Driving Standards Agency

Drink Drive Rehabilitation Scheme Course Syllabus

The Drink Drive Rehabilitation Scheme (DDRS) Course Syllabus sets out what must be covