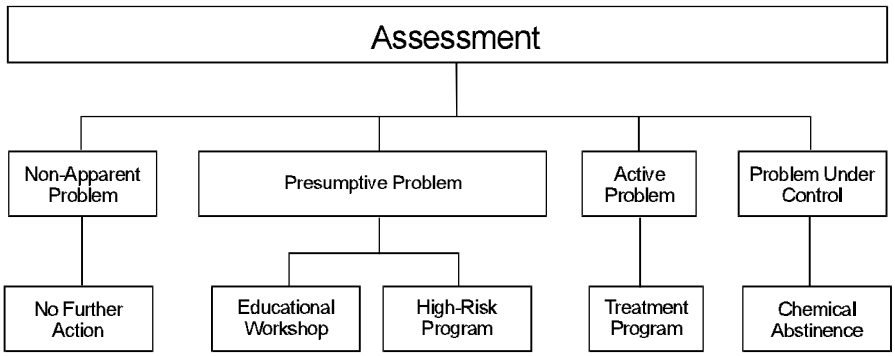
These participants are experiencing the signs and symptoms of chemical dependency.

Problem Under Control:

These people demonstrate that they have a chemical dependency and are in the recovery process. Thus, they have some period of sobriety combined with lifestyle changes that support chemical abstinence. A collateral check is conducted by the AFM to ensure that the participant's self-report is substantiated. The DDVL also requires abstinence for this group and follows them up for two years.

Referral Options

The following chart identifies the five possible referral options and their relationship to the assessment.



No Further Action:

Participants undergo assessment but receive no further service. The assessment is, however, an important component of the Addictions Foundation of Manitoba's Impaired Driver's Program.

Educational Workshop:

The goal of this one-day workshop is for participants to develop alternative plans to drinking and driving. The workshop provides accurate information on alcohol and drugs, and their effects on driving. It emphasizes the need to keep drinking behaviours separate from driving.

Participants are asked to examine and assess their own drinking and driving patterns and are encouraged to identify and explore alternatives to driving while or after drinking. Emphasis is on planning ahead, taking responsibility for behaviour and to separate drinking from driving. The workshop is also designed to be interaction-oriented, with groups of 10 to 12. It is recognized that an individual's use of alcohol and drugs is frequently a sensitive and emotional issue. As a result, the workshop is conducted in an open manner where participants can share information in an honest and non-judgmental manner.

The educational workshop is designed to reach those individuals whose attitudes and/or behaviours indicate that they may drink and drive again. Thus, offenders with two or more DWI charges and assessed as having a presumptive chemical usage problem will be referred to the educational workshop based solely on the number of impaired charges. If during the assessment process drinking issues are identified, a stronger intervention may be recommended.

High-Risk Program:

The goal is to influence and encourage behaviour changes related to chemical usage and the life functioning of individuals convicted of impaired driving and who have been assessed as "at risk" of developing a chemical dependency.

The program encourages participants to increase their knowledge about their own chemical usage and to develop a plan of action to address issues they have identified. It encourages self-directed learning on the part of the participant and uses involvement agreements to obtain commitments from them.

The program spans an average of three to six months which includes an average of nine hours of contact with AFM staff. It is delivered through a series of individual and group sessions, involving a minimum of three individual sessions and a maximum of six group sessions. During the initial phase of involvement, the agreement calls for total abstinence. In the latter half of the program, the participant and counsellor negotiate whether abstinence or moderate drinking will be the behaviour adopted.

Throughout the program, participants are encouraged to discuss any problems they have with abstinence or moderate drinking. If the problems are great, then it may be viewed as an indication of a possible chemical dependency and a referral to a treatment program is considered.

Treatment Program:

The goal of the treatment program is to provide a series of therapeutic opportunities for the participants, thus allowing them to examine their consumptive behaviours and the effect of this behaviour on their lives, their family's life, as well as developing alternative healthy behaviours.

The treatment program is designed to help individuals identified as having an active chemical usage problem. The program may be residential, non-residential or day, depending on the needs.

While engaged in the treatment program, abstinence is required and the recommended further action upon completion of the program is, in most cases, abstinence. There is a minority who after completion of the treatment program are not required to have abstinence as a lifestyle, as during the treatment process it is evident that there is no chemical dependency.

Chemical Abstinence:

Individuals who indicate that they have a chemical dependency which is now under control are assessed as "Problem Under Control" and the referral is to maintain abstinence utilizing the resources they have used in the past. Both the AFM and the DDVL require that abstinence for this group be validated by a collateral check.

C. Evaluation of Goals and Objectives

The main goal of the evaluation was **to assess the effectiveness of the Addictions Foundation of Manitoba's Impaired Driver's Program**. A secondary goal was to identify any new strategies that would assist in improving the program and, thus, increase program effectiveness.

In support of these goals, the following ***evaluation objectives*** and research questions were identified. The evaluation objectives were revised based on discussions and feedback received from the Steering Committee relating to the drafts of the Detailed Evaluation Plan.

Objective 1: to evaluate the effectiveness of assessment.

a) Is mandatory assessment for licence re-instatement effective in determining what intervention is required?

b) Are there ways of improving the assessment and program-matching process?

c) Do offenders feel the assessment process met their needs?

Objective 2: to evaluate the success of each referral option in meeting its stated objectives.

For 1990-91, the Addictions Foundation of Manitoba's Impaired Driver's Program asked participants:

a) To what extent did the **educational workshop** succeed in: separating drinking and driving; changing attitudes and behaviours about alcohol; providing alternatives to drinking and driving?

b) To what extent did the **high-risk program** succeed in: changing behaviours related to alcohol and other drug use; increasing their knowledge about alcohol and other drug use?

c) To what extent did the **treatment program** succeed in: helping participants develop a healthy lifestyle; do the participants use alternatives to drinking; do participants take responsibility for their own health; did the participants make lifestyle changes?

d) To what extent did participants receiving the referral recommendation **no further action** perceive this recommendation as having met their needs?

e) To what extent did participants receiving the referral recommendation **chemical abstinence** perceive this recommendation as having met their needs?

Objective 3: to evaluate the impact of the Addictions Foundation of Manitoba's Impaired Driver's Program on participant knowledge of DWI laws and drinking and driving behaviours.

a) Are 1990-91 program participants more knowledgeable of Manitoba's drinking and driving laws than the current general population (i.e., assuming an increase in knowledge is a consequence of intervention)?

b) What is the reported effect of a user fee on the motivation of 1990-91 program participants?

c) What changes, if any, do 1990-91 program participants identify in their own behaviours regarding alcohol/drug consumption, drinking and driving, and lifestyle? (See objective 2.)

Objective 4: to evaluate the impact of the Addictions Foundation of Manitoba's Impaired Driver's Program on incidences of impaired driving in Manitoba.

a) What changes have occurred in the rates of impaired driving since the program implementation?

b) At what rate did 1990-91 program participants re-offend after completing an AFM program? Does this vary by referral option?

c) How do the recidivism rates of the 1990-91 program participants compare to rates in other Canadian jurisdictions?

METHODOLOGICAL APPROACH

A. Overview of Objectives in Relation to Data Sources and Methods

The evaluation was designed to incorporate information from a variety of sources. The following chart provides an overview of evaluation objectives and research questions in relation to data sources and methods. Objectives and questions have been abbreviated for the chart. “Participants” refers to those people participating in the Addictions Foundation of Manitoba's Impaired Driver’s Program between April 1, 1990 and March 31, 1991. The Steering Committee required that this participant group be the focus of the evaluation. “Participants” are also referred to as program participants, AFM participants, DWI offenders and/or repeat offenders.

DDVL refers to Division of Driver and Vehicle Licencing. MPI refers to Manitoba Public Insurance.

Objectives/Research Questions	Source	Method
Objective 1: effectiveness of assessment		
a) mandatory assessment for licence re-instatement effective in determining intervention	DDVL records	Secondary analysis
perceived effectiveness of mandatory assessment in determining intervention	Participants	Questionnaire
b) ways to improve the assessment and program matching process	Participants	Questionnaire
c) perceived effectiveness of the assessment process in meeting participants’ needs	Participants	Questionnaire
Objective 2: success of each referral option in meeting its objectives		
a) extent **educational workshop** succeeded in: – separating drinking and driving – changing attitudes/behaviours re: alcohol – providing alternatives to drinking and driving	Participants	Questionnaire
b) extent **high-risk program** succeeded in: – changing behaviours re: alcohol/other drug use – increasing knowledge re: alcohol/other drug use	Participants	Questionnaire

Objectives/Research Questions	Source	Method
c) extent **treatment program** succeeded in: – helping develop healthy lifestyle – helping to use alternatives to drinking – helping to take responsibility for own health – helping to make lifestyle changes	Participants	Questionnaire
d) extent **no further action** succeeded in: – meeting needs	Participants	Questionnaire
e) extent **chemical abstinence** succeeded in: – meeting needs	Participants	Questionnaire
Objective 3: impact of Addictions Foundation of Manitoba's Impaired Driver's Program on participant knowledge of DWI laws and drinking and driving behaviours		
a) knowledge of Manitoba's drinking and driving laws and Criminal Code	Participants and General Population	Questionnaire and . . . Omnibus
b) effect of a user fee on motivation	Participants	Questionnaire
c) changes participants identify in own behaviours regarding: – alcohol/drug consumption – drinking and driving – lifestyle	Participants *[discussed under objective 2 a to e]*	Questionnaire
Objective 4: impact of Addictions Foundation of Manitoba's Impaired Driver's Program on incidences of impaired driving in Manitoba		
a) changes in rates of impaired driving since program implementation	DDVL records	Secondary analysis
b) recidivism rates of 1990-91 Impaired Driver's Program participants. Does this vary by referral option?	DDVL records for participants	Secondary analysis
c) recidivism rates of participants in comparison to other jurisdictions	DDVL records for participants and information from other jurisdictions	Secondary analysis and comparative analysis

B. Operational Definitions

For the purpose of this report, the following definitions apply.

Global Clinical Assessment – As discussed earlier, participants entering the Addictions Foundation of Manitoba's Impaired Driver's Program undergo an assessment which identifies the nature of their problem and the action required. Based on the assessment process, participants are identified as having a chemical usage problem which is: "non-apparent"; "presumptive"; "active"; or "under control." These global assessment outcomes are referred to throughout the report and the detailed tables (Appendix B).

Referral Option – Based upon the outcomes of the assessment process, the addictions counsellor chooses an option for help which is available through the AFM or in the community. The five referral options – "no further action," "educational workshop," "high-risk program," "treatment program" and "chemical abstinence" – are mentioned throughout the report and in the detailed tables. (The diagram on page 4 illustrates the link between the assessment and the referral options.)

1990-91 Addictions Foundation of Manitoba's Impaired Driver's Program Participant Population – For this evaluation, the Steering Committee chose participants in the 1990-91 Impaired Driver's Program as the population for study. This group was chosen as it was felt that at least a five-year period was needed after program participation in order to observe program success. While reportedly there were 3494 program participants in 1990-91, the AFM was able to provide **data files on 2946** participants. Initial review of these files indicated that there were 164 participants for whom demographic information (e.g., gender, income, employment activity, educational attainment, parental status) had not been provided. Therefore, throughout the report, when referring to the AFM 1990-91 participant population, demographic comparisons are based on the 2946 minus 164, which equals 2782 participants.

Mismatched Assessment/Referral – Further analysis of the AFM 1990-91 data file (which included information on 2946 participants) revealed that for 356 participants, the results of the global clinical assessment did not match an appropriate referral option. These cases were deleted because decisions regarding distribution of the questionnaires were based on referral option experienced (see page 18).

1990-91 Addictions Foundation of Manitoba's Impaired Driver's Program Participant Population Excluding Mismatches – In some instances in the report, comparisons are made to the 1990-91 Addictions Foundation of Manitoba's Impaired Driver's Program participant population, excluding mismatches. This refers to the 2946 participants, minus the 356 mismatched assessment/referral participants, for a population of **2590**. For example, this was done when making comparisons between the respondent group and the 1990-91 AFM participant population on global assessment and referral options.

DDVL Population – This population resulted from providing DDVL with the AFM individuals code, driver's licence number and assessment date for each of the 2946 1990-91 Addictions Foundation of Manitoba's Impaired Driver's Program participant population. On this file, DDVL identified 10 duplicates and driver's licence numbers for which a match could not be found. They provided a listing of the unfound driver's licence numbers which were forwarded to the AFM for verification. The AFM reviewed the driver's licence numbers, making corrections where mis-punches and other inaccuracies

were identified and sent them to DDVL for computer matching. This process resulted in DDVL being unable to provide driving information on 326, 1990-91 AFM participants. In addition, the DDVL computer matching process identified 141, 1990-91 AFM participants who had moved out of the province and 49 participants who were deceased. This resulted in DDVL providing driving information on **2420** 1990-91 AFM participants. It is this population referred to throughout the report as the **DDVL population**.

Evaluation Population – For purposes of this evaluation, the evaluation population refers to the original 1990-91 Addictions Foundation of Manitoba's Impaired Driver's Program participant population (2946) minus all participants identified as being "mismatched," "duplicates," "not found due to errors in identification," "moved" or "deceased." These exclusions arise from those identified as:

- mismatched assessment/referrals (n = 248), plus files both mismatched and not found by DDVL (n = 108). (As previously described, these 356 mismatches were excluded given that questionnaire distribution was based on referral option.);
- moved (n = 141), deceased (n = 49), not found (n = 218), duplicates (n = 10), by DDVL;
- duplicates (n = 2), by the consulting firm; and
- having moved (n = 322) or deceased (n = 4), by Canada Post and/or the consulting firm.

This resulted in an **evaluation population** of **1844**.

Table 1
Establishment of the Evaluation Population

Population on Which AFM Provided Data	2946
Less:	
Mismatched Assessment/Referral	356
DDVL Moved	141
DDVL Deceased	49
DDVL Not Found Due to Errors in Identification	218
DDVL Identified as Duplicates	10
Proactive Identified as Duplicates	2
Canada Post/Proactive Identified as Moved	322
Canada Post/Proactive Identified as Deceased	4
Evaluation Population	**1844**

Respondent Group – While a total of 719 completed questionnaires were returned, in 17 cases the identification number had been removed. Consequently, neither the referral option nor global clinical assessment could be determined, so the questionnaires could not be used in the analysis. Therefore, the **usable respondent group** refers to those members of the respondent population with identification numbers intact (n = **702**).

Recidivism and Re-involvement – Recidivism generally refers to those who receive another *Criminal Code* violation. For purposes of this study, Steering Committee representatives chose to broaden the definition to "re-involvement," indicating that participants had some driving-related alcohol re-involvement between their AFM assessment date and March 31, 1996. As Table 2 indicates, re-involvement as defined for purposes of this study includes *Criminal Code* violations, convictions from the United States, suspensions and alcohol-related accidents, as well as alcohol-related prohibitions for snowmobiles and all-terrain vehicles (ATVs). The term "re-offending" is also used in the report to denote re-involvement.

Table 2
Information Provided by DDVL Regarding Re-involvement

Alcohol-related convictions from the Canada *Criminal Code*
Impaired Driving CC 253(A)
Impaired Driving – over .08 CC 253 (B)
Impaired Driving – refusal CC 254 (5)
Impaired Driving Causing Injury CC 255(2)
Impaired Driving Causing Death CC 255(3)

Alcohol-related convictions from the United States
DUI – Driving under the influence
DWI – Driving while intoxicated
OUI – Operating while under the influence
OWI – Operating while intoxicated

Alcohol-related suspension information
Failure/Refuse to provide sample HTA 263.1
Over .08 alcohol content in blood HTA 263.1
Roadside breathalyzer six-hour suspension

Alcohol-related accidents

Alcohol-related prohibition information for vehicles other than automobiles:
– snowmobiles – all-terrain vehicles

C. Existing Information

As outlined previously, this evaluation involved analyses of existing information from a variety of sources. Primarily, existing information consisted of data files provided by the AFM and the DDVL. In addition, other jurisdictions were contacted in order to identify information (if any) that would be appropriate for use in this evaluation.

1. Addictions Foundation of Manitoba – Individuals Information

Participant information files from the AFM which were provided included both assessment and referral information, as well as demographic information. Although there were 3494 program participants in 1990-91, the actual AFM files contained 2946 records on participants in the IDP between April 1, 1990 and March 31, 1991. It is not known whether the 548 missing files were representative of the overall population in terms of participant characteristics. These missing files introduce an element of bias.

The data file included a constructed variable for use as an indicator of the referral option "high-risk." Proactive was informed that program participants receiving a global clinical assessment would correspond to the referral options in the following way:

If clinical assessment was:		**Referral option would be:**
Non-Apparent	=	No Further Action
Presumptive	= =	Educational Workshop *or* High-Risk Program
Active	=	Treatment Program
Problem Under Control	=	Chemical Abstinence

It was necessary to clean the data files through both manual and mechanical means. When the initial analysis was undertaken, mismatches between global assessment and referral option became apparent. (See Operational Definitions.) The original AFM data set included a total of 356 individuals identified as being mismatched assessment/referrals. Mismatched assessment/referrals were deleted because decisions regarding distribution of the two questionnaires were to be based on referral option experienced. Deleting the mismatches increased the likelihood of sending the remaining participants the appropriate questionnaire.

2. Division of Driver and Vehicle Licencing Records

DDVL was provided with a database including AFM offender code, driver's licence number and assessment date. Discussions took place between DDVL staff and representatives of the consulting firm to narrow the focus for the re-involvement indicators, determined that some indicators suggested by the Steering Committee, such as traffic violations, should not be included because – although they could be viewed as relating to lifestyle – they did not necessarily address re-involvement with alcohol.

The DDVL driver record information allowed for the identification of repeat alcohol-related driving offences, which included criminal code violations, convictions from the United States, suspensions and alcohol-related accidents, as well as alcohol-related prohibitions for snowmobiles and ATVs. These were viewed as the indicators of "re-involvement." (The specific file information used is displayed in Table 2).

DDVL selected the pertinent driving record information for each of the identified program participants from time of assessment to current date, allowing for current data on re-involvement and length of time without a licence.

In addition, DDVL information was used to obtain the name, address and postal code of the most recent mailing address on record for each participant. Furthermore, DDVL also identified drivers who had moved out of province or deceased.

3. Other Jurisdictions

In an attempt to compare recidivism rates in Manitoba to other jurisdictions, the evaluators solicited information through direct telephone contact with representatives of other provinces and territories. The nine other provinces and the Yukon responded to the request for information.

The *Criminal Code of Canada* specifies maximum penalties which apply to all Canadians when convicted of impaired driving in a court of law. While the *Criminal Code* offences apply to all Canadians equally, the mandatory suspensions imposed on convicted impaired driving offenders vary by province (Table 3).

Table 3
Length of Licence Suspension for Impaired Driving

Jurisdiction	1st offence	2nd offence	3rd offence
Newfoundland	4 months	9 months	9 months
Prince Edward Island	1 year	2 years	3 years
Nova Scotia	1 year	2 years	5 years
New Brunswick	6 months	1 year	1 year
Quebec	1 year	2 years	3 years
Ontario	1 year	2 years	3 years
Manitoba*	1 year	5 years	5 years
Saskatchewan	1 year	1 year	3 years
Alberta	1 year	3 years	5 years
British Columbia**	1 year	1 year	1 year
Northwest Territories	3 months	6 months	1 year
Yukon	3 months	1 year	3 years

* Manitoba changed suspension after first offence to one year, as of December 1, 1994.

** British Columbia has a minimum of one year to a maximum of three year's suspension.

Suspensions imposed in accordance with the provincial Highway Traffic Acts are in addition to the penalties imposed for the offences cited in the *Criminal Code.* In December 1978, Manitoba instituted a six-hour Administrative Licence Suspension for being at the .05 level. In November 1989, a 90-day Administrative Licence Suspension was implemented at the .08 level and for refusal to provide a breath sample. Using a roadside screening device (Alert), drivers stopped by police whose breath sample registers "warn" (between .05 and .099 – 50 to 99 mg %) are given the six-hour roadside suspension. Drivers whose breath sample registers "fail" (over .10) are requested to provide a breath sample in a "breathalyzer." If the driver blows over .08 or refuses to provide a sample, he/she is given an automatic three-month (90-day) suspension. If the driver has a valid driver's licence at the time of the offence, a seven-day permit is issued which allows the driver time to make necessary arrangements for the suspension.

The information received clearly demonstrated that a number of jurisdictions are following Manitoba's lead, both in instituting administrative licence (roadside) suspensions and in implementing mandatory driver education programs for re-licencing. Re-licensing programs have been developed in Alberta, British Columbia, Prince Edward Island, Nova Scotia, New Brunswick, Newfoundland and the Yukon.

While an abundance of information was collected from across Canada as to the directions being pursued toward reducing impaired driving, what became evident is that very little information has been collected in the area of impaired driving recidivism or re-involvement. The information that has been recorded in Ontario, Alberta, Prince Edward Island and Saskatchewan is limited to how many yearly impaired driving offenders are repeat offenders. However, it should be noted that there is no consistency across Canada in record keeping or in the definition of what constitutes second and third time offenders in a given time period. Manitoba has the most stringent definition of a second offender (ie: two offences within a five year period).

D. Survey of Participants

1. Instrument Development

To elicit input from 1990-91 Addictions Foundation of Manitoba's Impaired Driver's Program participants, a mailout survey with a telephone follow-up was used. The questionnaires went through an extensive development process. During the development of the draft questions, the evaluators explored the use of specific questions from: the Substance Abuse Life Circumstances Evaluation (SALCE), which is used by the AFM; Canada's Alcohol and Other Drugs Survey (Health Canada, 1994); Omnibus West, March 1995 (Manitoba Public Insurance); as well as assorted AFM instruments. There was an attempt to retain the possibility of undertaking comparisons between the 1990-91 participant responses and the general Canadian/Manitoban populations.

To ensure clarity, ease of understanding, readability and to determine completion time, the draft questionnaires were pilot tested. The testing occurred during the week of March 25, 1996 with three actual Addictions Foundation of Manitoba's Impaired Driver's Program groups: treatment, high-risk and education. Potential problems with questionnaire length became evident. Completion times ranged from 20 to 30 minutes – too long for the method being used. As part of the pilot process, the evaluator engaged participants in a discussion about the questionnaire's clarity, ease of understanding and readability. Suggestions and comments were received, providing insights into which areas required revision. A review of the completed pilot questionnaires also illuminated areas that needed "fine tuning."

Based on Steering Committee feedback and the results of the pilot process, two questionnaires were developed for this evaluation. There were "core" questions appearing on both questionnaires. However, one questionnaire included two additional questions for those participants who had received high-risk or treatment referrals. Both questionnaires were approved by Health Canada.

2. Administration

Prior to the initial mailout, all questionnaires were pre-coded to facilitate ease of linking questionnaire response to the AFM participant information and DDVL information. Given that the AFM records included demographics (gender, age), these were not included on the questionnaire. As previously mentioned, addresses for the mailout were obtained from DDVL records.

The initial mailout consisted of: a covering letter outlining the intent of the survey; a copy of the questionnaire; and a postage-paid business reply envelope (the package can be found in Appendix A). The longer questionnaire that included the two extra questions for the high-risk and treatment groups can be identified by its larger size. Questions 12 and 14 represent the additional questions.

The questionnaires were pre-coded with a participant identification number, placed alongside of the Health Canada survey number. The covering letter explained the purpose of the survey and assured the anonymity of the respondent. Respondents were informed that their cooperation was voluntary.

The plan was to follow the initial mailout with two reminder mailouts; the first was a reminder card and the second, a complete package. If necessary, one telephone follow-up to non-respondents was to be used as well. However, in order to increase the response rate, the decision was made to follow the initial mailout with three full reminder packages. The telephone follow-up was increased to the initial call plus nine call-backs.

The first mailout was sent in April 1996. Approximately 10 working days after the initial mailout, the first reminder mailout was sent to all non-respondents. Rather than sending a reminder card as originally planned – given the nature of the evaluation and the need for confidentiality – a complete package was re-mailed.

In an effort to increase the response rate, the population was divided into two groups of non-respondents: those for whom telephone numbers were available; and those for whom telephone numbers were not. Non-respondents having telephone numbers received an initial phone call, with up to nine call-backs. The remaining non-respondents were mailed the second full reminder package. This took place approximately 10 working days after the first reminder.

It should be noted that the repeat call-backs were not made to persuade a respondent to participate, but to contact the respondent personally. Because of the sensitivity of the issues, messages were not left with family members or on answering machines. Therefore, if the desired respondent was not there to answer, another call was made.

A third reminder mailout was completed with the remaining non-respondents. As well, participants having telephone numbers “no longer in service” were included in this mailout. A personally signed note was attached to each letter to reinforce the importance of their response. Concurrent with this fourth mailout, telephoning continued until June 21, 1996.

A further discussion of the method, including its advantages and disadvantages, is found in the technical notes of Appendix C “Section 1: Detail on the Methodology.”

E. Respondent Population

1. Population and Response Rate

As outlined in the Operational Definitions, the evaluation population consisted of 1844 individuals. The combination of multiple mailouts and telephone follow-ups resulted in a 38 percent response rate (Table 4).

Table 4
Response Rate

Evaluation Population	1844
Total Completed Questionnaires	719
Less:	
Questionnaires with Identification Numbers Removed	**17**
Completed Questionnaires Usable in Analysis	702
Response Rate	**38%**
Refused to Participate	300
Other (not in town, in hospital, etc.)	116

Throughout the data collection period, 300 people in the evaluation population stated that they did not wish to participate. Refusals came in the form of written responses, telephone calls and personal visits. For the few people who remained dissatisfied that they had been contacted, they were referred to the Addictions Foundation of Manitoba's Impaired Driver's Program for further information. In most cases, the person did not remember that he/she had given signed permission to be contacted in future for evaluation purposes.

In 116 other cases, it was reported that the respondent was unavailable, usually due to an extended absence from home (e.g., hospital stay, travel).

2. Respondent Population Characteristics

While caution should be exercised given the response rate, it should be noted that the respondent group exhibited many of the same characteristics as the 1990-91 Addictions Foundation of Manitoba's Impaired Driver's Program participant population. For example, when viewed in comparison to the original IDP participant population (excluding mismatches), the overall reduction in eligible participants was distributed through each of the referral sub-groups (Table 5).

Table 5 Size of Population and Referral Sub-Groups			
Referral Group	**1990-91 AFM IDP Participant Population excluding mismatches (n = 2590)**	**Evaluation Population (n = 1844)**	**Respondent Group (n = 702)**
No Further Action	35%	34%	33%
Education	40%	42%	41%
High Risk	10%	11%	12%
Treatment	6%	6%	6%
Chemical Abstinence	8%*	8%*	9%*
Total N =	**2579****	**1844**	**702**

* Percentages do not add up to 100% due to rounding.

** This number does not total 2590 due to missing demographic data.

Gender

The gender composition of respondents accurately reflected the make-up of the original 1990-91 Addictions Foundation of Manitoba's Impaired Driver's Program participant population. As expected, most of the individuals in the respondent group were male (Table 6). This finding compares to national data which suggests that most persons charged with impaired driving are male. Since 1984, studies in Canada have consistently reported that fewer than 10 percent of the individuals charged with impaired driving were female. (Canada's Alcohol and Other Drugs Survey, Health Canada, 1994.)

Table 6 Participant Gender		
Gender	**1990-91 AFM IDP Participant Population (n = 2590)**	**Respondent Group (n = 702)**
Female	8%	9%
Male	92%	91%
Total N =	**2782***	**702**

* This number does not total 2946 due to missing demographic data.

Employment Status at Time of Assessment

Again, the employment profile of the respondent group closely parallels the original 1990-91 Addictions Foundation of Manitoba's Impaired Driver's Programs participant population. Approximately 70% of respondents were employed full-time (Table 7).

Table 7
Employment Status

Employment Activity	1990-91 AFM IDP Participant Population (n = 2946)	Respondent Group (n = 702)
Full-time Employment	68%	1%
Part-time Employment	5%	4%
Unemployed	18%	16%
Student	4%	3%
Retired	3%	4%
Home Maker	1%	2%
Other	1%	1%*
Total N =	**2782****	**702**

* Percentages do not add up to 100% due to rounding.
** This number does not total 2946 due to missing demographic data.

Education at Time of Assessment

The educational attainment of the respondent population is also representative of the original AFM participant population (Table 8). Approximately one in five respondents reported having less than a high school education.

Table 8
Educational Attainment

Highest Level of Education	1990-91 AFM IDP Participant Population (n = 2946)	Respondent Group (n = 702)
Less Than High School	19%	19%
Some High School	38%	38%
Completed High School	24%	23%
Post-Secondary	19%	21%*
Total N =	**2782****	**702**

* Percentages do not add up to 100% due to rounding.
** This number does not total 2946 due to missing demographic data.

Parental Status at Time of Assessment

More than half of the 1990-91 Addictions Foundation of Manitoba's Impaired Driver's Program participant population, slightly more than 51%, reported having no children (Table 9). The respondent group closely matches the 1990-91 AFM IDP participant population.

Table 9
Parental Status

Parental Status	1990-91 AFM IDP Participant Population (n = 2946)	Respondent Group (n = 702)
No Children	51%	51%
One Child	12%	12%
Two Children	19%	21%
Three Children	11%	8%
Four or More Children	8%*	8%
Total N =	**2782****	**702**

* Percentages do not add up to 100% due to rounding.

** This number does not total 2946 due to missing demographic data.

Global Clinical Assessment

Presumptive chemical usage was the most frequent assessment outcome for program participants (Table 10). (This represents an assessment group at risk of re-offending.) Again, the respondent group was found to closely reflect the original AFM participant population.

Table 10
Global Assessment Outcomes

Global Assessment	1990-91 AFM IDP Participant Population (n = 2946)	Respondent Group (n = 702)
Non-Apparent Chemical Usage	34%	33%
Presumptive Chemical Usage	49%	52%
Active Chemical Problem	8%	6%
Problem Under Control	9%	9%
Total N =	**2782****	**702**

* This number does not total 2946 due to missing demographic data.

F. Limitations

1. Participant Group

As previously noted, the participant group that the Steering Committee selected for this evaluation had been assessed between April 1, 1990 and March 31, 1991. The mailout occurred approximately five years after assessment. For some participants, the length of time from when they were stopped for impaired driving was greater than five years. However, this population was defined by the Evaluation Steering Committee due to a desire to assess long-term program impact. The difficulty in following up this population was evidenced by the number of potential participants who had moved, died or who otherwise could not be found.

The length of time that expired between delivery and follow-up was mentioned by some past participants as being inappropriate. It was noted during several telephone conversations that: “this happened a long time ago” and “it was a part of my life I would like to forget.” Others indicated that they were now with new partners and did not want to respond because it could cause problems at home. Clearly, this remains a sensitive issue for people long after being stopped for driving impaired.

The length of time since program delivery may also have affected participant recall, although it is hard to determine to what degree this might be different over a three-year period.

2. 1990-91 Addictions Foundation of Manitoba: Impaired Driver’s Program Evaluation Population

The size of the original AFM population was immediately reduced because of missing records and mismatches between assessment/referral. The evaluation population was further reduced due to other factors mentioned above (e.g., moved, death). Therefore, the size of the usable 1990-91 Addictions Foundation of Manitoba's Impaired Driver’s Program evaluation population (n = 1844) was considerably smaller than anticipated (n = 3494).

This had an impact on the number of completed questionnaires and on the volume of information that could be supplied by DDVL. However, it should be noted that the respondent group reflected the known demographic characteristics of the 1990-91 Addictions Foundation of Manitoba's Impaired Driver’s Program participant population. More importantly, the proportion of people in the AFM referral categories was alike across the IDP participant population, the evaluation population and the respondent group.

3. Response Rate

The difficulties inherent in obtaining responses from the IDP participant population (length of time elapsed, sensitivity of the issue) are reflected in the response rate of 38%. Given the response rate, caution should be exercised when reading the survey results. Particularly, the number of respondents in the “treatment” and “chemical abstinence” groups should be noted due to the overall small numbers in these population groups.

While the demographic and referral characteristics of the respondent group closely reflect the original IDP participant population, one cannot determine factors that may be creating a response bias. For example, it is possible that IDP participants who had positive personal outcomes as a result of their program were more likely to take the time to answer questions than those who had more negative reactions.

4. Omnibus Data

An omnibus is a survey of a particular population that allows multiple individuals to purchase one or a number of questions. MPI regularly purchases questions on an omnibus telephone surveys of the Manitoba population conducted by a local research provider.

To supplement the information being collected from the IDP participant population, MPI agreed to place selected questions on an omnibus survey. However, the question structure and wording were not identical to those used in the self-completing questionnaire – neither was the coding schedule identical. Therefore, direct comparisons cannot be made on many of the items. Caution should be used in drawing comparisons between the general population's and program participants' knowledge and behaviours.

RESULTS AND DISCUSSION OF FINDINGS

The following discussion is structured in sections which parallel the four major evaluation objectives. Tables and graphs are used in conjunction with text to visually represent results. It should be noted that in addition to the frequency and cross-tabulations, statistical tests were used to determine whether differences in response were significant or were due to pure chance or coincidence. (See technical notes in Appendix C "Section 2: Statistical Analysis" for a more detailed discussion.)

Responses to each of the survey questions can be found in Appendix B. All information is presented by referral option and by global clinical assessment.

A. The Effectiveness of Assessment (Objective 1)

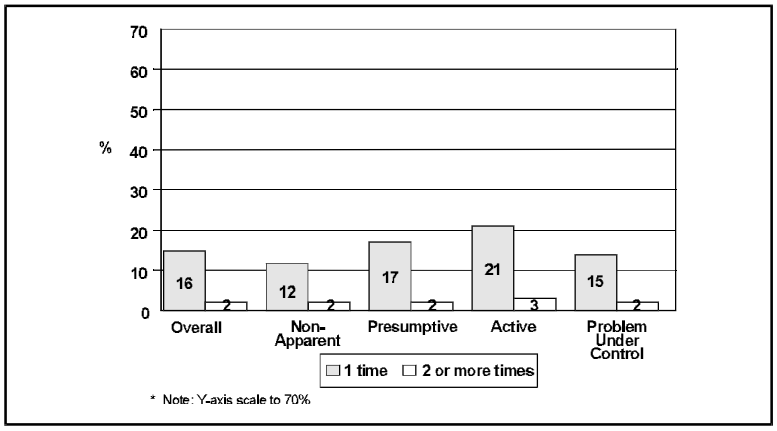
1. Matching Global Clinical Assessment and Referral Option

Global assessment information was part of the participant records provided to the evaluators by the AFM. As previously discussed, one of the first actions taken by the evaluators was to ascertain if the outcomes of global assessment corresponded to the appropriate referral options. AFM staff identified ways in which global assessment and referral options should be matched. When analyses were undertaken, 356 of the 2946 participants had a mismatched assessment and referral option. The AFM reports that the 12% discrepancy between assessment and referrals was a problem with record keeping, not assessment.

2. Re-Offending by Global Clinical Assessment

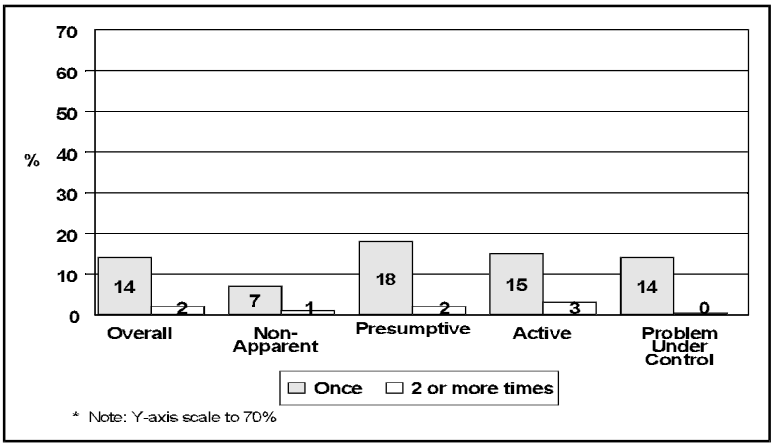
Sixteen percent of the evaluation population (this population is defined on page 11) had re-involvement with alcohol-related violations. This was found to vary by assessment outcome. Individuals assessed as having had an "active chemical problem" were most likely to show re-involvement (24%), while those having had no apparent problem, at the time of assessment, were least likely to re-offend (12%) (Graph 1).

Graph 1*
Evaluation Population Re-involved by Global Assessment (n = 1844)



The respondent group showed the same tendency to re-offend. Sixteen percent re-offended; 14% re-offended once and 2% re-offended two or more times. Re-involvement of the respondent group was also analyzed by referral option. Not surprisingly, the group assessed as "presumptive" was most likely to re-offend (Graph 2).

Graph 2*
Respondent Population Re-Involvement by Global Assessment
(n = 702)



3. Self-Identification of Problems

Respondents varied in their view of whether they had a problem related to substance use at the time of assessment (Table 11a). As one would expect, those assessed as being "non-apparent" were least likely to perceive themselves as having had a range of problems.

Table 11a
Respondents Having Problems* at Time of Assessment
by Type of Problem and Global Assessment

Question 3: "Yes" – Had a problem with:	Non-Apparent (n = 230)	Presumptive (n = 368)	Active (n = 40)	Problem Under Control (n = 64)
a) Alcohol**	9%	23%	45%	56%
b) Other Drugs	1%	3%	3%	5%
c) Driving Impaired**	26%	40%	61%	48%

* Those respondents answering "yes." Respondents had the opportunity for multiple response.

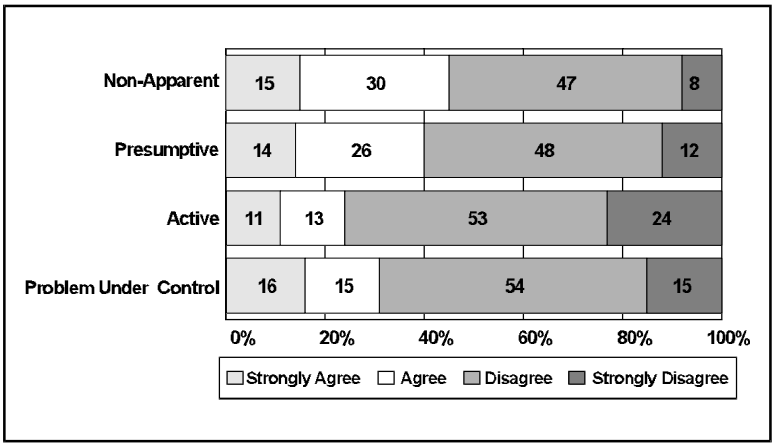
** Significant difference between groups at the .05 level (see Table 11b).

Table 11b Parameters and Statistics of Significant Differences				
Question	***n***	χ^2	***d.f.***	***P-value***
3a)	693	76.74	6	0.0000
3c)	681	27.55	6	0.0001

Of the respondents who were referred to the "educational workshop" and who remembered having a problem with alcohol at time of assessment (n = 58), one-third (n = 19) had re-involvement with alcohol-related violations.

Approximately 40% of respondents reported that IDP should "be for people with more problems than I had." Respondents assessed as being "non-apparent" were most likely to agree that the program should have been for people "with more problems than I had" (45%). Conversely, those individuals assessed as having "active chemical problems" disagreed with this statement (76%) (Graph 3).

Graph 3
Respondents Agree/Disagree with More Problems Than I
by Global Assessment
(Question 13a: n = 674)

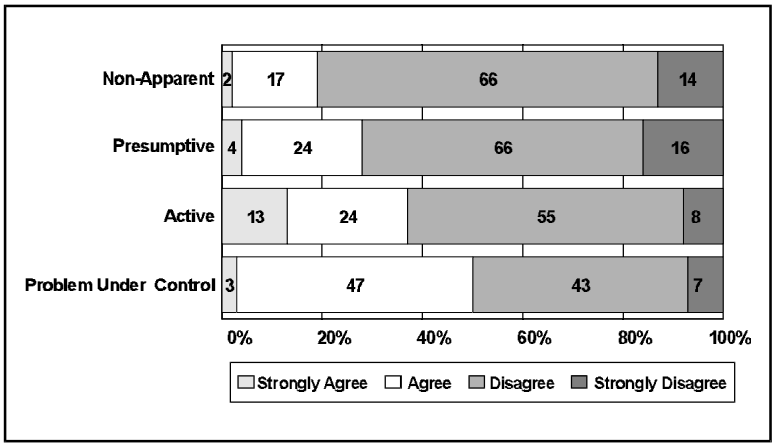


Significant differences between global assessment groups were found in responses to "The Impaired Driver's Program should be for people with more problems than I had." *[The Chi-square test for differences between referral groups for this question (based on n=674, d.f.=12) returned a value of Chi-square=31.93 giving a p-value of 0.0014 which is significant at the a =0.05 level.*]

4. Desire for More In-Depth Programming

Overall, 71% of respondents agreed with AFM staff as to the program they should attend. Most did not desire a more in-depth program. However, this varied by assessment outcome. Respondents with "active chemical problem" and those with "problem under control" most frequently expressed a desire for more in-depth programs (Graph 4).

Graph 4
Respondents Agree/Disagree with Desire for More In-depth Program by Global Assessment
(Question 13b: n = 667)



While those assessed as "non-apparent" would not have been exposed to programming, approximately one in five (n = 39 or 19%) indicated a desire for "more in-depth" programming. This may be an expression of a desire for some kind of programming, or they may have seen the assessment process as part of programming and wanted some follow-up.

Overall, 22% of respondents (n = 155) reported having an alcohol problem prior to assessment. For these respondents, a desire for more in-depth programming varied by referral received. Approximately half (n = 28 or 51%) of the "educational workshop" and "chemical abstinence" (n = 18 or 53%) referrals reporting an alcohol problem before assessment would have liked a more in-depth program.

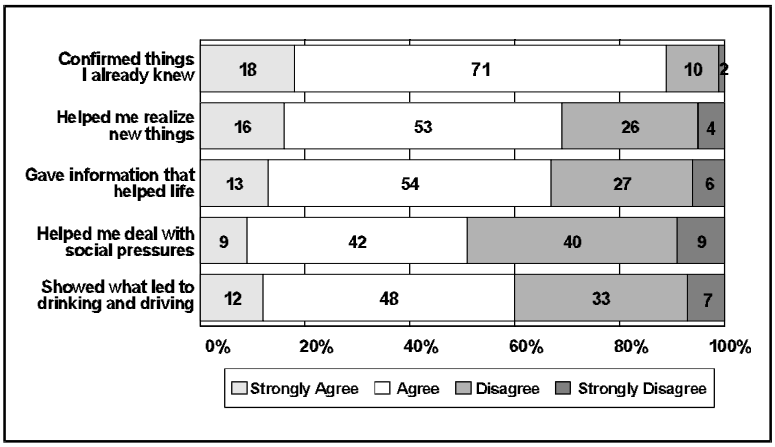
For those respondents indicating that they did have a drinking problem, referral options of "high risk" and "treatment" were most likely to disagree that "the program should be for people with more problems than I had" – 91% and 88% respectively.

B. The Success of Each Referral Option (Objective 2)

1. Attitudes Toward Program Impact

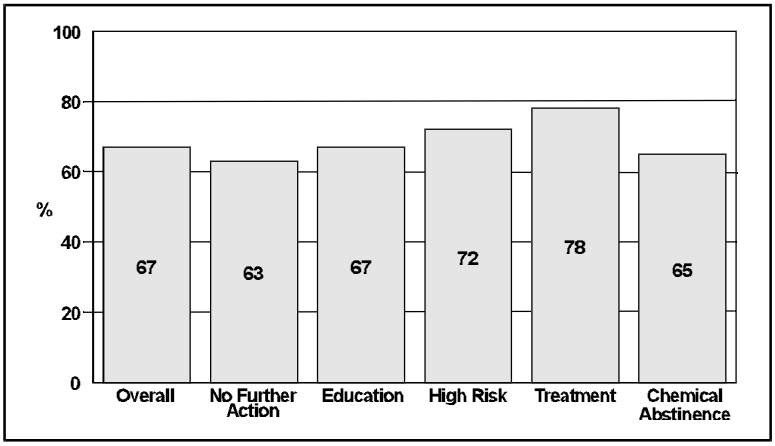
Many respondents indicated that the Addictions Foundation of Manitoba's Impaired Driver's Program did have an impact on their knowledge and behaviours. While they were most likely to indicate that it confirmed things they already knew about alcohol/other drugs (89%), it also helped respondents realize some things they never knew before (69%) (Graph 5).

Graph 5
Effects of the Impaired Driver's Program
(Question 2a,c,d,f,g: n = 702)



Overall, approximately two thirds of respondents (67%) reported that the program did have an effect on their alcohol/drug use. Those who received the "treatment" option were most likely to report program effects (78%), while "no further action" participants were least likely (63%) (Graph 6).

Graph 6
IDP Had an Effect on Use by Referral Option
(Question 2b: n = 675)



When program impacts were viewed by referral option, some variations did emerge. For example, overall, 89% of respondents indicated that the IDP confirmed "a lot of things I already knew about alcohol." Participants in the "treatment" option were least likely to agree (78%).

Sixty-nine percent of respondents reported that the program had helped them "realize some things about alcohol that I never knew before." Those who received the "treatment" option were most likely to report this program outcome (79%). It was interesting to note that 62% of those who had received the "no further action" option also reported increased awareness.

Approximately two thirds of the respondents (67%) believed that the IDP provided them with information "that I have used in other parts of my life." Those having received the "treatment" referral (84%) and the "chemical abstinence" referral (87%) were most likely to express agreement. It was noted that approximately 60% of the "no further action" and "educational workshop" referrals also reported using information.

Sixty percent of respondents indicated that the IDP showed them "how things I did led to my drinking and driving." Participants in the "treatment" (83%) and the "chemical abstinence" (80%) categories were most likely to report this program outcome. Respondents in the "no further action" group (52%) were least likely to report this outcome.

Overall, respondents perceived the IDP as having been meaningful in that 70% **disagreed** that it was "just a step I had to go through to get my licence back. It didn't mean anything."

Approximately one half of respondents (51%) believed that the Addictions Foundation of Manitoba's Impaired Driver's Program provided ways in which they could deal with social pressures. Differences emerged among groups with the "chemical abstinence" (76%) and "treatment" (71%) participants being most likely to express this belief.

In summary, it was noted that respondents in the "treatment" and "chemical abstinence" groups were similar to each other in their attitudes. In comparison, respondents in the "no further action," "educational workshop" and "high-risk" groups were closer in their reported attitudes.

2. Reported Changes to Drinking and Driving Behaviours

Overall, 75% of the respondent group reported having had a drink of alcohol in the past 12 months, reflecting results from the MPI 1996 Omnibus (Table 12). Variations in drinking behaviour surfaced according to referral group.

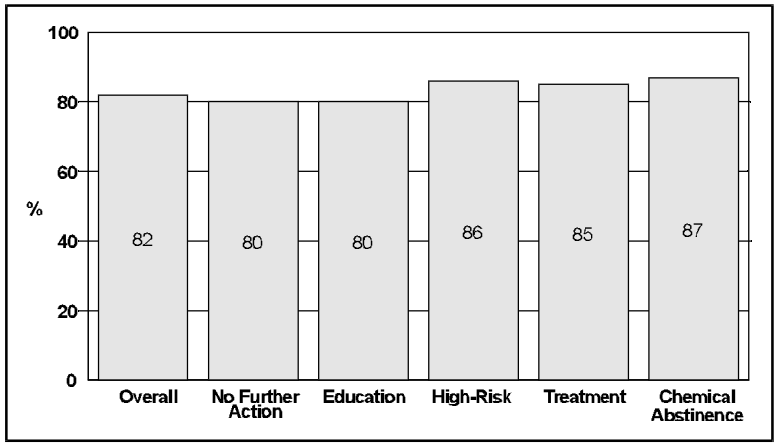
Table 12
Percentage of People Drinking Alcohol in Previous 12 Months in Manitoba: Comparison of Omnibus and Respondent Group

		Percentage
MPI 1996 Omnibus*		77%
Respondent Group – Overall (n = 702)		75%
Question 9a	**Number**	**Percentage**
No Further Action (n = 230)	195	85%
Education (n = 287)	237	83%
High Risk (n = 81)	61	75%
Treatment (n = 40)	20	50%
Chemical Abstinence (n = 64)	16	25%

* Manitobans 18 years of age or older.

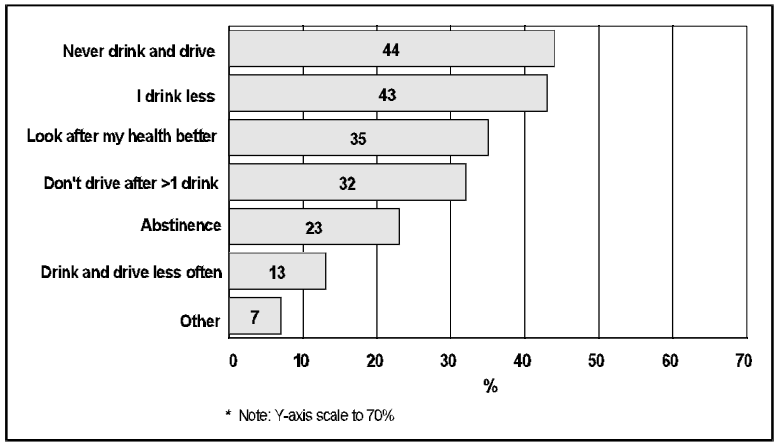
Over 80% (regardless of referral option) reported having made changes to their lifestyle because of the Addictions Foundation of Manitoba's Impaired Driver's Program (Graph 7).

Graph 7
IDP Participants Have Made Changes to Their Lifestyle Due to the Program by Referral Option
(Question 6a: n = 692)



Then respondents were given the opportunity to identify multiple behavioural changes they might have made (Graph 8).

Graph 8
What Lifestyle Changes Have IDP Respondents Made
(Question 6c: n = 565)



Overall, respondents were most likely to report that now "I never drink and drive" (n = 248 or 44%). The frequency of some changes reported varied according to referral option (Table 13).

Table 13
Respondents' Frequency of Reported Changes* by Referral Option

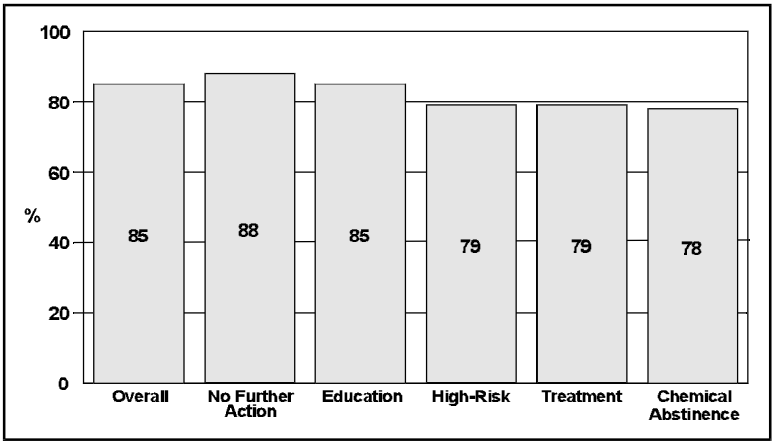
Question 6c	No Further Action (n = 181)	Education (n = 228)	High-Risk (n = 68)	Treatment (n = 33)	Chemical Abstinence (n = 55)
I do not drink at all	12% (n = 22)	15% (n = 34)	21% (n = 14)	52% (n = 17)	73% (n = 40)
I drink less	45% (n = 81)	47% (n = 106)	59% (n = 40)	24% (n = 8)	16% (n = 9)
I never drink and drive	52% (n = 94)	46% (n = 105)	43% (n = 29)	33% (n = 11)	16% (n = 9)
I drink and drive less often	11% (n = 20)	15% (n = 34)	21% (n = 14)	3% (n = 1)	4% (n = 2)
I don't drive after one drink or more	34% (n = 62)	37% (n = 84)	31% (n = 21)	15% (n = 5)	13% (n = 7)
I look after my health better	28% (n = 50)	39% (n = 89)	41% (n = 28)	36% (n = 12)	33% (n = 18)

* Respondents could identify as many changes as they wanted from the list.
As this represents a multiple response question, percentages do not add to 100%.

Specific to driving behaviours, 90% of respondents indicated driving a vehicle during the past 12 months. (This parallels the work done for MPI in its March 1995 Omnibus Survey which found that 92% of Manitobans drive.) However, 85% of respondents who drink and have driven a vehicle in the past 12 months reported that, when going to a place where they will be drinking, they make plans so they will not be driving (Graph 9). Drinking less also reduces risk, even for those participants in the educational workshop.

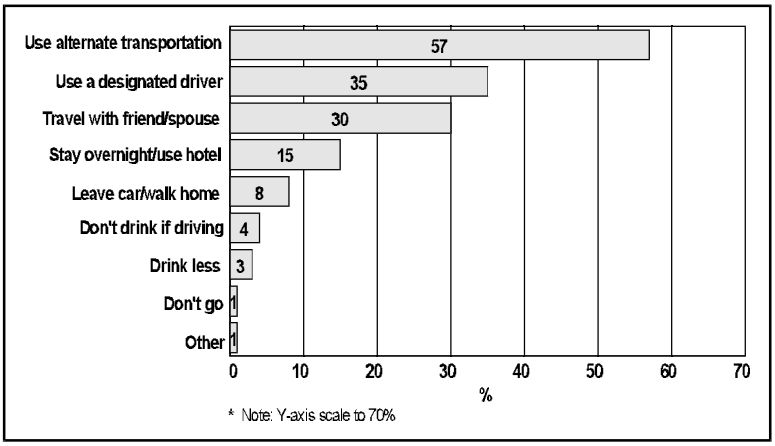
One might expect 100% of the chemical abstinence group not to drink at all, as opposed to 73% (Table 13). However, it should be noted that this category was assigned after the original assessment and for some participants, chemical abstinence was not maintained.

Graph 9
Former IDP Clients Who Make Plans to Avoid Drinking and Driving
by Referral Option
(Question 8a: n = 515)



Plans to avoid drinking and driving most often consisted of arranging for: alternative transportation (e.g., taxi, bus) (57%); designated driver (35%); and travelling with friend/wife (30%) (Graph 10).

Graph 10*
What Plans Do Former IDP Participants Make to Avoid Drinking and Driving
(Question 8b: n = 515)

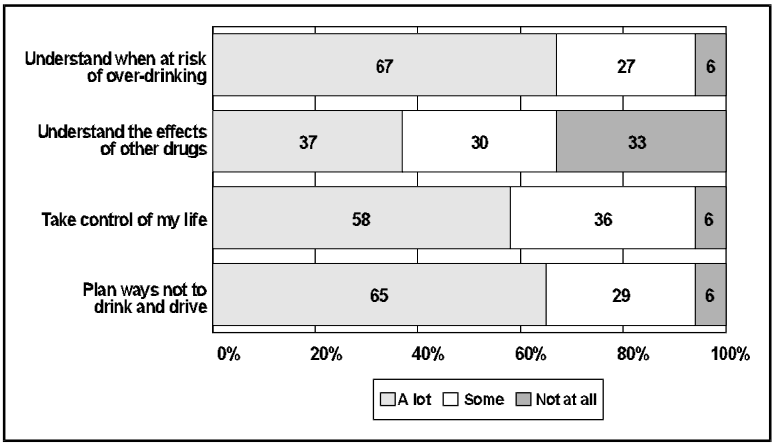


3. Results of Questions Specific to High-Risk and Treatment Groups

Two additional questions were added to the survey instrument for the “high-risk” and “treatment” referral groups. These were the groups that would be most likely to re-offend if there were no intervention and thus were potentially at highest risk. (The two questions can be found in Appendix A, questions 12 and 14.)

One question dealt with outcomes specific to the high-risk and treatment groups' involvement with the Addictions Foundation of Manitoba's Impaired Driver's Program. The results showed that the "treatment" referrals reported that the AFM IDP helped them "understand when I was at risk of over drinking"; "take control of my life"; and "plan ways not to drink and drive." To a lesser degree, these individuals reported that the program had helped to them understand the effects of "other drugs" (Graph 11).

Graph 11
What the IDP Helped Me to Realize – Treatment Referrals
(Question 14: n = 40)



"High-risk" referrals also indicated that their experiences in the Addictions Foundation of Manitoba's Impaired Driver's Program had increased their understanding of being at risk of over-drinking, and the effects of other drugs. As well, the program was reported as having provided strategies for use in planning how to avoid drinking and driving. The program was also seen as facilitating ways in which they could "take control of their life" (Graph 12).

Graph 12
What the IDP Helped Me Realize – High-Risk Referrals
(Question 14: n = 81)

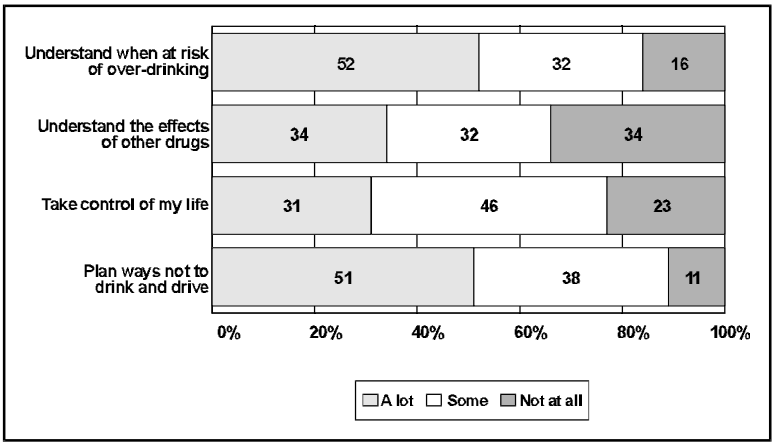


Table 14 shows the number of treatment and high-risk referrals who reported that they were helped "a lot" in each of the listed areas. Both groups were most likely to indicate that they had been helped the most in understanding when they were at risk of over-drinking, and in planning ways to avoid drinking and driving.

Table 14
Reported Program Outcomes for High-Risk Treatment Groups

Question 14: The program helped me "a lot" to	High-Risk (n = 81)	Treatment (n = 40)
– understand when I was at risk of over-drinking	36	22
– understand the effects of other drugs	23	11
– take control of my life	22	19
– plan ways not to drink and drive	35	20

The other additional questions used in the questionnaire for the high-risk and treatment groups dealt with lifestyle behaviours. These were included as certain behaviours were identified as associated with risk-taking behaviour.

While 27% of Canadians 15 years of age and older were found to smoke (CADS, Health Canada Preview, 1995), 68% of "high-risk" and 76% of "treatment" referrals reported that they smoked tobacco. This reinforces that these referral groups were more at risk than the general population.

4. Reported Health Changes

When asked how they rated their own health, respondents overall viewed their health as having improved when compared to five years ago. Variations were seen according to referral option. The "no further action," "educational workshop" and "high-risk" groups reported the largest improvement in health (Table 15a). However, t-tests on participant responses showed significant improvements (at the $\alpha = 0.05$ level) in respondent's self-reported health today when compared to five years ago, regardless of group.

Table 15a
Respondents' Reported Health Status by Referral Option

	Question 11: Excellent/Very Good Health	
Referral Option	Five Years Ago (n = 686)	Today (n = 683)
No Further Action	54%	63%
Education	47%	57%
High-Risk	39%	54%
Treatment	16%	35%
Chemical Abstinence	36%	58%

T-tests where carried out on the means for question 11 for each referral option to find significant differences over time. Table 15b shows the results of these tests.

Table 15b
Parameters and Statistics of Significant Differences

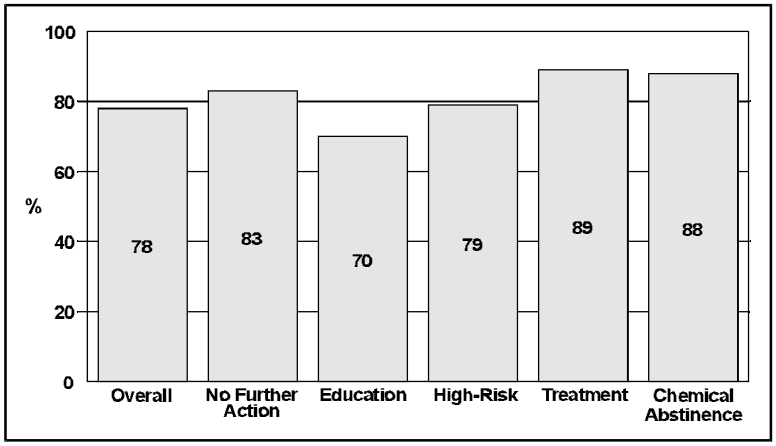
Referral Option	Five Years Ago*	Today*	*df*	t-statistic	P-value
No Further Action	2.4 1.0 222	2.2 0.9 223	443	2.2177	0.0135
Education	2.6 1.0 285	2.3 0.9 283	566	3.7571	0.0001
High-Risk	2.7 1.1 79	2.4 0.9 78	155	1.8689	0.0318
Treatment	3.2 0.9 38	2.8 1.1 37	73	1.7256	0.0443
Chemical Abstinence	3.0 1.1 62	2.3 1.0 62	122	3.7076	0.0002

* Numbers in these columns are mean, standard deviation, and *n*.

5. Perceptions of Program Meeting Participant Needs

Overall, 78% of respondents indicated that the IDP had met their needs. Variations did occur according to referral option (Graph 13). Education referrals were least likely to report that the program met their needs.

Graph 13
Respondents Indicating IDP Met Their Needs
by Referral Option
(Question 15: n = 658)



The respondents who did not feel the program met their needs most often reported: “I don’t have a drinking problem” (n = 14); “just a payment to get my licence” (n = 9); felt it should be “more informative/in-depth” (n = 9); and it was “only a money maker” (n = 8).

Respondents were asked to write in the “one” suggestion they had for improving the Addictions Foundation of Manitoba's Impaired Driver’s Program. There were 350 respondents who had no specific suggestion. Fifty-six people (8%) wrote that it was a “good program/it works.” The most frequently suggested improvements included: “more education” (n = 60); “lower price” (n = 31); and “should be more in-depth/longer” (n = 26) (Table 16).

Table 16
Respondents’ Most Frequently Suggested Improvements to IDP Program: Top Five*
(n = 702)

Question 16: Suggested Improvement	Number	Percent
More Education	60	9%
Lower Price	31	4%
More In-depth/Longer	26	4%
Stricter rules	19	3%
Improve Counsellors/Instructors	17	2%
Compulsory One-day First Offence	17	2%

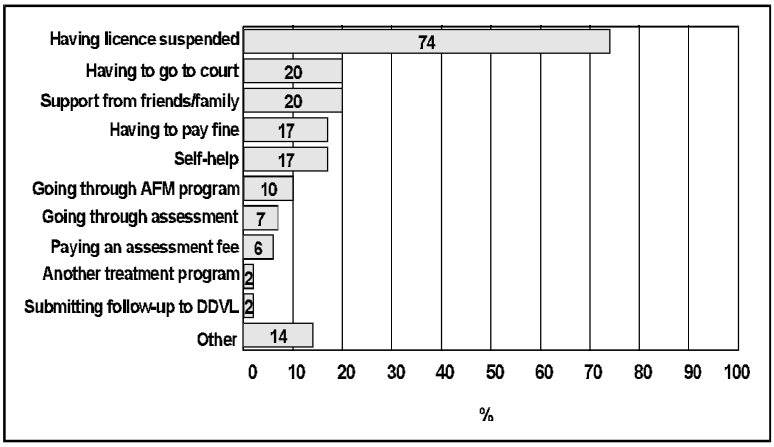
* For a complete list of suggestions, see Appendix B.

C. The Impact of Addictions Foundation of Manitoba’s Impaired Driver’s Program on Participant Knowledge of Driving While Impaired Laws and Drinking and Driving Behaviours (Objective 3)

1. Reported Reasons for Behavioural Changes

As previously discussed, 82% of respondents reported that they had made changes to their lifestyle as a result of the IDP. What motivated these changes? Respondents were asked to indicate their two main reasons. (Graph 14).

Graph 14
Main Reasons That IDP Participants Made Lifestyle Changes
(Question 6b: n = 565)



Regardless of referral option, respondents reporting behavioural changes most frequently cited licence suspension as one of their primary reasons for change (n = 417) (Table 17).

Table 17
Main Reasons for Respondents Making Changes
(n = 565)*

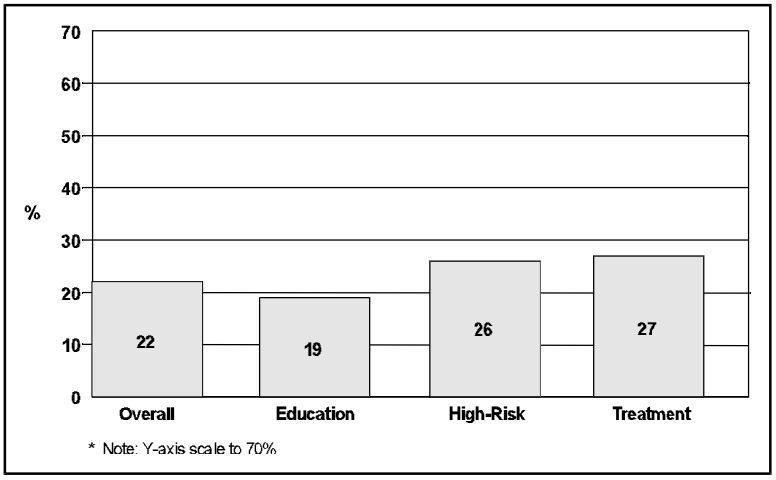
Question 6b: Reasons	Number	Percent
Having licence suspended	417	74%
Having to go to court	115	20%
Support from family/friends	113	20%
Having to pay a fine	98	17%
Self-help	93	17%
Having to go through an AFM program	56	10%
Having to go through an assessment process	39	7%
Having to pay an assessment fee	32	6%
Submit to DDVL follow-up	10	2%
Another treatment program	10	2%
Most frequent “other” reasons written in:		
Fear of accident/hurting others	13	2%

* Respondents reporting changes were asked to cite their **two** main reasons, making this a multiple response. Percentages are calculated on the number of respondents (n = 565) who indicated that they had made changes.

The reasons listed on the questionnaire can be re-grouped in a number of ways. For example, having to pay a fine and the assessment fee are both monetary reasons for change (n = 130). These could also be viewed as a "sanction," a grouping that would also include licence suspension. Having to pay an assessment fee, go through the assessment process and the AFM program are all elements of the IDP (n = 127).

When the categories are re-grouped as in the latter case, the impact of the Addictions Foundation of Manitoba's Impaired Driver's Program elements on participant motivation can be analyzed by selected referral options (Graph 15). Participants of the IDP might be influenced by it because of their personal desire to comply and change their own behaviours. However, participants who were initially negative about participation in IDP might also have found it influential if their negativity was counteracted by positive program experiences.

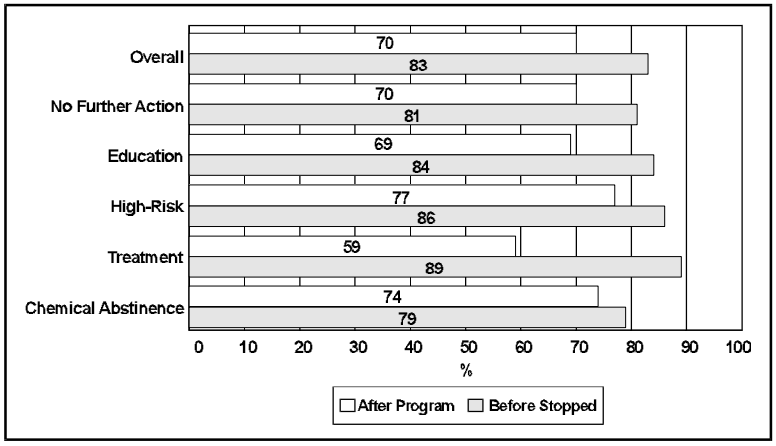
Graph 15*
Impact of AFM Program on Participant Motivation to Change
(Question 6b: n = 565)



2. Understanding of Drinking and Driving Laws

In retrospect, 66% of respondents believed that they did have a good understanding of the impaired driving laws in Manitoba prior to being stopped for impaired driving. In comparison, at the time of the survey 83% of respondents felt that they knew what happens to a person in Manitoba the first time he/she is charged/convicted of impaired driving (Graph 16). The data did show a statistically significant difference in overall understanding of drinking and driving laws before and after the program. The t-test with 1340 degrees of freedom returned a t-statistic of 5.6770 which is significant at the $\alpha = 0.05$ level ($p = 0.0000$).

Graph 16
IDP Respondents Reporting a Good Understanding of DWI Laws Before & After Attending the IDP by Referral Option
(Question 1: n = 664; Question 4: n = 678)



Respondents "knowing" consequences of an impaired driving charge/conviction were asked to list all the possible consequences of a first time charge/conviction in Manitoba. The three general categories of comments that most often emerged were: licence suspension (n = 513 or 91%); paying a fine (n = 342 or 61%); and criminal/court-related consequences (n = 254 or 45%). (All comments provided by respondents are found in Appendix B, question 4.) Respondents were not asked to distinguish between the *Criminal Code of Canada* (federal) and the *Highway Traffic Act* (provincial).

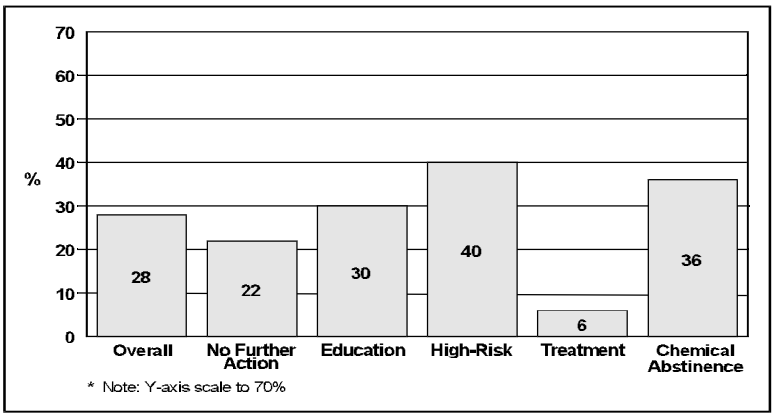
3. Self-Reported Drinking and Driving Behaviours and Knowledge

Lifestyle changes made by respondents included no longer drinking or no longer drinking and driving. Based on this self-reported information (question 6c), 53% of the total respondent group (n = 702) reported not drinking (n = 127) or not drinking and driving (n = 248). This closely parallels the 1995 MPI Omnibus data which indicates that 53% of the general driving population aged 18 years or older, did not drink and drive in the previous 12 months.

Of the respondents who reported drinking alcohol and having driven a vehicle in the previous 12 months (n = 479), 28% (n = 132) reported driving after having two or more drinks in the previous hour. Given that the study's respondent group consists of formerly "impaired drivers," it is not surprising that this is slightly higher than reported in Canada's Alcohol and Other Drugs Survey (CADS, Health Canada, 1994): "*approximately one in five drivers (20.3%) state that they drove after consuming two or more drinks in the previous hour*". The likelihood of these respondent groups drinking and driving is also higher than other research recently undertaken in Manitoba which dealt with night-time driving behaviour. This research found that "*nearly one in every five drivers* [20%] *on the road at night has been drinking*" (Minch, 1988).

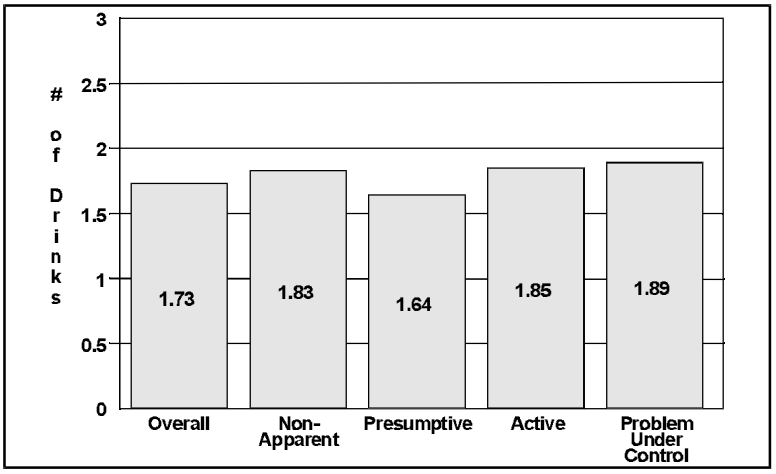
When the reported drinking and driving behaviour of the respondent group was analyzed by referral option, “high-risk” referrals were most likely to report driving after two or more drinks (38%) (Graph 17).

Graph 17*
IDP Participants Who Have Driven after two or More Drinks during Past Hour in Past 12 Months by Referral Option
(Question 10: n = 479)



Overall, 79% of respondents (n = 555 of 702) indicated that they knew how many drinks a person can consume in an hour before being considered legally impaired. Of the people who reported knowing how many drinks they could consume, 17% (n = 97 of 555) reported three to five. On average, respondents believed that a person can consume 1.7 drinks in one hour before being considered legally impaired for the purposes of driving a vehicle, compared to 2.1 for the Manitoba population (Prairie Research Associates, 1996). Graph 18 shows differences by referral group.

Graph 18
Number of Drinks Respondents Believe a Person Can Consume in One Hour before Driving by Referral Option
(Question 5: n = 555)



D. The Impact of Addictions Foundation of Manitoba Impaired Driver's Program on Incidences of Impaired Driving in Manitoba (Objective 4)

1. Manitoba Trends in Alcohol-related *Criminal Code* Offences

Since the year before IDP implementation, the involvement of the licenced Manitoba population in alcohol-related Criminal Code offences has steadily declined (Table 18).

Table 18
Relative Involvement in Alcohol-Related Criminal Code Offences, Manitoba 1984-1994

Year	Total Licenced Drivers*	Total Alcohol-related Criminal Code Offences**	Relative Involvement*** Per 1000 Drivers	Percent Change
1984	618 239	5727	9.3	–
1985 – Criminal Code changed	630 136	5927	9.4	+0.1%
1986 – program implementation	645 475	5651	8.7	-0.7%
1987	653 822	5604	8.6	-0.1%
1988	658 895	5252	8.0	-0.6%
1989	658 543	4984	7.6	-0.4%
1990	664 564	4616	6.9	-0.7%
1991	669 598	4591	6.9	-0.0%
1992	672 960	3752	5.6	-1.3%
1993	672 937	3217	4.8	-0.8%
1994	675 659	3319	4.9	+0.1%
% Change 1984 -1994	+9.3	-42.1	-47.3	

* Source: DDVL Annual Statistical Reports, 1984 to 1994.

** Source: Alcohol-Related Convictions, A13R043M.

*** The relative involvement rates are for descriptive purposes only. A single driver may have none or more alcohol-related Criminal Code offences in any given year; as a result, the rates presented are not necessarily representative of the actual driving population.

Trends in relative involvement rates have shown a decrease from a high of 9.4/1000 drivers in 1985 to 4.9/1000 drivers in 1994. While DDVL statistics show that first offenders have decreased, it is perhaps more important that the rate of re-involvement has decreased steadily since 1986. DDVL has argued that "more stringent *Criminal Code* penalties have contributed to a significant decrease in the relative involvement rate, from 9.4/1000 in 1985 to 8.7/1000 drivers in 1986" (DDVL, 1995). DDVL has also suggested that the decline which continued from 1989 to 1994 may be a reflection of the impact by countermeasures programming in the province. It is likely that many factors have contributed to this trend, including the Addictions Foundation of Manitoba's Impaired Driver's Program.

The reader should remember that alcohol-related drinking and driving convictions are only one way to measure DWI and this measure varies depending on the level of enforcement. In addition, the actual probability of being detected for DWI is not actually known but is regarded as being low. Therefore, there is a level of uncertainty as to whether there has been an actual decrease in DWI as indicated by fewer convictions or whether more drinking drivers are going undetected.

2. Re-involvement in Manitoba

A primary objective of the Addictions Foundation of Manitoba's Impaired Driver's Program is to discourage the individuals involved in the program from driving after drinking alcohol. One of the methods used to measure the success of the program is to evaluate re-involvement rates of program participants. Impaired driving re-involvement is most commonly measured by examining impaired driving convictions to determine the number of individuals with repeat contacts with the system.

For purposes of this study, the driver records provided by DDVL (n = 2420) included a variety of information from which the re-involvement rate could be calculated. Included in the driver records was a listing of all post-AFM assessment contacts with the police in which alcohol use was demonstrated.

In this evaluation, re-involvement was calculated based on any alcohol-related driving violations after AFM assessment. Initial examination of re-involvement rates found that 11% (n = 49) of the individuals who were considered re-offenders were found to have had a post-assessment alcohol-related driving contact within the study year (April 1, 1990 – March 31, 1991). For this reason, it was necessary to include the study year in the examination of re-involvement.

Re-offending (or re-involvement) was calculated by incident date. An incident date may have involved one offence, such as a six-hour suspension, or a number of offences all relating to the same incident and of which all occurred on the same date. An example of a driver record showing a number of offences relating to the same incident is one where a *Highway Traffic Act* suspension and an alcohol-related accident are both indicated as having occurred on the same date.

Examination of the DDVL population (n = 2420) driver records showed that 18.6% (n = 449) of program participants had at least one repeat alcohol-related driving contact during the six-year period (up to March 31, 1996) after their AFM assessment. When the re-involvement rate is calculated for the same program participants but for alcohol-related contact during a five-year period (up to March 31, 1995) after AFM assessment, the re-involvement rate is slightly lower at 16.7% (n = 404).

The re-offending rate of 16.7% for alcohol-related contact over a five-year period after assessment is comparable to an earlier finding in Manitoba which had examined the recidivism rate for drivers assessed by the AFM in 1987 and 1989 (IDP participants). In this examination (conducted by the DDVL), it was found that during a similar time frame of five years after the first assessment, 16.9% of program participants had committed further alcohol-related driving offences (only first contacts after assessment are included in this analysis) (Table 19).

Table 19 Comparison of Re-involvement Rates Based on DDVL Data			
DDVL Data	**# Persons in Study**	**# Persons Re-involved (5-year period)**	**Percent**
1996	2420	404	16.7%
1993*	574	97	16.9%

* Source: DDVL Alcohol and Drug Section, October 1993.

Both the current evaluation and the previous Manitoba figures, were calculated for a period of approximately five years after program assessment. (For some IDP participants five years had elapsed, while for others, depending on their assessment date, the period would be close to six years.) It has been suggested that fairly long follow-up periods are required in order to gain a true picture of re-involvement rates. Taking this into account, re-involvement rates for this evaluation were examined both over a six-year time period and compared to the rates for shorter time periods. It is important to note that these rates do not reflect the total re-involvement rate by year in Manitoba, but rather the rate each year for the 1990-91 program participants (Table 20).

Table 20 Re-involvement Rate over Time DDVL Population (n = 2420)		
Time Period	**Number Re-involved**	**Rate**
1990-1991*	49	2.0%
1991-1992	121	5.0%
1992-1993	90	3.7%
1993-1994	69	2.9%
1994-1995	75	3.1%
1995-1996	45	1.9%
Total (cumulative)	**449****	**18.6%**

From the previous table, it is apparent that the majority of 1990-91 program participants who had further alcohol-related driving contact did so in the first and second years after the program (1991-1993). Alcohol-related driving offences for the program participants declined for the subsequent three years.

While 9.4% of the DDVL population re-offended within the first 30-month period (April 1, 1990 – September 30, 1992), an additional 7.3% re-offended in the following 30-month period (October 1, 1992 – March 31, 1995).

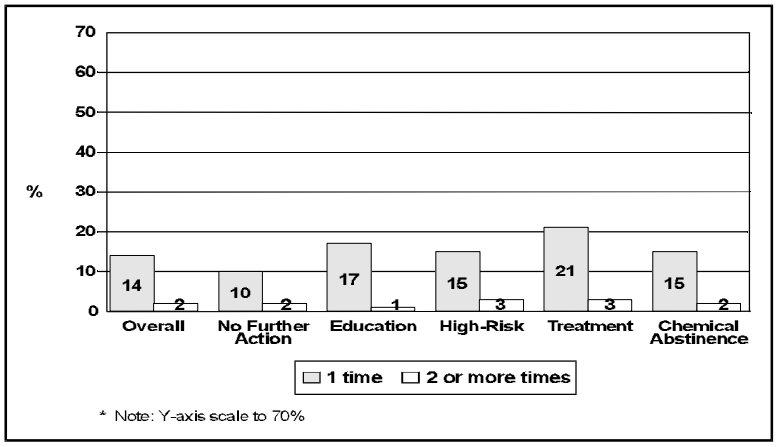
There are a number of individuals who committed two or more separate alcohol-related contacts during the six-year period after assessment. During the 72-month period between April 1, 1990 and March 31, 1996, it was determined that 85% of those who re-offended recorded only one further alcohol-related driving offence. A further 13% of re-offenders committed two alcohol-related driving offences during the same period. Only 2% committed three or more alcohol-related driving re-offences (Table 21).

Table 21
Recidiivists by the Number of Times They Re-offended
DDVL Population (n = 2420)

Number of Re-offenders after AFM Assessment	Number of Re-offenders	% Total
One	383	85%
Two	58	13%
Three or more	8	2%
Total	**449**	**100%**

Additional information on re-offending in Manitoba is provided through use of the evaluation population (n = 1844). Re-involvement was found to vary according to referral option (Graph 19). IDP program participants who had received "no further action" referrals were least likely to re-offend (12%). In comparison, "treatment" referrals were most likely to re-offend (24%).

Graph 19
Re-offending by Referral Option
(n = 1844)



3. Comparison of Re-offending Rates

It is extremely difficult to compare re-offending rates among jurisdictions. For purposes of the study period, all Canadian jurisdictions were contacted. However, while impaired driving is defined within the *Criminal Code of Canada*, the enforcement practices and penalties for impaired driving vary greatly among jurisdictions. Differences in rates may be the result of a number of factors including: enforcement policies; counter-measure activities; record-keeping procedures; and, data collection techniques. These differences prohibit any viable comparisons among jurisdictions.

CONCLUSIONS AND RECOMMENDATIONS

A discussion of conclusions and implications will be presented by study objective. These will be followed by recommendations that address the future of the Addictions Foundation of Manitoba's Impaired Driver's Program, the ramifications for other jurisdictions considering a similar program and directions for future research.

A. Summary and Conclusions

1. Effectiveness of Assessment

> In summary, the assessment process was successful in determining the required intervention. Offenders felt that the process met their needs. No specific changes to the process are recommended. It can be concluded that the assessment process was effective.

The assessment was found to be accurate in determining the required intervention. Respondents' recollection of problems prior to assessment coincided with their AFM assessment outcome. Even though the circumstances leading to participants' program involvement were not positive (i.e., being stopped for impaired driving and having involvement with the legal system), 70% of respondents agreed with AFM staff as to the program they should attend. Furthermore, 77% indicated that the Addictions Foundation of Manitoba's Impaired Driver's Program had met their needs.

It appears that the Addictions Foundation of Manitoba's Impaired Driver's Program has developed an effective process of assessing offenders and matching them to programming. While a few participants expressed a desire for more "in-depth" programming, it is difficult to assess these participants' expectations in terms of some further education or intervention.

It can be concluded that the assessment process is effective in determining the intervention required. The offenders who responded to the survey felt that the assessment process met their needs.

2. Success of Referral Options

> In summary, each of the referral options met its stated objectives. Lifestyle changes were reported, as were changes to drinking and driving behaviours indicating motivation to change on the part of most respondents. Participants also perceived themselves as being healthier than they were five years ago and reported taking better care of their health. They believed that the information received was useful in other facets of their lives. It can be concluded that the different levels of programming are effective in meeting the various needs of persons who have been apprehended while driving impaired.

Respondents believed that participation in the Addictions Foundation of Manitoba's Impaired Driver's Program had a positive impact on their knowledge and behaviours. Changes reported by respondents paralleled the objectives of the program in which they participated.

Both educational workshop participants and those for whom no further action was taken felt that they were less likely to drink and drive because of their involvement in the program. It should be noted that respondents who received no further action identified benefits from their involvement, likely because they viewed the assessment process as a program element.

High-risk program participants indicated that they better understood when they were at risk of over-drinking and what led to their drinking and driving, which reflect the particular emphasis of this program. These participants also reported using the information they received in other parts of their lives.

The treatment program group reported changes in behaviour and lifestyle – including abstinence from drinking. Respondents in the chemical abstinence group most often reported not drinking at all.

3. Impact of the Addictions Foundation of Manitoba: Impaired Driver's Program on Respondent Knowledge of Driving While Impaired Laws and Drinking and Driving Behaviours

In summary, respondents reported being more knowledgeable about drinking and driving laws than they had been prior to their involvement with the IDP. There was some indication that they are also more knowledgeable than the general population. Their motivation to change appeared most strongly related to licence suspension, although having to pay fines and an assessment fee also appeared to have some impact, as did participation in the Addictions Foundation of Manitoba's Impaired Driver's Program. It can be concluded that the IDP helps increase participant knowledge and plays a role in their motivation to change drinking and driving behaviours.

In retrospect, program participants reported being more knowledgeable regarding drinking and driving laws than they had been prior to their involvement in the Addictions Foundation of Manitoba's Impaired Driver's Program. There is some evidence that they are more knowledgeable than the general population. However, knowledge of the laws does not appear in itself, to be a deterrent to drinking and driving. For example, offenders appeared to know how much alcohol usage results in legal impairment. The fact that knowledge does not necessarily lead to a desired behaviour presents a dilemma for many organizations, including, but not limited to those working in the addictions field. More research into the risk indicators relating to DWI should be considered.

The motivation to change behaviour appeared most strongly related to licence suspension. It may be that facing consequences of licence suspension and its impact on every day life is the strongest motivating factor for change. However, having to pay fines and an assessment fee also appeared to have some impact on participant motivation, as did participation in the Addictions Foundation of Manitoba's Impaired Driver's Program.

4. Impact of the Addictions Foundation of Manitoba: Impaired Driver's Program on Incidences of Impaired Driving in Manitoba

In summary, rates of impaired driving have declined since IDP implementation, although factors within the societal and judicial context also have an influence on these rates. Statistics from the DDVL show that while first offenders have decreased, it is perhaps more important that the rate of re-involvement has decreased steadily since 1986. Not surprisingly, former program participants in the "treatment" option were most likely to re-offend, while participants requiring "no further action" were least likely to re-offend. It can be concluded that the IDP represents an important component of Manitoba's DWI strategy.

Available DDVL data indicates that the rates of impaired driving have declined since the program introduction. Trends in relative involvement rates have shown a decrease from a high of 9.4/1000 drivers in 1985 to 4.9/1000 drivers in 1994. While DDVL statistics show that first offenders have decreased, the rate of re-involvement has also decreased steadily since 1986, the year of IDP implementation. However, these changes likely result from many factors within the judicial and societal context and should not be explained as a result of the program alone.

Re-offending of former program participants varied by referral option. Participants receiving the "treatment" option were most likely to re-offend (24%). In contrast, participants requiring "no further action" were least likely to re-offend (12%). This finding might be expected, as treatment involves recovery issues, one of which is re-using. However, this finding also speaks to the effectiveness of the initial assessment in placing people into the appropriate program options.

While it is impossible to look at the AFM program in isolation, the IDP represents an important piece of Manitoba's DWI strategy. Within Manitoba, the DDVL and the AFM work together. DDVL enforces administrative suspensions which motivate the offender to go to court and to access the IDP close to the offence date. DDVL reinstates their driver's licence to those assessed as presumptive, provided that they meet all the other re-instatement requirements. However, DDVL will cancel the licence if the referral program is not accessed within three months of the assessment. Therefore, participants who are generally highly motivated to have their licence re-instated (but who may not have considered the future risks of re-offending) are provided with an opportunity through the IDP to explore the changes they need to make, in order to maintain their licence. This type of collaboration between DDVL and the AFM adds to the value of the IDP in Manitoba.

It should be noted that direct comparisons between Manitoba and other jurisdictions were not possible for reasons such as variability in record-keeping procedures, enforcement, policies, countermeasure activities and data collection techniques.

B. Implications and Recommendations

1. Addictions Foundation of Manitoba's Impaired Driver's Program

The Addictions Foundation of Manitoba's Impaired Driver's Program appears to be effective in its assessment process and subsequent program referral options. It is recommended that:

- the AFM continue the assessment process and subsequent programming without introducing any significant changes.

Knowledge of the laws does not appear to be a deterrent to the offender. However, given the study methodology, the respondents can provide only a retrospective account of their prior knowledge. Therefore, it is recommended that:

- the AFM identify the degree of knowledge of drinking and driving laws IDP participants have at time of assessment. This would help to determine whether offenders have a good knowledge of the laws and whether the intensity of programming actually increases their knowledge.

If the program expectations of the participants were known prior to program participation, analysis could later be conducted on whether the program met or exceeded their expectations. This would assist in determining if pre-program perceptions affect participant motivation to change and/or program impact.

Therefore, it is recommended that:

- the AFM use the assessment interview to identify participants' program expectations.

2. Data Management and Record Keeping in Similar Programs

While this evaluation was based on Addictions Foundation of Manitoba's Impaired Driver's Program, there are lessons to be learned regarding data management and record keeping that hold implications for other jurisdictions implementing similar programs. In addition to the participant information recorded by the AFM at the beginning of the program, it is recommended that:

- driver's licence number be recorded on the Participant Intake Form (i.e., the standardized participant record form) for easier linking to DDVL records (while driver's licence number was not recorded for the 1990-91 participant group, it is now part of the AFM participant information package);
- actual blood alcohol levels (BAC) be recorded for future analyses, evaluation and/or research (while BAC was not recorded for the 1990-91 participant group, it is now part of the AFM participant information package); and
- specific selected indicators of participant program expectations, knowledge and behaviour (including other indicators of risky behaviour) be recorded for pre/post analyses in any future evaluation and/or research.

3. Future Research

While this evaluation focused on the 1990-91 participant group, decisions regarding the appropriate time between program participation and evaluation are dependent upon several factors. For the purposes of this evaluation, it was decided that a sufficient length of time was necessary (five years) to determine if the program impact was lasting. However, if further follow-up research is to be undertaken, it is suggested that a three-year time frame be considered. (The majority of the 1990-91 program participants who had further alcohol-related driving contact did so in the first and second years after the program.) While the five-year time frame addresses longer term impact, a three-year time lapse might reduce the problems with tracking former program participants.

There is no ideal method for following up a group such as former IDP participants. Both telephone and mailout surveys have their strengths and weaknesses. A multi-pronged approach (perhaps adding focus groups or interviews to probe on certain issues) would likely be most informative. However, the inclusion of a variety of methods increases the cost and time frame in terms of research.

More research is needed on risk indicators regarding recidivism. What makes re-offenders different from first-time offenders? Risk indicators might include not only DWI violations and chemical dependency measures, but also other indicators of risky behaviour. This might also help to address motivation to change – another area where further research would be informative.

Efforts should be made to allow for comparisons among jurisdictions. If reasonable comparisons could be made, decisions on specific jurisdictional approaches which were most effective could be determined.

Appendix A

Letters and Questionnaires

(Approved sample cover letter used for initial mailout)

April 25, 1996

Dear Former Program Participant:

Proactive Information Services Inc. has been selected by Health Canada to evaluate the Impaired Driver's Program run by the Addictions Foundation of Manitoba (AFM) (previously called the Alcoholism Foundation of Manitoba). People who participated in the program between 1990-91 are being asked to participate in this evaluation. While participation is voluntary, we believe it is important for people who have gone through the program to have a chance to give feedback.

The evaluation is being carried out by a private company to make sure your individual answers remain confidential. **Only Proactive staff will see your completed questionnaire and your answers will be analyzed in a way to ensure that you cannot be identified.** Please take a few minutes to complete the questionnaire and return it to us in the enclosed postage-paid reply envelope **by Wednesday, May 8, 1996**.

We believe your opinions are very important to the evaluation of this program. So, tell us what you really think!

Thank you in advance for your cooperation. If you have any questions about the evaluation, please contact either myself or . . .

Yours truly,

Partner

(First sample reminder letter)

May 7, 1996

Dear Former Program Participant:

Approximately two weeks ago you should have received a questionnaire dealing with the **1990-91 Addictions Foundation of Manitoba (AFM) Impaired Driver's Program**. If you have already completed and returned the questionnaire to us, thank you very much. If, however, you misplaced your copy or have never received one, we have attached an additional copy for you.

Your opinions are very important to the evaluation of this program. While participation is voluntary, we believe it is important for people who have gone through the program to have a chance to **give anonymous feedback on the AFM program**. However, if you are not willing to cooperate, please call Proactive to have your name removed from the evaluation list.

Only Proactive staff will see your completed questionnaire and our evaluation list will be destroyed after the final mailout. You will not be identified. Please take a few minutes to complete the questionnaire and return it to us in the enclosed postage-paid reply envelope **by May 15, 1996**.

If you have any questions about this evaluation, please contact either myself or . . . Thank you very much for your cooperation.

Your truly,

Partner

(Second sample reminder letter)

May 24, 1996

Dear Former Program Participant - **WE NEED YOUR HELP!**

Over the past few weeks you should have received questionnaires dealing with the **1990-91 Addictions Foundation of Manitoba (AFM) Impaired Driver's Program**. If you have already completed and returned the questionnaire to us, thank you very much.

Your opinions are very important to this evaluation. While participation is voluntary, we believe it is important for program participants to have a chance to **give anonymous feedback**. If you are not willing to cooperate, please call Proactive to have your name removed from the evaluation list.

Only Proactive staff will see your completed questionnaire and our evaluation list will be destroyed after the final mailout. You will not be identified. Please take a few minutes to complete the questionnaire and return it to us in the enclosed postage-paid reply envelope **by June 5, 1996**.

If you do not understand the questionnaire and/or need help answering the questions, please call. . . and she will go through it with you over the phone. If you do not remember taking part in this program, this may be because you only had a brief interview with an AFM counsellor. We still want your response.

If you have any questions about this evaluation, please contact either myself or . . . Thank you very much for your cooperation.

Your truly,

Partner

(Third sample reminder letter)

June 6, 1996

Dear Former Program Participant - **WE NEED YOUR HELP!**

Over the past few weeks you should have received a questionnaire dealing with the **1990-91 Addictions Foundation of Manitoba (AFM) Impaired Driver's Program**.

Your opinions are very important! Participation is voluntary; if you are not willing to cooperate, please call Proactive to have your name removed from the evaluation list.

Only Proactive staff will see your completed questionnaire and our evaluation list will be destroyed after the final mailout. You will not be identified. Please take a few minutes to complete the questionnaire and return it to us in the enclosed postage-paid reply envelope **by June 17, 1996**.

If you do not remember taking part in this program, this may be because you only had a brief interview with an AFM counsellor. We still need your response. If you do not understand the questionnaire and/or need help answering the questions, please call. . . .

If you have any questions about this evaluation, please contact either myself or . . . Thank you very much for your cooperation.

Your truly,

Partner

1990-91 AFM IMPAIRED DRIVER'S PROGRAM

1. Did you have a good understanding of the impaired driving laws in Manitoba before you were stopped for impaired driving (1990-91)?

   ❒1 Yes ❒2 No

2. Please ✓ how strongly you agree or disagree with each of the following statements.

The Impaired Driver's Program:

	Strongly Agree	Agree	Disagree	Strongly Disagree
a) confirmed a lot of things that I already knew about alcohol.	❒1	❒2	❒3	❒4
b) had no effect on my alcohol/drug use.	❒1	❒2	❒3	❒4
c) helped me realize some things about alcohol that I never knew before.	❒1	❒2	❒3	❒4
d) gave me information that I have used in other parts of my life.	❒1	❒2	❒3	❒4
e) was just a step I had to go through to get my licence back. It didn't mean anything.	❒1	❒2	❒3	❒4
f) gave me ways to help deal with social pressures.	❒1	❒2	❒3	❒4
g) showed me how things I did led to my drinking and driving.	❒1	❒2	❒3	❒4

3. Before you were assessed by the AFM in 1990-91, did you think you had:

	Yes	No	Don't Remember
a) an alcohol problem?	❒1	❒2	❒3
b) a problem with drugs other than alcohol?	❒1	❒2	❒3
c) a problem with driving while impaired?	❒1	❒2	❒3

4. Do you know what happens to a person, in Manitoba, the FIRST time he/she is charged/convicted of impaired driving?

❒$_1$ Yes ❒$_2$ No ⇨ **Go to Question 5**

⇩

Please list all the things you think happen.

_____

_____

_____

The next few questions are about alcohol. When we use the word drink, "a drink" means: one bottle of beer; one glass of wine; or one and a half ounces of hard liquor.

5. How many alcoholic drinks do you think a person can consume in one hour before being considered legally impaired for the purposes of driving a vehicle?

_____ drinks per hour **OR** ❒$_1$ Don't Know

6. (a) Have you made any changes to your lifestyle because of the Impaired Driver's Program?

❒$_1$ Yes ❒$_2$ No ⇨ **Go to Question 7**

⇩

(b) What were the **TWO MAIN** reasons you made these changes? (Please ✓ **TWO ONLY**.)

❒$_{01}$ Having my licence suspended
❒$_{02}$ Having to pay an assessment fee
❒$_{03}$ Having to go through an assessment process at AFM
❒$_{04}$ Having to go to court
❒$_{05}$ Having to go through an AFM program
❒$_{06}$ Self-help
❒$_{07}$ Having to pay a fine
❒$_{08}$ Having to submit follow-up reports to DDVL
❒$_{09}$ Another treatment program
❒$_{10}$ Support from family and/or friends
❒$_{11}$ Other (specify): _____

_____

_____

(c) What changes have you made? (✓ **ALL that apply**.)

❒$_1$ I do not drink at all. ⇨ **Go to Question 11**
❒$_2$ I drink less.
❒$_3$ I never drink and drive.
❒$_4$ I drink and drive less often.
❒$_5$ I do not drink and drive if I have had more than one drink.
❒$_6$ I look after my health better.
❒$_7$ Something else? What? _____

7. During the past 12 months, have you driven a vehicle?

❒$_1$ Yes ❒$_2$ No ⇨ **Go to Question 9**

⇩

8. (a) When you are going to a place where you will be drinking, do you make plans so you will not be driving?

❒$_1$ Yes ❒$_2$ No ⇨ **Go to Question 9**

⇩

(b) If yes, what plans do you make most often?

i) _____

ii) _____

iii) _____

9. (a) During the past 12 months, have you had a drink of alcohol?

❒$_1$ Yes ❒$_2$ No ⇨ **Go to Question 11**

⇩

(b) During the past 12 months, on average, how often did you drink alcohol?

❒$_1$ Every day
❒$_2$ 4-6 times a week
❒$_3$ 2-3 times a week
❒$_4$ Once a week
❒$_5$ 1-3 times a month
❒$_6$ Less than once a month

10. In the past 12 months, how many times have you driven after having two or more drinks in the previous hour?

_____ times **OR** ❒$_1$Never/none

11. How would you rate your own health:

	Excellent	**Very Good**	**Good**	**Fair**	**Poor**
a) five years ago?	❒$_1$	❒$_2$	❒$_3$	❒$_4$	❒$_5$
b) now?	❒$_1$	❒$_2$	❒$_3$	❒$_4$	❒$_5$

12. Please ✓ how strongly you agree or disagree with each of the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a) The Impaired Driver's Program should be for people with more problems than I had.	❒1	❒2	❒3	❒4
b) I would have liked an opportunity to attend a more in-depth program.	❒1	❒2	❒3	❒4
c) I agreed with the AFM staff as to the program I should attend.	❒1	❒2	❒3	❒4
d) If I want to drink and drive, it's my own business.	❒1	❒2	❒3	❒4
e) Alcohol can be as dangerous to use as many other drugs.	❒1	❒2	❒3	❒4

13. Do you believe the Impaired Driver's Program met your needs?

❒1 Yes ⇨ **Go to Question 14**

❒2 No

⇩

Why not? _____

14. What ONE suggestion do you have for improving the Impaired Driver's Program?

_____

_____

THANK YOU FOR YOUR HELP

1990-91 AFM IMPAIRED DRIVER'S PROGRAM

1. Did you have a good understanding of the impaired driving laws in Manitoba before you were stopped for impaired driving (1990-91)?

   ❒1 Yes ❒2 No

2. Please ✓ how strongly you agree or disagree with each of the following statements.

   The Impaired Driver's Program:

	Strongly Agree	Agree	Disagree	Strongly Disagree
a) confirmed a lot of things that I already knew about alcohol/drugs.	❒1	❒2	❒3	❒4
b) had no effect on my alcohol/drug use.	❒1	❒2	❒3	❒4
c) helped me realize some things about alcohol that I never knew before.	❒1	❒2	❒3	❒4
d) gave me information that I have used in other parts of my life.	❒1	❒2	❒3	❒4
e) was just a step I had to go through to get my licence back. It didn't mean anything.	❒1	❒2	❒3	❒4
f) gave me ways to help deal with social pressures.	❒1	❒2	❒3	❒4
g) showed me how things I did led to my drinking and driving.	❒1	❒2	❒3	❒4

3. Before you were assessed by the AFM in 1990-91, did you think you had:

	Yes	No	Don't Remember
a) an alcohol problem?	❒1	❒2	❒3
b) a problem with drugs other than alcohol?	❒1	❒2	❒3
c) a problem with driving while impaired?	❒1	❒2	❒3

4. Do you know what happens to a person, in Manitoba, the FIRST time he/she is charged/convicted of impaired driving?

❒ Yes ❒$_2$ No ⇨ **Go to Question 5**

⇩

Please list all the things you think happen.

_____

_____

_____

The next few questions are about alcohol. When we use the word drink, "a drink" means: one bottle of beer; one glass of wine; or one and a half ounces of hard liquor

5. How many alcoholic drinks do you think a person can consume in one hour before being considered legally impaired for the purposes of driving a vehicle?

_____ drinks per hour OR ❒$_1$ Don't Know

6. (a) Have you made any changes to your lifestyle because of the Impaired Driver's Program?

❒$_1$ Yes ❒$_2$ No ⇨ **Go to Question 7**

⇩

(b) What were the TWO MAIN reasons you made these changes?
(Please ✓ **TWO ONLY**.)

❒$_{01}$ Having my licence suspended
❒$_{02}$ Having to pay an assessment fee
❒$_{03}$ Having to go through an assessment process at AFM
❒$_{04}$ Having to go to court
❒$_{05}$ Having to go through an AFM program
❒$_{06}$ Self-help
❒$_{07}$ Having to pay a fine
❒$_{08}$ Having to submit follow-up reports to DDVL
❒$_{09}$ Another treatment program
❒$_{10}$ Support from family and/or friends
❒$_{11}$ Other (specify): _____
_____
_____

(c) What changes have you made? (✓ **ALL that apply**.)

❒$_1$ I do not drink at all. ⇨ Go to Question 11
❒$_2$ I drink less.
❒$_3$ I never drink and drive.
❒$_4$ I drink and drive less often.
❒$_5$ I do not drink and drive if I have had more than one drink.
❒$_6$ I look after my health better.
❒$_7$ Something else? What?

7. During the past 12 months, have you driven a vehicle?

❒$_1$ Yes ❒$_2$ No ⇨ **Go to Question 9**

8. (a) When you are going to a place where you will be drinking, do you make plans so you will not be driving?

❒$_1$ Yes ❒$_2$ No ⇨ **Go to Question 9**

(b) If yes, what plans do you make most often?

_____

_____

_____

9. (a) During the past 12 months, have you had a drink of alcohol?

❒$_1$ Yes ❒$_2$ No ⇨ **Go to Question 11**
⇩

(b) During the past 12 months, on average, how often did you drink alcohol?

❒$_1$ Every day
❒$_2$ 4-6 times a week
❒$_3$ 2-3 times a week
❒$_4$ Once a week
❒$_5$ 1-3 times a month
❒$_6$ Less than once a month

10. In the past 12 months, how many times have you driven after having two or more drinks in the previous hour?

_____ times **OR** ❒$_1$ Never/none

11. How would you rate your own health:

	Excellent	**Very Good**	**Good**	**Fair**	**Poor**
a) five years ago?	❒$_1$	❒$_2$	❒$_3$	❒$_4$	❒$_5$
b) now?	❒$_1$	❒$_2$	❒$_3$	❒$_4$	❒$_5$

12. In the last week, how often have you:

	Every day	4-6 times	1-3 times	Never
a) Smoked cigarettes	❒1	❒2	❒3	❒4
b) Skipped a meal	❒1	❒2	❒3	❒4
c) Felt depressed	❒1	❒2	❒3	❒4
d) Exercised for more than 20 minutes	❒1	❒2	❒3	❒4
e) Argued with a friend or family member	❒1	❒2	❒3	❒4
f) Felt stressed	❒1	❒2	❒3	❒4
g) Used seat belts while driving or riding in a vehicle	❒1	❒2	❒3	❒4

13. Please ✓ how strongly you agree or disagree with each of the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a) The Impaired Driver's Program should be for people with more problems than I had.	❒1	❒2	❒3	❒4
b) I would have liked an opportunity to attend a more in-depth program.	❒1	❒2	❒3	❒4
c) I agreed with the AFM staff as to the program I should attend.	❒1	❒2	❒3	❒4
d) If I want to drink and drive, it's my own business.	❒1	❒2	❒3	❒4
e) Alcohol can be as dangerous to use as many other drugs.	❒1	❒2	❒3	❒4

14. To what extent did each of the following happen to you because of the Impaired Driver's Program?

	A Lot	Some	Not At All
The program helped me:			
a) understand when I was at risk of over-drinking.	❒1	❒2	❒3
b) understand the effects of other drugs.	❒1	❒2	❒3
c) take control of my life.	❒1	❒2	❒3
c) helped me plans ways not to drink and drive.	❒1	❒2	❒3

15. Do you believe the Impaired Driver's Program met your needs?

❒$_1$ Yes ⇨ Go to Question 16

❒$_2$ No
⇩
Why not? _____

16. What ONE suggestion do you have for improving the Impaired Driver's Program?

_____

_____

THANK YOU FOR YOUR HELP.

Appendix B

Detailed Tables

INTERPRETING THE DATA - EXAMPLE 1

Percentage Base = Number of respondents answering each question

(N=6)

Num Col%	Q4 Gender		
	Overall	**Male**	**Female**
Grade 9	3	2	0
	60.0	66.7	0.0
Grade 10	2	1	1
	40.0	33.3	100.0

Explanation:

Percentage Base = Number of respondents answering each question

While in total, 6 people responded to the survey (N = 6), percentages shown in the above example are based on the number of respondents answering "Q1 – Grade Level of Majority of Courses." That is:

- ⇨ 5 respondents answered Q1 (3 + 2 = 5). Of these 5 respondents, 3 reported being in Grade 9. Therefore, 60% of the respondents answering Q1 reported being in Grade 9 (3 ÷ 5 = 60%).

- ⇨ 3 males answered Q1 (2 + 1 = 3). Of these 3 male respondents, 2 reported being in Grade 9. Therefore, 66.7% of the male respondents answering Q1 reported being in Grade 9 (2 ÷ 3 = 66.7%).

INTERPRETING THE DATA - EXAMPLE 1

Percentage Base = Number of respondents answering each question

(N=6)

Num Col%	Q2 Gender		
	Overall	**Male**	**Female**
Total	454	216	237
	100.0	47.6	52.2
Q1 What do you like best about coming to school?			
Friends	142	72	70
	31.3	33.3	29.5
Teachers	81	46	35
	17.8	21.3	14.8
Learning	83	50	32
	18.3	23.1	13.5
Sports/Clubs	38	16	22
	8.4	7.4	9.3
School Spirit	50	34	16
	11.0	15.7	6.8
Location	37	21	16
	8.1	9.7	6.8
Specific Clases/Courses	88	47	40
	19.4	21.8	16.9

Explanation:

Percentage Base = Total number of survey respondents

The percentages shown in the above example are based on the total number of respondents to the survey (N = 454). That is:

- ⇨ Of the 454 respondents, 142 indicated “friends” as the thing they liked best about coming to school. Therefore, 31.3% of the total respondent group reported “friends” (142 ÷ 454 = 31.3%).

- ⇨ In total, 216 survey respondents were female. Of the female respondents, 46 indicated “teachers” as the thing they liked best about coming to school. Therefore, 21.3% of all female respondents reported “teachers” (46 ÷ 216 = 21.3%).

Evaluation of Addictions Foundation of Manitoba's Impaired Driver's Program
(March, 1997)

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
PERCENTAGE BASE = Total number of survey respondents										
Total	702	230	287	81	40	64	230	368	40	64
	100.0	32.8	40.9	11.5	5.7	9.1	32.8	52.4	5.7	9.1
Q1 Did You Have a Good Understanding of the Impaired Driving Laws in Manitoba before You Were Stopped for Impaired Driving?										
Yes	465	153	190	57	19	46	153	247	19	46
	70.0	69.9	68.6	77.0	59.4	74.2	69.9	70.4	59.4	74.2
No	199	66	87	17	13	16	66	104	13	16
	30.0	30.1	31.4	23.0	40.6	25.8	30.1	29.3	40.6	25.8

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa - tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
PERCENTAGE BASE = Total number of survey respondents										
Q2A The Impaired Driveer's Program confirmed a Lot of things That I Already Knew about Alcohol										
Strongly Agree (1)	123	44	56	12	3	11	44	65	3	11
	18.1	20.3	18.8	15.2	8.1	17.5	20.3	18.0	8.1	17.5
Agree	478	149	199	60	26	44	149	259	26	44
	70.5	68.7	70.6	75.9	70.3	69.8	68.7	71.7	70.3	69.8
Disagree	65	24	23	6	5	7	24	29	5	7
	9.6	11.1	8.2	7.6	13.5	11.1	11.1	8.0	13.5	11.1
Strongly Disagree	12	0	7	1	3	1	0	8	3	1
(4)	1.8	0.0	2.5	1.3	8.1	1.6	0.0	2.2	8.1	1.6
Mean and SD	1.9	1.9	1.9	1.9	2.2	2.0	1.9	1.9	2.2	2.0
	0.6	0.6	0.6	0.5	0.7	0.6	0.6	0.6	0.7	0.6
Q2B The Impaired Driver's Program Had No Effect on My Alcohol/Drug Use										
Strongly Agree (1)	53	20	20	9	1	3	20	29	1	3
	7.9	9.3	7.1	11.4	2.8	4.8	9.3	8.0	2.8	4.8
Agree	172	60	73	13	7	19	60	86	7	19
	25.5	27.9	25.9	16.5	19.4	30.2	27.9	23.8	19.4	30.2
Disagree	332	105	142	43	16	26	105	185	16	26
	49.2	48.8	50.4	54.4	44.4	41.3	48.8	51.2	44.4	41.3
Strongly Disagree	118	30	47	14	12	15	30	61	12	15
(4)	17.5	14.0	16.7	17.7	33.3	23.8	14.0	16.9	33.3	23.8
Mean and SD	2.8	2.7	2.8	2.8	3.1	2.8	2.7	2.8	3.1	2.8
	0.8	0.8	0.8	0.9	0.8	0.8	0.8	0.8	0.8	0.8
Q2C The Impaired Driver's Program Helped Me Realize Some Things about Alcohol That I Never Knew Before										
Strongly Agree (1)	110	25	46	10	10	19	25	56	10	19
	16.2	11.5	16.4	12.7	26.3	30.2	11.5	15.6	23.3	30.2
Agree	361	110	156	46	20	29	110	202	20	29
	53.2	50.5	55.7	58.2	52.6	46.0	50.5	56.3	52.6	46.0
Disagree	117	71	69	18	8	11	71	87	8	11
	26.1	32.6	24.6	22.8	21.1	17.5	32.6	24.2	21.1	17.5
Strongly Disagree	30	12	9	5	0	4	12	14	0	4
(4)	4.4	5.5	3.2	6.3	0.0	6.3	5.5	3.9	0.0	6.3
Mean and SD	2.2	2.3	2.1	2.2	1.9	2.0	2.3	2.2	1.9	2.0
	0.8	0.7	0.7	0.8	0.7	0.9	0.7	0.7	0.7	0.9

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa - tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
PERCENTAGE BASE = Total number of survey respondents										
Q2D The Impaired Driver's Program Gave Me Information That I Have Used in Other Parts of My Life										
Strongly Agree (1)	88	22	36	8	6	16	22	44	6	16
	13.2	10.4	13.0	10.3	16.2	25.8	10.4	12.4	16.2	25.8
Agree	358	111	134	50	25	38	111	184	25	38
	53.8	52.4	48.4	64.1	67.6	61.3	52.4	51.8	67.6	61.3
Disagree	178	65	85	16	6	6	65	101	6	6
	26.7	30.7	30.7	20.5	16.2	9.7	30.7	28.5	16.2	9.7
Strongly Disagree	42	14	22	4	0	2	14	26	0	2
(4)	6.3	6.6	7.9	5.1	0.0	3.2	6.6	7.3	0.0	3.2
Mean and SD	2.3	2.3	2.3	2.2	2.0	1.9	2.3	2.3	2.0	1.9
	0.8	0.8	0.8	0.7	0.6	0.7	0.8	0.8	0.6	0.7
Q2E The Impaired Driver's Program Was Just a Step I Had to Go through to Get My Licence Back. It Didn't Mean Anything										
Strongly Agree (1)	65	29	23	6	3	4	29	29	3	4
	9.8	13.6	8.3	7.6	8.6	6.6	13.6	8.1	8.6	6.6
Agree	132	42	65	14	3	8	42	79	3	8
	19.8	19.7	23.5	17.7	8.6	13.1	19.7	22.2	8.6	13.1
Disagree	328	107	133	40	19	29	107	173	19	29
	49.3	50.2	48.0	50.6	54.3	47.5	50.2	48.6	54.3	47.5
Strongly Disagree	140	35	56	19	10	20	35	75	10	20
(4)	21.1	16.4	20.2	24.1	28.6	32.8	16.4	21.1	28.6	32.8
Mean and SD	2.8	2.7	2.8	2.9	3.0	3.1	2.7	2.8	3.0	3.1
	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9
Q2F The Impaired Driver's Program Gave Me Ways to Help Deal with Social Pressures										
Strongly Agree (1)	61	11	20	10	7	13	11	30	7	13
	9.3	5.2	7.3	13.0	20.0	21.0	5.2	8.5	20.0	21.0
Agree	276	88	101	35	18	34	88	136	18	34
	41.9	41.7	36.9	45.5	51.4	54.8	41.7	38.7	51.4	54.8
Disagree	260	93	116	27	10	14	93	143	10	14
	39.5	44.1	42.3	35.1	28.6	22.6	44.1	40.7	28.6	22.6
Strongly Disagree	62	19	37	5	0	1	19	42	0	1
(4)	9.4	9.0	13.5	6.5	0.0	1.6	9.0	12.0	0.0	1.6
Mean and SD	2.5	2.6	2.6	2.4	2.1	2.0	2.6	2.6	2.1	2.0
	0.8	0.7	0.8	0.8	0.7	0.7	0.7	0.8	0.7	0.7

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
Q2G The Impaired Driver's Program Showed Me How Things I Did Led to My Drinking and Driving										
Strongly Agree (1)	76	16	29	8	10	13	16	37	10	13
	11.5	7.6	10.4	10.1	28.6	21.3	7.6	10.4	28.6	21.3
Agree	321	93	128	45	19	36	93	173	19	36
	48.4	44.3	46.0	57.0	54.3	59.0	44.3	48.5	54.3	59.0
Disagree	217	84	94	22	6	11	84	116	6	11
	32.7	40.0	33.8	27.8	17.1	18.0	40.0	32.5	17.1	18.0
Strongly Disagree	49	17	27	4	0	1	17	31	0	1
(4)	7.4	8.1	9.7	5.1	0.0	1.6	8.1	8.7	0.0	1.6
Mean and SD	2.4	2.5	2.4	2.3	1.9	2.0	2.5	2.4	1.9	2.0
	0.8	0.8	0.8	0.7	0.7	0.7	0.8	0.8	0.7	0.7

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
PERCENTAGE BASE = Total number of survey respondents										
Q3A Before You Were Assessed by the AFM in 1990-91, Did You Think You Had an Alcohol Problem?										
Yes	155	21	58	24	17	35	21	82	17	35
	22.4	9.3	20.4	30.0	44.7	55.6	9.3	22.5	44.7	55.6
No	531	205	223	55	20	28	205	278	20	28
	76.6	90.3	78.2	68.8	52.6	44.4	90.3	76.2	52.6	44.4
Don't Remember	7	1	4	1	1	0	1	5	1	0
	1.0	0.4	1.4	1.3	2.6	0.0	0.4	1.4	2.6	0.0
Q3B Before You Were Assessed by the AFM in 1990-91, Did You Think You Had a Problem with Drugs other Than Alcohol?										
Yes	16	1	9	2	1	3	1	11	1	3
	2.4	0.5	3.2	2.6	2.7	4.8	0.5	3.1	2.7	4.8
No	651	216	269	73	35	58	216	342	35	58
	97.0	99.5	96.4	96.1	94.6	93.5	99.5	96.3	94.6	93.5
Don't Remember	4	0	1	1	1	1	0	2	1	1
	0.6	0.0	0.4	1.3	2.7	1.6	0.0	0.6	2.7	1.6
Q3C Before You Were Assessed by the AFM in 1990-91, Did You Think You Had a Problem with Driving While Impaired?										
Yes	252	57	110	33	22	30	57	143	22	30
	37.0	25.7	38.9	42.9	61.1	47.6	25.7	39.7	61.1	47.6
No	410	158	167	41	12	32	158	208	12	32
	60.2	71.2	59.0	53.2	33.3	50.8	71.2	57.8	33.3	50.8
Don't Remember	19	7	6	3	2	1	7	9	2	1
	2.8	3.2	2.1	3.9	5.6	1.6	3.2	2.5	5.6	1.6
Q4 Do You Know What Happens to a Person, in Manitoba, the First Time He/She Is Charged/Convicted of Impaired Driving?										
Yes	563	178	236	70	31	48	178	306	31	48
	83.0	80.5	84.3	86.4	88.6	78.7	80.5	84.8	88.6	78.7
No	115	46	44	11	4	13	46	55	4	13
	17.0	19.5	15.7	13.6	11.4	21.3	19.5	15.2	11.4	21.3

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
PERCENTAGE BASE = Number of respondents answering each question										
Q4 Do You Know What Happens to a Person, in Manitoba, the First Time He/She is Charged/Convicted of Impaired Drivers?										
Yes	563	178	236	70	31	48	178	306	31	48
	83.0	80.5	84.3	86.4	88.6	78.7	80.5	84.8	88.6	78.7
No	115	46	44	11	4	13	46	55	4	13
	17.0	19.5	15.7	13.6	11.4	21.3	19.5	15.2	11.4	21.3
PERCENTAGE BASE = Total number of survey respondents answering "yes" to question 4.										
Total	563	178	236	70	31	48	178	306	31	48
	100.0	31.6	41.9	12.4	5.5	8.2	31.6	54.4	5.5	8.5
Q4 List All the Things That You Think Happen										
Suspension/Loss of Licence	243	67	109	31	12	24	67	140	12	24
	43.2	37.6	46.2	44.3	38.7	50.0	37.6	45.8	38.7	50.0
Licence Suspended 3 months	44	14	20	6	0	4	14	26	0	4
	7.8	7.9	8.5	8.6	0.0	8.3	7.9	8.5	0.0	8.3
Licence Suspended 6 months (prov)	125	49	43	16	13	4	49	59	13	4
	22.2	27.5	18.2	22.9	41.9	8.3	27.5	19.3	41.9	8.3
Licence Suspended 1 year (fed)	83	30	36	9	2	6	30	45	2	6
	14.7	16.9	15.3	12.9	6.5	12.5	16.9	14.7	6.5	12.5
Increased Licence Cost	31	14	11	4	2	0	14	15	2	0
	5.5	7.9	4.7	5.7	6.5	0.0	7.9	4.9	6.5	0.0
Increased Insurance Cost	4	1	2	0	0	1	1	2	0	1
	0.7	0.6	0.8	0.0	0.0	2.1	0.6	0.7	0.0	2.1
Pay Fine (Money)	337	112	141	46	13	25	112	187	13	25
	59.9	62.9	59.7	65.7	41.9	52.1	62.9	61.1	41.9	52.1
Legal Fees	14	6	6	0	1	1	6	6	1	1
	2.5	3.4	2.5	0.0	3.2	2.1	3.4	2.0	3.2	2.1
Court	59	16	21	10	7	5	16	31	7	5
	10.5	9.0	8.9	14.3	22.6	10.4	9.0	10.1	22.6	10.4
Convicted	8	1	4	2	1	0	1	6	1	0
	1.4	0.6	1.7	2.9	3.2	0.0	0.6	2.0	3.2	0.0
Criminal Record	66	23	33	6	3	1	23	39	3	1
	11.7	12.9	14.0	8.6	9.7	2.1	12.9	12.7	9.7	2.1
Finger Printed	10	1	3	4	0	2	1	7	0	2
	1.8	0.6	1.3	5.7	0.0	4.2	0.6	2.3	0.0	4.2
Jail	77	24	30	12	3	8	24	42	3	8
	13.7	13.5	12.7	17.1	9.7	16.7	13.5	13.7	9.7	16.7

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
Q4 List All the things That You Think Happen (Cont'd)										
Car Impounded	86	21	42	12	5	6	21	54	5	8
	15.3	11.8	17.8	17.1	16.1	12.5	11.8	17.6	16.1	12.5
Demerits/Poor Driving Record	67	24	26	9	2	6	24	35	2	6
	11.9	13.5	11.0	12.9	6.5	12.5	13.5	11.4	6.5	12.5
On Probation	7	0	6	0	0	1	0	6	0	1
	1.2	0.0	2.5	0.0	0.0	2.1	0.0	2.0	0.0	2.1
Border Crossing Privileges Denied	2	1	1	0	0	0	1	1	0	0
	0.4	0.6	0.4	0.0	0.0	0.0	0.6	0.3	0.0	0.0
AFM Program	158	54	56	20	3	12	54	89	3	12
	28.1	30.3	29.2	28.6	9.7	25.0	30.3	29.1	9.7	25.0
Loss of Employment/ Job Problems	16	3	8	1	1	3	3	9	1	3
	2.8	1.7	3.4	1.4	3.2	6.3	1.7	2.9	3.2	6.3
AA Meeting	12	2	3	4	2	1	2	7	2	1
	2.1	1.1	1.3	5.7	6.5	2.1	1.1	2.3	6.5	2.1
Tarnished Reputation	16	3	8	1	1	3	3	9	1	3
	2.8	1.7	3.4	1.4	3.2	6.3	1.7	2.9	3.2	6.3
Driving Test	1	0	1	0	0	0	0	1	0	0
	0.2	0.0	0.4	0.0	0.0	0.0	0.0	0.3	0.0	0.0
Family Problems/ Break-Up	8	2	5	0	0	1	2	5	0	1
	1.4	1.1	2.1	0.0	0.0	2.1	1.1	1.6	0.0	2.1
Inconvenience	8	2	6	0	0	0	2	6	0	0
	1.4	1.1	2.5	0.0	0.0	0.0	1.1	2.0	0.0	0.0
Breathalyzer	8	1	4	2	0	1	1	6	0	1
	1.4	0.6	1.7	2.9	0.0	2.1	0.6	2.0	0.0	2.1
Assessment Abuse	2	0	1	1	0	0	0	2	0	0
	0.4	0.0	0.4	1.4	0.0	0.0	0.0	0.7	0.0	0.0
Loss of Self-Esteem	2	1	1	0	0	0	1	1	0	0
	0.4	0.6	0.4	0.0	0.0	0.0	0.6	0.3	0.0	0.0
Complete and Pass Interview Test	5	0	2	1	2	0	0	3	2	0
	0.9	0.0	0.8	1.4	6.5	0.0	0.0	1.0	6.5	0.0
Hurting Someone	2	0	1	0	0	1	0	1	0	1
	0.4	0.0	0.4	0.0	0.0	2.1	0.0	0.3	0.0	2.1
Community Service	1	1	0	0	0	0	1	0	0	0
	0.2	0.6	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.0

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
Q4 List All the things That You Think Happen (Cont'd)										
7-Day Permit for Longer Suspension	6 1.1	2 1.1	3 1.3	1 1.4	0 0.0	0 0.0	2 1.1	4 1.3	0 0.0	0 0.0
Rewrite Test for Licence	3 0.5	1 0.6	1 0.4	0 0.0	0 0.0	1 2.1	1 0.6	1 0.3	0 0.0	1 2.1
No Work Permit for 3 Months	6 1.1	2 1.1	4 1.7	0 0.0	0 0.0	0 0.0	2 1.1	4 1.3	0 0.0	0 0.0
Licence Suspended 5 years (3rd offence)	3 0.5	2 1.1	0 0.0	1 1.4	0 0.0	0 0.0	2 1.1	1 0.3	0 0.0	0 0.0
Name Advertised	1 0.2	0 0.0	0 0.0	1 1.4	0 0.0	0 0.0	0 0.0	1 0.3	0 0.0	0 0.0
Arrested/Charged	8 1.4	4 2.2	4 1.7	0 0.0	0 0.0	0 0.0	4 2.2	4 1.3	0 0.0	0 0.0
Registered Letters	1 0.2	1 0.6	0 0.0	0 0.0	0 0.0	0 0.0	1 0.6	0 0.0	0 0.0	0 0.0
Lose Freedom	2 0.4	1 0.6	1 0.4	0 0.0	0 0.0	0 0.0	1 0.6	1 0.3	0 0.0	0 0.0
Emotional Strain	1 0.2	0 0.0	1 0.4	0 0.0	0 0.0	0 0.0	0 0.0	1 0.3	0 0.0	0 0.0

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
PERCENTAGE BASE = Number of respondents answering each question										
Q5 Do You Know How Many Drinks a Person Can Consume in 1 Hour before Being Illegally Impaired for Driving a Vehicle?										
Yes	555	172	234	71	33	45	172	305	33	45
	83.2	80.8	84.8	91.0	86.8	72.6	80.8	86.2	86.8	72.6
No	112	41	42	7	5	17	41	49	5	17
	16.8	19.2	15.2	9.0	13.2	27.4	19.2	13.8	13.2	27.4
Q5 Do You Know How Many Drinks a Person Can Consume in 1 Hour before Being Illegally Impaired for Driving a Vehicle?										
None	19	4	12	2	0	1	4	14	0	1
	3.4	2.3	5.1	2.8	0.0	2.2	2.3	4.6	0.0	2.2
One Drink	238	74	108	28	13	15	74	136	13	15
	42.9	43.0	46.2	39.4	39.4	33.3	43.0	44.6	39.4	33.3
Two Drinks	200	54	78	32	14	22	54	110	14	22
	36.0	31.4	33.3	45.1	42.4	48.9	31.4	36.1	42.4	48.9
Three Drinks	77	30	32	6	4	5	30	38	4	5
	13.9	17.4	13.7	8.5	12.1	11.1	17.4	12.5	12.1	11.1
Four Drinks	16	8	3	2	2	1	8	5	2	1
	2.9	4.7	1.3	2.8	6.1	2.2	4.7	1.6	6.1	2.2
Five Drinks	4	2	1	1	0	0	2	2	0	0
	0.7	1.2	0.4	1.4	0.0	0.0	1.2	0.7	0.0	0.0
Seven Drinks	1	0	0	0	0	1	0	0	0	1
	0.2	0.0	0.0	0.0	0.0	2.2	0.0	0.0	0.0	2.2
Mean and SD	1.7	1.8	1.6	1.7	1.8	1.9	1.8	1.6	1.8	1.9
	0.9	1.0	0.9	0.9	0.9	1.1	1.0	0.9	0.9	1.1

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
PERCENTAGE BASE = Number of respondents answering each question										
Q6A Have You Made Any Changes to Your Lifestyle Because of the Impaired Driver's Program										
Yes	565	181	228	68	33	55	181	296	33	55
	81.6	80.1	80.0	86.1	84.6	87.3	80.1	81.3	84.6	87.3
No	127	45	57	11	6	8	45	68	6	8
	18.4	19.9	20.0	13.9	15.4	12.7	19.9	18.7	15.4	12.7
PERCENTAGE BASE = Number of respondents who have made changes to their lifestyle because of the Impaired Driver's Program (QUESTION 6A)										
Total	565	181	228	68	33	55	181	296	33	55
	100.0	32.0	40.4	12.0	5.8	9.7	32.0	52.4	5.8	9.7
Q6B What Were the Two Main Reasons You Made Changes to Your Lifestyle?										
Having My Licence Suspended	417	139	176	54	15	33	139	230	15	33
	73.8	76.8	77.2	79.4	45.5	60.0	76.8	77.7	45.5	60.0
Having to Pay an Assessment Fee	32	11	14	4	1	2	11	18	1	2
	5.7	6.1	6.1	5.9	3.0	3.6	6.1	6.1	3.0	3.6
Having to Go Thru AFM Assmnt Prcs	39	12	17	5	2	3	12	22	2	3
	6.9	6.6	7.5	7.4	6.1	5.5	6.6	7.4	6.1	5.5
Having to Go to Court	115	40	49	12	6	8	40	61	6	8
	20.4	22.1	21.5	17.6	18.2	14.5	22.1	20.6	18.2	14.5
Having to Go Through AFM Prgrm	56	18	13	9	6	10	18	22	6	10
	9.9	9.9	5.7	13.2	18.2	18.2	9.9	7.4	18.2	18.2
Self-Help	93	26	34	13	7	13	26	47	7	13
	16.5	14.4	14.9	19.1	21.2	23.6	14.4	15.9	21.2	23.6
Having to Pay Fine	98	36	39	14	2	7	36	53	2	7
	17.3	19.9	17.1	20.6	6.1	12.7	19.9	17.9	6.1	12.7
Having to Submit Follow-up to DDVL	10	2	2	2	2	2	2	4	2	2
	1.8	1.1	0.9	2.9	6.1	3.6	1.1	1.4	6.1	3.6
Another Treatment Program	10	1	2	1	4	2	1	3	4	2
	1.8	0.6	0.9	1.5	12.1	3.6	0.6	1.0	12.1	3.6

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
Q6B Other Reason Why You Made Lifestyle Change?										
Fear of Accident/ Hurt Someone	13 2.3	5 2.8	6 2.6	1 1.5	0 0.0	1 1.8	5 2.8	7 2.4	0 0.0	7 1.8
No Other Transportation	1 0.2	1 0.6	0 0.0	0 0.0	0 0.0	0 0.0	1 0.6	0 0.0	0 0.0	0 0.0
Losing/Jeopardizing Job	8 1.4	4 2.2	2 0.9	1 1.5	1 3.0	0 0.0	4 2.2	3 1.0	1 3.0	0 0.0
Attend AA Regularly	1 0.2	0 0.0	0 0.0	0 0.0	0 0.0	1 1.8	0 0.0	0 0.0	0 0.0	1 1.8
Lost My Car	1 0.2	0 0.0	1 0.4	0 0.0	0 0.0	0 0.0	0 0.0	1 0.3	0 0.0	0 0.0
Police/Criminal Record	4 0.7	2 1.1	2 0.9	0 0.0	0 0.0	0 0.0	2 1.1	2 0.7	0 0.0	0 0.0
Going to Jail	5 0.9	2 1.1	3 1.3	0 0.0	0 0.0	0 0.0	2 1.1	3 1.0	0 0.0	0 0.0
Medical	2 0.4	0 0.0	0 0.0	0 0.0	1 3.0	1 1.8	0 0.0	0 0.0	1 3.0	1 1.8
Having Family of Own	5 0.9	1 0.6	2 0.9	1 1.5	1 3.0	0 0.0	1 0.6	3 1.0	1 3.0	0 0.0
Realized Dangers	6 1.1	4 2.2	1 0.4	1 1.5	0 0.0	0 0.0	4 2.2	2 0.7	0 0.0	0 0.0
To Keep Wife/Partner	2 0.4	0 0.0	1 0.4	0 0.0	0 0.0	1 1.8	0 0.0	1 0.3	0 0.0	1 1.8
Guilt and Shame	1 0.2	0 0.0	0 0.0	0 0.0	0 0.0	1 1.8	0 0.0	0 0.0	0 0.0	1 1.8
Moral/Spiritual Issue	2 0.4	1 0.6	0 0.0	1 1.5	0 0.0	0 0.0	1 0.6	1 0.3	0 0.0	0 0.0
Wanted to Quit	2 0.4	0 0.0	1 0.4	0 0.0	0 0.0	1 1.8	0 0.0	1 0.3	0 0.0	1 1.8
More Responsibility	2 0.4	0 0.0	2 0.9	0 0.0	0 0.0	0 0.0	0 0.0	2 0.7	0 0.0	0 0.0
More Control over Life	3 0.5	1 0.6	2 0.9	0 0.0	0 0.0	0 0.0	1 0.6	2 0.7	0 0.0	0 0.0
Don't Want it to Happen Again	2 0.4	1 0.6	1 0.4	0 0.0	0 0.0	0 0.0	1 0.6	1 0.3	0 0.0	0 0.0

Evaluation of Addictions Foundation of Manitoba's Impaired Driver's Program
(March, 1997)

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
Q6B Other Reason Why You Made Lifestyle Change? (Cont'd)										
Law Program	1	0	1	0	0	0	0	1	0	0
	0.2	0.0	0.4	0.0	0.0	0.0	0.0	0.3	0.0	0.0
Marital Break-Up	1	0	0	0	1	0	0	0	1	0
	0.2	0.0	0.0	0.0	3.0	0.0	0.0	0.0	3.0	0.0
C.E.S.U.M.	1	0	0	0	1	0	0	0	1	0
	0.2	0.0	0.0	0.0	3.0	0.0	0.0	0.0	3.0	0.0
Developed Other Interests	1	0	0	1	0	0	0	1	0	0
	0.2	0.0	0.0	1.5	0.0	0.0	0.0	0.3	0.0	0.0
More Educated about Alcohol Now	2	1	0	0	1	0	1	0	1	0
	0.4	0.6	0.0	0.0	3.0	0.0	0.6	0.0	3.0	0.0
Q6C What Lifestyle Changes Have You Made?										
I Do Not Drink at All	127	22	34	14	17	40	22	48	17	40
	22.5	12.2	14.9	20.6	51.5	72.7	12.2	16.2	51.5	72.7
I Drink Less	244	81	106	40	8	9	81	146	8	9
	43.2	44.8	46.5	58.8	24.2	16.4	44.8	49.3	24.2	16.4
I Never Drink and Drive	248	94	105	29	11	9	94	134	11	9
	43.9	51.9	46.1	42.6	33.3	16.4	51.9	45.3	33.3	16.4
I Drink and Drive Less Often	71	20	34	14	1	2	20	48	1	2
	12.6	11.0	14.9	20.6	3.0	3.6	11.0	16.2	3.0	3.6
I Don't Drive after > 1 Drink	179	62	84	21	5	7	62	105	5	7
	31.7	34.3	36.8	30.9	15.2	12.7	34.3	35.5	15.2	12.7
I Look after My Health Better	197	50	89	28	12	18	50	117	12	18
	34.9	27.6	39.0	41.2	36.4	32.7	27.6	39.5	36.4	32.7
Something Else	40	17	13	4	1	5	17	17	1	5
	7.1	9.4	5.7	5.9	3.0	9.1	9.4	5.7	3.0	9.1
Q6C What Other Lifestyle Change Have You Made?										
More Responsible/ Better Attitude	9	4	2	0	1	2	4	2	1	2
	1.6	2.2	0.9	0.0	3.0	3.6	2.2	0.7	3.0	3.6
Prepare for Alternative Trans	7	1	5	1	0	0	1	6	0	0
	1.2	0.6	2.2	1.5	0.0	0.0	0.6	2.0	0.0	0.0
Drink at Home	1	1	0	0	0	0	1	0	0	0
	0.2	0.6	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.0
Don't Have to Drink for Friends	1	0	1	0	0	0	0	1	0	0
	0.2	0.0	0.4	0.0	0.0	0.0	0.0	0.3	0.0	0.0

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
Q6C What Lifestyle Changes Have You Made? (Con't)										
Happier Household	5	1	1	1	0	2	1	2	0	2
	0.9	0.6	0.4	1.5	0.0	3.6	0.6	0.7	0.0	3.6
Ensure Designated Driver	5	3	2	0	0	0	3	2	0	0
	0.9	1.7	0.9	0.0	0.0	0.0	1.7	0.7	0.0	0.0
Watch for Other People Drnk Drvng	7	5	1	1	0	0	5	2	0	0
	1.2	2.8	0.4	1.5	0.0	0.0	2.8	0.7	0.0	0.0
More Respect for Law, AFM	1	1	0	0	0	0	1	0	0	0
	0.2	0.6	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.0
Different Friends	3	1	1	0	1	0	1	1	1	0
	0.5	0.6	0.4	0.0	3.0	0.0	0.6	0.3	3.0	0.0
Go to AA	2	0	1	0	0	1	0	1	0	1
	0.4	0.0	0.4	0.0	0.0	1.8	0.0	0.3	0.0	1.8
Don't Use Drugs Anymore	1	0	0	1	0	0	0	1	0	0
	0.2	0.0	0.0	1.5	0.0	0.0	0.0	0.3	0.0	0.0

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
PERCENTAGE BASE = Number of respondents answering each question (who did not answer Q6C with "I do not drink at all")										
Total	59	201	250	65	21	22	201	315	21	22
	100.0	36.0	44.7	11.6	3.8	3.9	36.0	56.4	3.8	3.9
Q7	**During the Past 12 Months, Have You Driven a Vehicle (those who drink)?**									
Yes	502	187	222	59	17	17	187	281	17	17
	89.8	93.0	88.8	90.8	81.0	77.3	93.0	89.2	81.0	77.3
No	57	14	28	6	4	5	14	34	4	5
	10.2	7.0	11.2	9.2	19.0	22.7	7.0	10.8	19.0	22.7

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
PERCENTAGE BASE = Number of respondents who have driven a vehicle in the past year and did not answer Q6C with "I do not drink at all"										
Total	515	193	224	61	19	18	193	285	19	18
	100.0	37.5	43.5	11.8	3.7	3.5	37.5	55.3	3.7	3.5
Q8A When You Are Going to a Place Where You Will Be Drinking, Do You Make Plans So You Will Not Be Driving? (those who drink)										
Yes	436	169	190	48	15	14	169	238	15	14
	84.7	87.6	84.8	78.7	78.9	77.8	87.6	83.5	78.9	77.8
No	55	17	26	9	1	2	17	35	1	2
	10.7	8.8	11.6	14.8	5.3	11.1	8.8	12.3	5.3	11.1
Q8B If You Do Make Plans Not to Drive, What Plans Do You Usually Make? (those who drink)										
Designated Driver	182	79	76	20	3	4	79	96	3	4
	35.3	40.9	33.9	32.8	15.5	22.2	40.9	33.7	15.8	22.2
Leave Car/Walk Home	42	11	20	5	4	2	11	25	4	2
	8.2	5.7	8.9	8.2	21.1	11.1	5.7	8.8	21.1	11.1
Stay Overnight/ Hotel	79	34	35	8	1	1	34	43	1	1
	15.3	17.6	15.6	13.1	5.3	5.6	17.6	15.1	5.3	5.6
Don't Go	4	1	1	1	0	1	1	2	0	1
	0.8	0.5	0.4	1.6	0.0	5.6	0.5	0.7	0.0	5.6
Travel with Friends/Wife	155	60	6	17	6	5	60	84	6	5
	30.1	31.1	29.9	27.9	31.6	27.8	31.1	29.5	31.6	27.8
Don't Drink if Driving	21	9	8	3	0	1	9	11	0	1
	4.1	4.7	3.6	4.9	0.0	5.6	4.7	3.9	0.0	5.9
Drink Less	16	9	5	2	0	0	9	7	0	0
	3.1	4.7	2.2	3.3	0.0	0.0	4.7	2.5	0.0	0.0
Self-Control	2	0	2	0	0	0	0	2	0	0
	0.4	0.0	0.9	0.0	0.0	0.0	0.0	0.7	0.0	0.0
Someone Else Drives My Car	1	1	0	0	0	0	1	0	0	0
	0.2	0.5	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0
Alternative Transportation	291	99	137	32	14	9	99	169	14	9
	56.5	51.3	61.2	52.5	73.7	50.0	51.3	59.3	73.7	50.0
Stop Drinking Long before Leave	1	0	1	0	0	0	0	1	0	0
	0.2	0.0	0.4	0.0	0.0	0.0	0.0	0.4	0.0	0.0

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
PERCENTAGE BASE = Number of respondents answering each question (who did not answer Q6C with "I do not drink at all"										
Q9A During the Past 12 Months Have You Had a Drink of Alcoho?										
Yes	529	195	237	61	20	16	195	298	20	16
	94.3	96.1	94.4	95.3	95.2	72.7	96.1	94.6	95.2	72.7
No	32	8	14	3	1	6	8	17	1	6
	5.7	3.9	5.6	4.7	4.8	27.3	3.9	5.4	4.8	27.3
PERCENTAGE BASE = Number of respondents who have had a drink of alcohol in the past 12 months										
Total	529	195	237	61	20	16	195	298	20	16
	100.0	36.9	44.8	11.5	3.8	3.0	36.9	56.3	3.8	3.0
Q9B During the Past 12 Months, on Average, How Often Did You Drink Alcohol? (those who drink)										
Every Day	9	4	3	1	0	1	4	4	0	1
	1.7	2.1	1.3	1.6	0.0	6.3	2.1	1.3	0.0	6.3
4-6 Times/Week	11	4	3	2	0	2	4	5	0	2
	2.1	2.1	1.3	3.3	0.0	12.5	2.1	1.7	0.0	12.5
2-3 Times/Week	111	37	55	16	2	1	37	71	2	1
	21.0	19.0	23.2	26.2	10.0	6.3	19.0	23.8	10.0	6.3
Once a Week	134	53	59	17	2	3	53	76	2	3
	25.3	27.2	24.9	27.9	10.0	18.8	27.2	25.5	10.0	18.8
1-3 Times/Month	164	64	76	16	6	2	64	92	6	2
	31.0	32.8	32.1	26.2	30.0	12.5	32.8	30.9	30.0	12.5
Less Than 1/Month	95	30	39	9	10	7	30	48	10	7
	18.0	15.4	16.5	14.8	50.0	43.8	15.4	16.1	50.0	43.8
No Response	5	3	2	0	0	0	3	2	0	0
	0.9	1.5	0.8	0.0	0.0	0.0	1.5	0.7	0.0	0.0

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
PERCENTAGE BASE = Number of respondents who have had a drink of alcohol in the past 12 months (QUESTION 9A) and have driven a vehicle (QUESTION 7)										
Total	479	182	210	57	16	14	182	267	16	14
	100.0	38.0	43.8	11.9	3.3	2.9	38.0	55.7	3.3	2.9
Q10 In the Past 12 Months, Have You Driven after Having Two or More Drinks In the Previous Hour? (those who drink)										
Yes	132	40	63	23	1	5	40	86	1	5
	27.6	22.0	30.0	40.4	6.3	35.7	22.0	32.2	6.3	35.7
No	329	133	140	33	14	9	133	173	14	9
	68.7	73.1	66.7	57.9	87.5	64.3	73.1	64.8	87.5	64.3
PERCENTAGE BASE = Number of respondents who have driven in the past 12 months after having two or more drinks in the previous hour (QUESTION 10)										
Q10 In the Past 12 Months, How Many Times Have You Driven after Having Two or More Drinks In the Previous Hour? (those who drink)										
Once	16	9	4	1	1	1	9	5	1	1
	12.1	22.5	6.3	4.3	100.0	20.0	22.5	5.8	100.0	20.0
Twice	41	13	19	7	0	2	13	26	0	2
	31.1	32.5	30.2	30.4	0.0	10.0	32.5	30.2	0.0	40.0
Three Times	16	4	9	3	0	0	4	12	0	0
	12.1	10.0	14.3	13.0	0.0	0.0	10.0	14.0	0.0	0.0
Four Times	12	2	7	3	0	0	2	10	0	0
	9.1	5.0	11.1	13.0	0.0	0.0	5.0	11.6	0.0	0.0
Five Times	4	1	2	1	0	0	1	3	0	0
	3.0	2.5	3.2	4.3	0.0	0.0	2.5	3.5	0.0	0.0
Six Times	11	1	7	3	0	0	1	10	0	0
	8.3	2.5	11.1	13.0	0.0	0.0	2.5	11.6	0.0	0.0
Seven Times	1	0	1	0	0	0	0	1	0	0
	0.8	0.0	1.6	0.0	0.0	0.0	0.0	1.2	0.0	0.0
Eight Times	2	1	0	0	0	1	1	0	0	1
	1.5	2.5	0.0	0.0	0.0	20.0	2.5	0.0	0.0	20.0
Ten Times	9	2	6	1	0	0	2	7	0	0
	6.8	5.0	9.5	4.3	0.0	0.0	5.0	8.1	0.0	0.0
Twelve Times	2	1	0	1	0	0	1	1	0	0
	1.5	2.5	0.0	4.3	0.0	0.0	2.5	1.2	0.0	0.0
Fifteen Times	1	0	1	0	0	0	0	1	0	0
	0.8	0.0	1.6	0.0	0.0	0.0	0.0	1.2	0.0	0.0
Twenty Times	6	2	3	1	0	0	2	4	0	0
	4.5	5.0	4.8	4.3	0.0	0.0	5.0	4.7	0.0	0.0

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
Q10 In the Past 12 Months, How Many Times Have You Driven after Having Two or More Drinks in the Previous Hour? (those who drink) (Cont'd)										
Twenty-Five Times	1	0	1	0	0	0	0	1	0	0
	0.8	0.0	1.6	0.0	0.0	0.0	0.0	1.2	0.0	0.0
Thirty Times	4	1	1	1	0	1	1	2	0	1
	3.0	2.5	1.6	4.3	0.0	20.0	2.5	2.3	0.0	20.0
Thirty-Five Times	1	1	0	0	0	0	1	0	0	0
	0.8	2.5	0.0	0.0	0.0	0.0	2.5	0.0	0.0	0.0
Fifty Times	1	0	1	0	0	0	0	1	0	0
	0.8	0.0	1.6	0.0	0.0	0.0	0.0	1.2	0.0	0.0
More Than 97 Times	3	2	1	0	0	0	2	1	0	0
	2.3	5.0	1.6	0.0	0.0	0.0	5.0	1.2	0.0	0.0
Mean and SD	8.2	10.2	7.8	6.0	1.0	8.6	10.2	7.4	1.0	8.6
	15.9	21.8	14.1	6.9	0.0	12.3	21.8	12.7	0.0	12.3

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
PERCENTAGE BASE = Number of respondents answering each question										
Q11A How Would You Rate Your Own Health Five Years Ago?										
Excellent (1)	118	44	50	13	3	8	44	63	3	8
	17.2	19.8	17.5	16.5	7.9	12.9	19.8	17.3	7.9	12.9
Very Good	194	76	83	18	3	14	76	101	3	14
	28.3	34.2	29.1	22.8	7.9	22.6	34.2	27.7	7.9	22.6
Good	254	80	109	30	19	16	80	139	19	16
	37.0	36.0	38.2	38.0	50.0	25.8	36.0	38.2	50.0	25.8
Fair	94	16	31	15	11	21	16	46	11	21
	13.7	7.2	10.9	19.0	28.9	33.9	7.2	12.6	28.9	33.9
Poor (5)	26	6	12	3	2	3	6	15	2	3
	3.8	2.7	4.2	3.8	5.3	4.8	2.7	4.1	5.3	4.8
Mean and SD	2.6	2.4	2.6	2.7	3.2	3.0	2.4	2.6	3.2	3.0
	1.0	1.0	1.0	1.1	0.9	1.1	1.0	1.0	0.9	1.1
Q11B How Would You Rate Your Own Health Now?										
Excellent (1)	127	46	51	12	5	13	46	63	5	13
	18.6	20.6	18.0	15.4	13.5	21.0	20.6	17.5	13.5	21.0
Very Good	265	94	109	30	9	23	94	139	9	23
	38.8	42.2	38.5	38.5	24.3	37.1	42.2	38.5	24.3	37.1
Good	235	70	102	28	15	20	70	130	15	20
	34.4	31.4	36.0	35.9	40.5	32.3	31.4	36.0	40.5	32.3
Fair	43	10	17	6	6	4	10	23	6	4
	6.3	4.5	6.0	7.7	16.2	6.5	4.5	6.4	16.2	6.5
Poor (5)	13	3	4	2	2	2	3	6	2	2
	1.9	1.3	1.4	2.6	5.4	3.2	1.3	1.7	5.4	3.2
Mean and SD	2.3	2.2	2.3	2.4	2.8	2.3	2.2	2.4	2.8	2.3
	0.9	0.9	0.9	0.9	1.1	1.0	0.9	0.9	1.1	1.0

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
PERCENTAGE BASE = Number of respondents answering each question (asked only of High-Risk and Treatment Referrals)										
Q12A In the Last Week, How Often Have You Smoked Cigarettes?										
Every Day (1)	67	0	0	44	23	0	0	44	23	0
	63.8	0.0	0.0	62.0	67.6	0.0	0.0	62.0	67.6	0.0
4-6 Times (2)	2	0	0	2	0	0	0	2	0	0
	1.9	0.0	0.0	2.8	0.0	0.0	0.0	2.8	0.0	0.0
1-3 Times (3)	5	0	0	2	3	0	0	2	3	0
	4.8	0.0	0.0	2.8	8.8	0.0	0.0	2.8	8.8	0.0
Never (4)	31	0	0	23	8	0	0	23	8	0
	29.5	0.0	0.0	32.4	23.5	0.0	0.0	32.4	23.5	0.0
Mean and SD	2.0	—	—	2.1	1.9	—	—	2.1	1.9	—
	1.4	—	—	1.4	1.3	—	—	1.4	1.3	—
Q12B In the Last Week, How Often Have You Skipped a Meal?										
Every Day (1)	21	0	0	16	5	0	0	16	5	0
	20.2	0.0	0.0	22.5	15.2	0.0	0.0	22.5	15.2	0.0
4-6 Times (2)	7	0	0	3	4	0	0	3	4	0
	6.7	0.0	0.0	4.2	12.1	0.0	0.0	4.2	12.1	0.0
1-3 Times (3)	36	0	0	27	9	0	0	27	9	0
	34.6	0.0	0.0	38.0	27.3	0.0	0.0	38.0	27.3	0.0
Never (4)	40	0	0	25	15	0	0	25	15	0
	38.5	0.0	0.0	35.2	45.5	0.0	0.0	35.2	45.5	0.0
Mean and SD	2.9	—	—	2.9	3.0	—	—	2.9	3.0	—
	1.1	—	—	1.1	1.1	—	—	1.1	1.1	—
Q12C In the Last Week, How Often Have You Felt Depressed?										
Every Day (1)	2	0	0	2	0	0	0	2	0	0
	2.0	0.0	0.0	2.9	0.0	0.0	0.0	2.9	0.0	0.0
4-6 Times (2)	6	0	0	3	3	0	0	3	3	0
	5.9	0.0	0.0	4.4	8.8	0.0	0.0	4.4	8.8	0.0
1-3 Times (3)	40	0	0	30	10	0	0	30	10	0
	39.2	0.0	0.0	44.1	29.4	0.0	0.0	41.1	29.4	0.0
Never (4)	54	0	0	33	21	0	0	33	21	0
	52.9	0.0	0.0	48.5	61.8	0.0	0.0	48.5	61.8	0.0
Mean and SD	3.4	—	—	3.4	3.5	—	—	3.4	3.5	—
	0.7	—	—	0.7	0.7	—	—	0.7	0.7	—

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
Q12D In the Last Week, How Often Have You Exercised for More Than 20 Minutes?										
Every Day (1)	28	0	0	19	9	0	0	19	9	0
	26.9	0.0	0.0	26.8	27.3	0.0	0.0	26.8	27.3	0.0
4-6 Times (2)	14	0	0	10	4	0	0	10	4	0
	13.5	0.0	0.0	14.1	12.1	0.0	0.0	14.1	12.1	0.0
1-3 Times (3)	32	0	0	24	8	0	0	24	8	0
	30.8	0.0	0.0	33.8	24.2	0.0	0.0	33.8	24.2	0.0
Never (4)	30	0	0	18	12	0	0	18	12	0
	28.8	0.0	0.0	25.4	36.4	0.0	0.0	25.4	36.4	0.0
Mean and SD	2.4	—	—	2.4	2.3	—	—	2.4	2.3	—
	1.2	—	—	1.1	1.2	—	—	1.1	1.2	—
Q12E In the Last Week, How Often Have You Argued with a Friend or Family Member?										
Every Day (1)	2	0	0	1	1	0	0	1	1	0
	2.0	0.0	0.0	1.4	3.1	0.0	0.0	1.4	3.1	0.0
4-6 Times (2)	2	0	0	1	1	0	0	1	1	0
	2.0	0.0	0.0	1.4	3.1	0.0	0.0	1.4	3.1	0.0
1-3 Times (3)	35	0	0	25	10	0	0	25	10	0
	34.3	0.0	0.0	35.7	31.3	0.0	0.0	35.7	31.3	0.0
Never (4)	63	0	0	43	20	0	0	43	20	0
	61.8	0.0	0.0	61.4	62.5	0.0	0.0	61.4	62.5	0.0
Mean and SD	3.6	—	—	3.6	3.5	—	—	3.6	3.5	—
	0.6	—	—	0.6	0.7	—	—	0.6	0.7	—
Q12F In the Last Week, How Often Have You Felt Stressed?										
Every Day (1)	10	0	0	6	4	0	0	6	4	0
	9.6	0.0	0.0	8.5	12.1	0.0	0.0	8.5	12.1	0.0
4-6 Times (2)	9	0	0	9	0	0	0	9	0	0
	8.7	0.0	0.0	12.7	0.0	0.0	0.0	12.7	0.0	0.0
1-3 Times (3)	47	0	0	65	48	0	0	32	15	0
	45.2	0.0	0.0	45.1	45.5	0.0	0.0	45.1	45.5	0.0
Never (4)	38	0	0	24	14	0	0	24	14	0
	36.5	0.0	0.0	33.8	42.4	0.0	0.0	33.8	42.4	0.0
Mean and SD	3.1	—	—	3.0	3.2	—	—	3.0	3.2	—
	0.9	—	—	0.9	1.0	—	—	0.9	1.0	—

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
Q12G In the Last Week, How Often Have You Used Seat Belts While Driving or Riding in a Vehicle?										
Every Day (1)	88	0	0	61	27	0	0	61	27	0
	85.4	0.0	0.0	87.1	81.8	0.0	0.0	87.1	81.8	0.0
4-6 Times (2)	2	0	0	0	2	0	0	0	2	0
	1.9	0.0	0.0	0.0	6.1	0.0	0.0	0.0	6.1	0.0
1-3 Times (3)	3	0	0	1	2	0	0	1	2	0
	2.9	0.0	0.0	1.4	6.1	0.0	0.0	1.4	6.1	0.0
Never (4)	10	0	0	8	2	0	0	8	2	0
	9.7	0.0	0.0	11.4	6.1	0.0	0.0	11.4	6.1	0.0
Mean and SD	3.6	—	—	3.6	3.6	—	—	3.6	3.6	—
	0.9	—	—	1.0	0.9	—	—	1.0	0.9	—

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
PERCENTAGE BASE = Number of respondents answering each question										
Q13A The Impaired Driver's Program Should Be for People with More Problems Than I Had										
Strongly Agree (1)	98	33	45	6	4	10	33	51	4	10
	14.5	15.1	16.0	7.9	10.5	16.4	15.1	14.3	10.5	16.4
Agree	173	66	82	11	5	9	66	93	5	9
	25.7	30.3	29.2	14.5	13.2	14.8	30.3	26.1	13.2	14.8
Disagree	327	102	128	44	20	33	102	172	20	33
	48.5	46.8	45.6	57.9	52.6	54.1	46.8	48.2	52.6	54.1
Strongly Disagree (4)	76	17	26	15	9	9	17	41	9	9
	11.3	7.8	9.3	19.7	23.7	14.8	7.8	11.5	23.7	14.8
Mean and SD	2.6	2.5	2.5	2.9	2.9	2.7	2.5	2.6	2.9	2.7
	0.9	0.8	0.9	0.8	0.9	0.9	0.8	0.9	0.9	0.9
Q13B I Would Have Liked an Opportunity to Attend a More In-depth Program										
Strongly Agree (1)	26	4	10	5	5	2	4	15	5	2
	3.9	1.9	3.6	6.3	13.2	3.3	1.9	4.2	13.2	3.3
Agree	157	35	65	20	9	28	35	85	9	28
	23.5	16.6	23.3	25.3	23.7	46.7	16.6	23.7	23.7	46.7
Disagree	392	143	155	47	21	26	143	202	21	26
	58.8	67.8	55.6	59.5	55.3	43.3	67.8	56.4	55.3	43.3
Strongly Disagree (4)	92	29	49	7	3	4	29	56	3	4
	13.8	13.7	17.6	8.9	7.9	6.7	13.7	15.6	7.9	6.7
Mean and SD	2.8	2.9	2.9	2.7	2.6	2.5	2.9	2.8	2.6	2.5
	0.7	0.6	0.7	0.7	0.8	0.7	0.6	0.7	0.8	0.7
Q13C I Agreed with the AFM Staff as to the Program I Should Attend										
Strongly Agree (1)	58	20	18	6	5	9	20	24	5	9
	9.0	9.9	6.7	7.8	13.5	15.3	9.9	6.9	13.5	15.3
Agree	403	134	159	53	22	35	134	212	22	35
	62.4	66.0	58.9	68.8	59.5	59.3	66.0	61.1	59.5	59.3
Disagree	142	43	65	13	9	12	43	78	9	12
	22.0	21.2	24.1	16.9	24.3	20.3	21.2	22.5	24.3	20.3
Strongly Disagree (4)	43	6	28	5	1	3	6	33	1	3
	6.7	3.0	10.4	6.5	2.7	5.1	3.0	9.5	2.7	5.1
Mean and SD	2.3	2.2	2.4	2.2	2.2	2.2	2.2	2.3	2.2	2.2
	0.7	0.6	0.8	0.7	0.7	0.7	0.6	0.7	0.7	0.7

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
Q13D If I Want to Drink and Drive, It's My Own Business										
Strongly Agree (1)	20	6	7	4	1	2	6	11	1	2
	3.0	2.8	2.5	5.1	2.6	3.2	2.8	3.1	2.6	3.2
Agree	30	10	14	1	1	4	10	15	1	4
	4.5	4.6	5.1	1.3	2.6	6.5	4.6	4.2	2.6	6.5
Disagree	277	90	126	29	12	20	90	155	12	20
	41.2	41.5	45.7	36.7	30.8	32.3	41.5	43.7	30.8	32.3
Strongly Disagree (4)	346	111	129	45	25	36	111	174	25	36
	51.4	51.2	46.7	57.0	64.1	58.1	51.2	49.0	64.1	58.1
Mean and SD	3.4	3.4	3.4	3.5	3.6	3.5	3.4	3.4	3.6	3.5
	0.7	0.7	0.7	0.8	0.7	0.8	0.7	0.7	0.7	0.8
Q13E Alcohol Can be as Dangerous to use As Many Other Drugs										
Strongly Agree (1)	387	124	153	51	22	37	124	204	22	37
	57.1	56.6	54.6	64.6	57.9	59.7	56.6	56.8	57.9	59.7
Agree	250	82	105	26	16	21	82	131	16	21
	36.9	37.4	37.5	32.9	42.1	33.9	37.4	36.5	42.1	33.9
Disagree	16	5	10	0	0	1	5	10	0	1
	2.4	2.3	3.6	0.0	0.0	1.6	2.3	2.8	0.0	1.6
Strongly Disagree (4)	25	8	12	2	0	3	8	14	0	3
	3.7	3.7	4.3	2.5	0.0	4.8	3.7	3.9	0.0	4.8
Mean and SD	1.5	1.5	1.6	1.4	1.4	1.5	1.5	1.5	1.4	1.5
	0.7	0.7	0.8	0.6	0.5	0.8	0.7	0.7	0.5	0.8

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
PERCENTAGE BASE = Number of respondents answering each question (only asked of High-Risk and Treatment Referrals)										
Q14A The Impaired Driver's Program Helped Me Understand When I Was at Risk of Over-Drinking										
A Lot (1)	58	0	0	36	22	0	0	36	22	0
	56.9	0.0	0.0	52.2	66.7	0.0	0.0	52.2	66.7	0.0
Some (2)	31	0	0	22	9	0	0	22	9	0
	30.4	0.0	0.0	31.9	27.3	0.0	0.0	31.9	27.3	0.0
Not at All (3)	13	0	0	11	2	0	0	11	2	0
	12.7	0.0	0.0	15.9	6.1	0.0	0.0	15.9	6.1	0.0
Mean and SD	1.6	—	—	1.6	1.4	—	—	1.6	1.4	—
	0.7	—	—	0.7	0.6	—	—	0.7	0.6	—
Q14B The Impaired Driver's Program Helped Me Understand the Effects of Other Drugs										
A Lot (1)	34	0	0	23	11	0	0	23	11	0
	34.7	0.0	0.0	33.8	36.7	0.0	0.0	33.8	36.7	0.0
Some (2)	31	0	0	22	9	0	0	22	9	0
	31.6	0.0	0.0	32.4	30.0	0.0	0.0	32.4	30.0	0.0
Not at All (3)	33	0	0	23	10	0	0	23	10	0
	33.7	0.0	0.0	33.8	33.3	0.0	0.0	33.8	33.3	0.0
Mean and SD	2.0	—	—	2.0	2.0	—	—	2.0	2.0	—
	0.8	—	—	0.8	0.9	—	—	0.8	0.9	—

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
Q13D If I Want to Drink and Drive, It's My Own Business										
A Lot (1)	55	0	0	35	20	0	0	35	20	0
	55.0	0.0	0.0	50.7	64.5	0.0	0.0	50.7	64.5	0.0
Some (2)	35	0	0	26	9	0	0	26	9	0
	35.0	0.0	0.0	37.7	29.0	0.0	0.0	37.7	29.0	0.0
Not at All (3)	10	0	0	8	2	0	0	8	2	0
	10.0	0.0	0.0	11.6	6.5	0.0	0.0	11.6	6.5	0.0
Mean and SD	1.5	—	—	1.6	1.4	—	—	1.6	1.4	—
	0.7	—	—	0.7	0.6	—	—	0.7	0.9	—

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
PERCENTAGE BASE = Number of respondents answering each question										
Q15 Do You Believe the Impaired Driver's Program Met Your Needs?										
Yes	512	175	193	61	31	52	175	254	31	52
	77.8	82.5	70.2	79.2	88.6	88.1	82.5	72.2	88.6	88.4
No	146	37	82	16	4	7	37	98	4	7
	22.2	17.5	29.8	20.8	11.4	11.9	17.5	27.8	11.4	11.9
PERCENTAGE BASE = Number of respondents indicating that the Impaired Driver's Program did not meet their needs (QUESTION 15)										
Q15 Why Do You Believe the Impaired Driver's Program Did Not Meet Your Needs?										
Just a Payment to Get Licence	9	2	5	0	0	2	2	5	0	2
	6.2	5.4	6.1	0.0	0.0	28.6	5.4	5.1	0.0	28.6
Need Deterrant Not Punishment	2	1	0	0	1	0	1	0	1	0
	1.4	2.7	0.0	0.0	25.0	0.0	2.7	0.0	25.0	0.0
They Were Rude/Insulting	4	0	3	1	0	0	0	4	0	0
	2.7	0.0	3.7	6.3	0.0	0.0	0.0	4.1	0.0	0.0
Forced for Everyone	5	3	2	0	0	0	3	2	0	0
	3.4	8.1	2.4	0.0	0.0	0.0	8.1	2.0	0.0	0.0
Only Money Maker/ Too Expensive	8	2	5	1	0	0	2	6	0	0
	5.5	5.4	6.1	6.3	0.0	0.0	5.4	6.1	0.0	0.0
Showed What to do, Not How	1	0	0	0	0	1	0	0	0	1
	0.7	0.0	0.0	0.0	0.0	14.3	0.0	0.0	0.0	14.3
More Informative/ In-Depth	9	2	6	1	0	0	2	7	0	0
	6.2	5.4	7.3	6.3	0.0	0.0	5.4	7.1	0.0	0.0
Didn't Address Personal Situation	3	1	1	1	0	0	1	2	0	0
	2.1	2.7	1.2	6.3	0.0	0.0	2.7	2.0	0.0	0.0
Didn't Have Chance to Finish	1	1	0	0	0	0	1	0	0	0
	0.7	2.7	0.0	0.0	0.0	0.0	2.7	0.0	0.0	0.0
Waste of Time and Money	7	2	5	0	0	0	2	5	0	0
	4.8	5.4	6.1	0.0	0.0	0.0	5.4	5.1	0.0	0.0
Really Made No Difference	10	3	6	1	0	0	3	7	0	0
	6.8	8.1	7.3	6.3	0.0	0.0	8.1	7.1	0.0	0.0
Already Involved in Another Prgrm	2	0	1	0	0	1	0	1	0	1
	1.4	0.0	1.2	0.0	0.0	14.3	0.0	1.0	0.0	14.3
Not Ready To Stop/Denial	6	1	2	1	0	2	1	3	0	2
	4.1	2.7	2.4	6.3	0.0	28.6	2.7	3.1	0.0	28.6
Too Drug/Sex/ Crime Related	1	0	1	0	0	0	0	1	0	0
	0.7	0.0	1.2	0.0	0.0	0.0	0.0	1.0	0.0	0.0

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
Q15 Why Do You Believe the Impaired Driver's Program Did Not Meet Your Needs? (Cond't)										
Don't Have Drinking Problem	14 9.6	6 16.2	7 8.5	0 0.0	1 25.0	0 0.0	6 16.2	7 7.1	1 25.0	0 0.0
Made a Mistake/ Poor Judgement	2 1.4	1 2.7	1 1.2	0 0.0	0 0.0	0 0.0	1 2.7	1 1.0	0 0.0	0 0.0
AFM Knows Solution Before Walk in	2 1.4	0 0.0	2 2.4	0 0.0	0 0.0	0 0.0	0 0.0	2 2.0	0 0.0	0 0.0
More Emphasis on *Criminal Code*	1 0.7	0 0.0	1 1.2	0 0.0	0 0.0	0 0.0	0 0.0	1 1.0	0 0.0	0 0.0
Had Quit Drinking When Assessed	1 0.7	0 0.0	1 1.2	0 0.0	0 0.0	0 0.0	0 0.0	1 1.0	0 0.0	0 0.0
More Follow-Up Checks	1 0.7	0 0.0	1 1.2	0 0.0	0 0.0	0 0.0	0 0.0	1 1.0	0 0.0	0 0.0
Offender Must Want to Change	1 0.7	0 0.0	1 1.2	0 0.0	0 0.0	0 0.0	0 0.0	1 1.0	0 0.0	0 0.0
Don't Have Competent People	1 0.7	0 0.0	0 0.0	0 0.0	1 25.0	0 0.0	0 0.0	0 0.0	1 25.0	0 0.0
Source of Great Embarrassment	1 0.7	0 0.0	1 1.2	0 0.0	0 0.0	0 0.0	0 0.0	1 1.0	0 0.0	0 0.0
More Strict	2 1.4	1 2.7	1 1.2	0 0.0	0 0.0	0 0.0	1 2.7	1 0.0	0 0.0	0 0.0
Destroys Life/ Produces Stress	3 2.1	2 5.4	0 0.0	1 6.3	0 0.0	0 0.0	2 5.4	1 1.0	0 0.0	0 0.0
AFM Counsellors Easy to Fool	1 0.7	0 0.0	1 1.2	0 0.0	0 0.0	0 0.0	0 0.0	1 1.0	0 0.0	0 0.0
Problems Were Psychiatric	2 1.4	0 0.0	2 2.4	0 0.0	0 0.0	0 0.0	0 0.0	2 2.0	0 0.0	0 0.0

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
PERCENTAGE BASE = Total number of survey respondents										
Total	702	230	287	81	40	64	230	368	40	64
	100.0	32.8	40.9	11.5	5.7	9.1	32.8	52.4	5.7	9.1
Q16 What One Suggestion Do You Have for the Impaired Driver's Program?										
Good Program/ It Works	56	25	15	6	5	5	25	21	5	5
	8.0	10.9	5.2	7.4	12.5	7.8	10.9	5.7	12.5	7.8
Should Be More In-Depth Longer	26	4	13	4	3	2	4	17	3	2
	3.7	1.7	4.5	4.9	7.3	3.1	1.7	4.6	7.5	3.1
Educational/ Worthwhile	6	1	2	1	1	1	1	3	1	1
	0.9	0.4	0.7	1.2	2.5	1.6	0.4	0.8	2.5	1.6
Drivers Licence Not Susp 1st Off	1	0	1	0	0	0	0	1	0	0
	0.1	0.0	0.3	0.0	0.0	0.0	0.0	0.3	0.0	0.0
Enlighten on Types of Drinkers	2	0	1	1	0	0	0	2	0	0
	0.3	0.0	0.3	1.2	0.0	0.0	0.0	0.5	0.0	0.0
Examine Alcoholics vs. One Timers	11	2	7	2	0	0	2	9	0	0
	1.6	0.9	2.4	2.5	0.0	0.0	0.9	2.4	0.0	0.0
Direct Connection with AA	7	1	5	1	0	0	1	6	0	0
	1.0	0.4	1.7	1.2	0.0	0.0	0.4	1.6	0.0	0.0
Very Specific and Fair	1	0	1	0	0	0	0	1	0	0
	0.1	0.0	0.3	0.0	0.0	0.0	0.0	0.3	0.0	0.0
Christianity Spiritual Living	1	0	0	0	0	1	0	0	0	1
	0.1	0.0	0.0	0.0	0.0	1.6	0.0	0.0	0.0	1.6
Treat as Disease Not Behaviour	3	1	1	0	0	1	1	1	0	0
	0.4	0.4	0.3	0.0	0.0	1.6	0.4	0.3	0.0	1.6
Show Alternatives to Drinking	1	1	0	0	0	0	1	0	0	0
	0.1	0.4	0.0	0.0	0.0	0.0	0.4	0.0	0.0	0.0
Lower Price	31	11	17	2	0	1	11	19	0	1
	4.4	4.8	5.9	2.5	0.0	1.6	4.8	5.2	0.0	1.6
More Education	60	20	23	5	5	7	20	28	5	7
	8.5	8.7	8.0	6.2	12.5	10.9	8.7	7.6	12.5	10.9
Better Scheduling	6	1	3	1	1	0	1	4	1	0
	0.9	0.4	1.0	1.2	2.5	0.0	0.4	1.1	2.5	0.0
Offer More Help if Needed	3	0	1	1	0	1	0	2	0	1
	0.4	0.0	0.3	1.2	0.0	1.6	0.0	0.5	0.0	1.6
More Accessible	8	1	4	1	0	2	1	5	0	2
	1.1	0.4	1.4	1.2	0.0	3.1	0.4	1.4	0.0	3.1

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
Q16 What One Suggestion Do You Have for the Impaired Driver's Program? (Cont'd)										
Improve Counsellors, Instructors	17 2.4	0 0.0	12 4.2	0 0.0	0 0.0	5 7.8	0 0.0	12 3.3	0 0.0	5 7.8
Compulsory 1 Day 1st Offence	17 2.4	4 1.7	6 2.1	4 4.9	3 7.5	0 0.0	4 1.7	10 2.7	3 7.5	0 0.0
More to the Point	3 0.4	1 0.4	1 0.3	1 1.2	0 0.0	0 0.0	1 0.4	2 0.5	0 0.0	0 0.0
More Respect from Staff	12 1.7	5 2.2	4 1.4	2 2.5	0 0.0	1 1.6	5 2.2	6 1.6	0 0.0	1 1.6
Credit for Course Completed	1 0.1	0 0.0	0 0.0	0 0.0	0 0.0	1 0.6	0 0.0	0 0.0	0 0.0	1 1.6
Fines/Penalties Pro-Rated	7 1.0	5 2.2	2 0.7	0 0.0	0 0.0	0 0.0	5 2.2	2 0.5	0 0.0	0 0.0
Keep Strong Laws	3 0.4	1 0.4	2 0.7	0 0.0	0 0.0	0 0.0	1 0.4	2 0.5	0 0.0	0 0.0
Stricter Follow-Up	14 2.0	3 1.3	5 1.7	1 1.2	3 7.5	2 3.1	3 1.3	6 1.6	3 7.5	2 3.1
Mandatory Detox Severe Cases	3 0.4	1 0.4	1 0.3	0 0.0	0 0.0	1 1.6	1 0.4	1 0.3	0 0.0	0 1.6
Make Participate Not Just Show Up	2 0.3	0 0.0	1 0.3	1 1.2	0 0.0	0 0.0	0 0.0	2 0.5	0 0.0	0 0.0
"Operation Red Nose" All Year	1 0.1	0 0.0	1 0.3	0 0.0	0 0.0	0 0.0	0 0.0	1 0.3	0 0.0	0 0.0
Vehicle Seizure	1 0.1	0 0.0	1 0.3	0 0.0	0 0.0	0 0.0	0 0.0	1 0.3	0 0.0	0 0.0
Opportunity for Family Involved	2 0.3	1 0.4	1 0.3	0 0.0	0 0.0	0 0.0	1 0.4	1 0.3	0 0.0	0 0.0
Should Be Voluntary	5 0.7	1 0.4	1 0.3	3 3.7	0 0.0	0 0.0	1 0.4	4 1.1	0 0.0	0 0.0
Instructors Deal with Non-Participant	2 0.3	0 0.0	2 0.7	0 0.0	0 0.0	0 0.0	0 0.0	2 0.5	0 0.0	0 0.0
Program for Repeat Offenders Only	3 0.4	1 0.4	2 0.7	0 0.0	0 0.0	0 0.0	1 0.4	2 0.5	0 0.0	0 0.0
Provide Spectrum on *Criminal Code*	1 0.1	0 0.0	1 0.3	0 0.0	0 0.0	0 0.0	0 0.0	1 0.3	0 0.0	0 0.0

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
Q16 What One Suggestion Do You Have for the Impaired Driver's Program? (Cont'd)										
Address Individual Situations	4 0.6	3 1.3	0 0.0	0 0.0	1 2.5	0 0.0	3 1.3	0 0.0	1 2.5	0 0.0
Fines Made to AA Not Government	1 0.1	1 0.4	0 0.0	0 0.0	0 0.0	0 0.0	1 0.4	0 0.0	0 0.0	0 0.0
Have Monthly Meetings	1 0.1	1 0.4	0 0.0	0 0.0	0 0.0	0 0.0	1 0.4	0 0.0	0 0.0	0 0.0
Follow with Driver Safety	2 0.3	0 0.0	1 0.3	0 0.0	0 0.0	1 1.6	0 0.0	1 0.3	0 0.0	1 1.6
Sticker on Car for Police Checks	1 0.1	0 0.0	1 0.3	0 0.0	0 0.0	0 0.0	0 0.0	1 0.3	0 0.0	0 0.0
Available to Non-Offenders	2 0.3	0 0.0	1 0.3	1 1.2	0 0.0	0 0.0	0 0.0	2 0.5	0 0.0	0 0.0
Stricter Rules i.e., Fines	19 2.7	6 2.6	6 2.1	5 6.2	1 2.5	1 1.6	6 2.6	11 3.0	1 2.5	1 1.6
Group Sessions	1 0.1	0 0.0	0 0.0	1 1.2	0 0.0	0 0.0	0 0.0	1 0.3	0 0.0	0 0.0
Don't Group Youths with Adults	1 0.1	0 0.0	0 0.0	1 1.2	0 0.0	0 0.0	0 0.0	1 0.3	0 0.0	0 0.0
Random Testing during Program	1 0.1	0 0.0	0 0.0	1 1.2	0 0.0	0 0.0	0 0.0	1 0.3	0 0.0	0 0.0
Delay Payment until Licence Back	1 0.1	0 0.0	0 0.0	0 0.0	1 2.5	0 0.0	0 0.0	0 0.0	1 2.5	0 0.0
Involve More Family Issues	1 0.1	0 0.0	1 0.3	0 0.0	0 0.0	0 0.0	0 0.0	1 0.3	0 0.0	0 0.0
No Response	350 49.9	128 55.7	140 48.8	35 43.2	16 40.0	31 48.4	128 55.7	175 47.6	16 40.0	31 48.4

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
PERCENTAGE BASE = Total number of survey respondents based on AFM data at time of assessment										
Gender										
Female	65	23	15	10	6	11	23	25	6	11
	9.3	10.0	5.2	12.3	15.0	17.2	10.0	6.8	15.0	17.2
Male	637	207	272	71	34	53	207	343	34	53
	90.7	90.0	94.8	87.7	85.0	82.8	90.0	93.2	85.0	82.8
Parental Status										
No Children	358	125	158	44	14	17	125	202	14	17
	51.0	54.3	55.1	54.3	35.0	26.6	54.3	54.9	35.0	26.6
One Child	84	29	28	11	6	10	29	39	6	10
	12.0	12.6	9.8	13.6	15.0	15.6	12.6	10.6	15.0	15.6
Two Children	146	43	62	11	11	19	43	73	11	19
	20.8	18.7	21.6	13.6	27.5	29.7	18.7	19.8	27.5	29.7
Three Children	56	17	19	9	4	7	17	28	4	7
	8.0	7.4	6.6	11.1	10.0	10.9	7.4	7.6	10.0	10.9
Four Children	32	9	11	4	3	5	9	15	3	5
	4.6	3.9	3.8	4.9	7.5	7.8	3.9	4.1	7.5	7.8
Five or More Children	26	7	9	2	2	6	7	11	2	6
	3.7	3.0	3.1	2.5	5.0	9.4	3.0	3.0	5.0	9.4
Highest Level of Education										
Less Than Grade 4	6	2	2	0	0	2	2	2	0	2
	0.9	0.9	0.7	0.0	0.0	3.1	0.9	0.5	0.0	3.1
Grade 4 - 6	26	10	6	5	2	3	10	11	2	3
	3.7	4.3	2.1	6.2	5.0	4.7	4.3	3.0	5.0	4.7
Grade 7 - 9	98	29	37	7	10	15	29	44	10	15
	14.0	12.6	12.9	8.6	25.0	23.4	12.6	12.0	25.0	23.4
Some High School (Grade 10 - 12)	263	79	117	28	15	24	79	145	15	24
	37.5	34.3	40.8	34.6	37.5	37.5	34.3	39.4	37.5	37.5
Complete High School	158	57	63	21	6	11	57	84	6	11
	22.5	24.8	22.0	25.9	15.0	17.2	24.8	22.8	15.0	17.2
Some University/ College/Tech Train	93	31	43	9	5	5	31	52	5	5
	13.2	13.5	15.0	11.1	12.5	7.8	13.5	14.1	12.5	7.8
Complete University/College/ Tech Train	57	22	19	11	2	3	22	30	2	3
	8.1	9.6	6.6	13.6	5.0	4.7	9.6	8.2	5.0	4.7
Other	1	0	0	0	0	1	0	0	0	1
	0.1	0.0	0.0	0.0	0.0	1.6	0.0	0.0	0.0	1.6

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
Current Major Employment Activity										
Employed Full Time	495	166	201	60	27	41	166	261	27	41
	70.5	72.2	70.0	74.1	67.5	64.1	72.2	70.9	67.5	64.1
Employed Part Time	25	8	12	0	2	3	8	12	2	3
	3.6	3.5	4.2	0.0	5.0	4.7	3.5	3.3	5.0	4.7
Unemployed	111	32	44	15	8	12	32	59	8	12
	15.8	13.9	15.3	18.5	20.0	18.8	13.9	16.0	20.0	18.8
Student Non-Vocational Training	17	8	8	1	0	0	8	9	0	0
	2.4	3.5	2.8	1.2	0.0	0.0	3.5	2.4	0.0	0.0
Student Vocational Training	7	2	5	0	0	0	2	5	0	0
	1.0	0.9	1.7	0.0	0.0	0.0	0.9	1.4	0.0	0.0
Retired	26	9	9	2	3	3	9	11	3	3
	3.7	3.9	3.1	2.5	7.5	4.7	3.9	3.0	7.5	4.7
Home Making	11	5	3	1	0	2	5	4	0	2
	1.6	2.2	1.0	1.2	0.0	3.1	2.2	1.1	0.0	3.1
Other	10	0	5	2	0	3	0	7	0	3
	1.4	0.0	1.7	2.5	0.0	4.7	0.0	1.9	0.0	4.7
Household Yearly Income										
Less than $10 000	141	44	57	18	6	16	44	75	6	16
	20.1	19.1	19.9	22.2	15.0	25.0	19.1	20.4	15.0	25.0
$10 000 - $14 999	75	21	31	13	7	3	21	44	7	3
	10.7	9.1	10.8	16.0	17.5	4.7	9.1	12.0	17.5	4.7
$15 000 - $19 999	91	29	37	12	5	8	29	49	5	8
	13.0	12.6	12.9	14.8	12.5	12.5	12.6	13.3	12.5	12.5
$20 000 - $24 999	97	32	44	7	7	7	32	51	7	7
	13.8	13.9	15.3	8.6	17.5	10.9	13.9	13.9	17.5	10.9
$25 000 - $29 999	113	42	46	10	4	11	42	56	4	11
	16.1	18.3	16.0	12.3	10.0	17.2	18.3	15.2	10.0	17.2
$30 000 - $34 999	48	14	19	7	2	6	14	26	2	6
	6.8	6.1	6.6	8.6	5.0	9.4	6.1	7.1	5.0	9.4
$35 000 - $49 999	79	21	36	6	5	11	21	42	5	11
	11.3	9.1	12.5	7.4	12.5	17.2	9.1	11.4	12.5	17.2
$50 000 +	55	25	16	8	4	2	25	24	4	2
	7.8	10.9	5.6	9.9	10.0	3.1	10.9	6.5	10.0	3.1
Unknown	3	2	1	0	0	0	2	1	0	0
	0.4	0.9	0.3	0.0	0.0	0.0	0.9	0.3	0.0	0.0

	Overall	Referral Option					Global Clinical Assessment			
		No Further Action	Educa-tion	High-Risk	Treat-ment	Chem. Abst.	Non-Appar. Chem. Usage	Presump-tive Chem. Usage	Active Chem. Prob.	Prob. Under Control
Global Clinical Assessment										
Non-Apparent Chemical Usage	230 32.8	230 100.0	0 0.0	0 0.0	0 0.0	0 0.0	230 100.0	0 0.0	0 0.0	0 0.0
Presumptive Chemical Usage	368 52.4	0 0.0	287 100.0	81 100.0	0 0.0	0 0.0	0 0.0	368 100.0	0 0.0	0 0.0
Active Chemical Problem	40 5.7	0 0.0	0 0.0	0 0.0	40 100.0	0 0.0	0 0.0	0 0.0	40 100.0	0 0.0
Problem Under Control	64 9.1	0 0.0	0 0.0	0 0.0	0 0.0	64 100.0	0 0.0	0 0.0	0 0.0	64 100.0
Number of Re-Offences										
0	591 84.3	211 91.7	229 80.1	63 77.8	33 82.5	55 85.9	211 91.7	292 79.6	33 82.5	55 85.9
1	97 13.8	16 7.0	50 17.5	16 19.8	6 15.0	9 14.1	16 7.0	66 18.0	6 15.0	9 14.1
2	10 1.4	3 1.3	5 1.7	1 1.2	1 2.5	0 0.0	3 1.3	6 1.6	1 2.5	0 0.0
3	3 0.4	0 0.0	2 0.7	1 1.2	0 0.0	0 0.0	0 0.0	3 0.8	0 0.0	0 0.0

Appendix C

Technical Notes

SECTION 1: DETAIL ON THE METHODOLOGY

A. Advantages and Disadvantages of Mail Surveys

As described in the report, data collection for this study used a mailout approach with a telephone follow-up. The following discussion presents the advantages and disadvantages of this approach in relation to the evaluation of the Addictions Foundation of Manitoba's Impaired Driver's Program.

One advantage of beginning with a mailed questionnaire was that the evaluation could be clearly introduced to potential respondents. In this evaluation, a covering/introductory letter accompanied the questionnaire which was sent to program participants. This letter explained the purpose of the study and how they came to be included. Former IDP participants were assured that their anonymity would be respected and that individual information provided to the evaluator would not be forwarded to the AFM. They were provided with a telephone number to call if they had concerns or questions regarding the evaluation. Providing initial information in written form dealt with these issues more directly and thoroughly than attempting to provide an explanation while introducing a telephone survey. During the introduction to a telephone interview, if the respondent hangs-up or refuses, the opportunity for completion of the interview is lost.

Another advantage of a mailout survey is the privacy it allows; that is, the respondent can answer the questions alone. A self-completing questionnaire also gives the respondent the option of deciding when he/she wishes to participate rather than responding at the time dictated by the interviewer.

We believe that having control of the timing, setting and pace of completion also engenders a more thoughtful response. While self-completing questionnaires, like telephone interviews, can glean "top-of-mind" answers, they also allow respondents the opportunity to comment fully in their own words, if they so wish. Respondents may provide in-depth comments in a telephone interview; however, these are seldom fully recorded– the respondent "voice" is lost.

However, there are also disadvantages associated with mailout surveys. They are exercises in visual communication and respondents must depend solely on what they read to understand the questions and instructions. Given that the success of this method depends on the respondent's ability to read, comprehend and write a response, the literacy level of the respondent group always has to be considered. The pilot test of the questionnaires focused upon length of the instrument, time to complete and comprehension.

The administration of a mailout survey which includes a follow-up component takes a considerable amount of time to get "out of the field." Studies using this approach require more time to complete than to other methods such as telephone surveys.

Another possible source of concern when using a mailout approach is one of confidentiality, the possibility of someone other than the person to whom the mailout is directed opening the envelope. In order to address this concern, the evaluator had envelopes printed which stated across the front lower panel "Personal and Confidential."

B. Rationale for Using a Mail Survey with Telephone Follow-up

A number of methods were considered when the design of this study was being planned. However, the decision was to undertake this study using a mailout survey with a telephone follow-up. There were a number of factors involved in deciding upon this approach.

The study was not looking at randomly assigned attributes of the larger population, but rather at a specific population a number of years after a program intervention. Random digit dialing as a selection method was not appropriate as a specific population was being surveyed. Targeted dialing to specific program participants as a first wave of data collection did not necessarily allow time for an ample introduction to the study, something which Health Canada felt was required for informed consent. Furthermore, the AFM participant information system had undergone a number of revisions and participant telephone numbers were not part of the record.

There has been some discussion in the literature regarding the likelihood of telephone interviews being favoured over mailout questionnaires to result in socially desirable answers (Dillman, Sangster, Tarnai, Rockwood, 1996). The authors argued that the greatest pressure for socially desirable answers occurs during in-person interviews while the least is exerted in mailout surveys. The authors go on to discuss the results of their analysis regarding questions asked to the general public about drinking and driving behaviours. Their analysis revealed that 52% of mailout respondents reported never driving after drinking “compared to 63% of the telephone survey respondents” (*p* 01). This 11% difference clearly is consistent with a social desirability effect. The second question asked about riding with others who had been drinking, and it shows a similar effect, which Dillman and Tarnai (1991) also attribute to social desirability (*p* .01). This supported the decision to use a mailout method as the primary data collection method in this study.

A mailout approach using a telephone interview as a follow-up method was decided on for a number of reasons. The advantages of this approach mentioned above were seen as being important for a study of this nature. Health Canada wanted it emphasized to former program participants that participation in this study was voluntary. It was believed that informing the participants of the voluntary nature of this study in writing at time of receipt of the questionnaire emphasized this point. It was also believed that the provision of a postage-paid business reply envelope addressed to an independent consultant re-emphasized the confidentiality of the information they were providing.

It was also believed that a mailout approach, coupled with a telephone follow-up, would be the most likely to ensure an adequate number of respondents. However, while the original proposal called for using a “sample of 1000" the evaluators decided to increase the sample to include the whole participant population. It was felt that this would help to alleviate some of the problems that would be encountered in locating some participants (deceased, moved,name changed). To ensure that the evaluator had the latest addresses for the program participants, DDVL provided the last recorded address for the participants. It was these addresses which were used throughout the study. Telephone numbers had to be located by the research company based on last known addresses.

Response rates were similar between the mailout (28%) and the telephone follow-up (30%), although the mailout survey was able to connect with a greater number of participants. In total, 510 responses (out of 1844) were received by mail and 209 responses (out of 706) through the telephone interviews.

In part, the lower number of completes through the telephone method was due to the impossibility to locate telephone numbers for many former IDP participants.

To undertake the telephone follow-up, a telephone search was performed on 1727 participants from whom responses had not been received when the search began for telephone numbers. From this, 706 participants were found (41% of 1727) and 209 interviews were completed (30% of 706). Applying the same ratios to the whole evaluation population, telephone numbers would have been located for 756 participants (1844 x .41) which would have resulted in 227 completed questionnaires (756 x .30) if a telephone method alone had been used.

The use of both methods resulted in a total of 300 direct refusals – 101 from the mailout and 199 from telephone.

C. Implications for Future Studies

The fielding of this study was a time-consuming and challenging process. Future addictions research of a similar nature should be built on the learning resulting from this study. A telephone follow-up is an effective tool in which to increase response rate. However, it should not be used as the single methodological approach. Retrospective evaluations are problematic in that neither home address nor telephone number is always current. The time and associated costs in tracking past participants should be considered when developing study timelines and budgets. There is no ideal method.

A combination of mail and telephone surveying could be used in conjunction with focus groups or in-person interviews. Using focus groups or in-person interviews as an adjunct would be helpful in probing on former participant response to specific issues of interest.

Furthermore, protocols should be developed and used throughout the study to deal consistently and appropriately with inquiries and questions from program participants.

SECTION 2: STATISTICAL ANALYSIS

Note 1

In statistical analysis, the types of variables being measured dictate the type of measurement used. For this analysis, the categorical variables used in the self-reporting questionnaires were examined by the assessment or referral variable.

The first step in the statistical analysis was to conduct chi-square tests for goodness of fit. Chi-square examines the degree of divergence between the observed frequency and the expected frequency for each category. The chi-square was testing at a p .05 level of significance. A significant chi-square value indicates possible differences between the groups. A non-significant chi-square indicates minor difference between the groups.

Chi-square tests were performed on 27 scaled questions to determine whether there were significant differences between the assessment groups and the referral groups. Of those questions examined, only 10 appeared to have differences between the groups.

The questions were:

Q2c) The Impaired Driver's Program helped me realize some things about alcohol that I never knew before.

Q2d) The Impaired Driver's Program gave me information that I have used in other parts of my life.

Q2f) The Impaired Driver's Program gave me ways to help deal with social pressures.

Q2g) The Impaired Driver's Program showed me how things I did led to my drinking and driving.

Q3a) Before you were assessed by the AFM in 1990-91, did you think you had an alcohol problem?

Q3c) Before you were assessed by the AFM in 1990-91, did you think you had a problem with driving while impaired?

Q12a) In the last week, how often have you smoked cigarettes?

Q12g) In the last week, how often have you used seat belts while driving or riding in a vehicle?

Q13a) The Impaired Driver's Program should be for people with more problems than I had.

Q13b) I would have liked an opportunity to attend a more in-depth program.

The questions found to have significant chi-square values at the p .05 level were subjected to further analysis. The additional testing was conducted using t-tests with the intent to compare the means of each group to every other group. As with the chi-square tests, the assessment/referral groups were tested for variance at the p .05 level of significance.

T-test analysis of the 10 questions identified as significant at the chi-square level found few differences between the groups. In general, participants in the five referral groups responded in a similar fashion to the 10 questions identified.

Appendix D

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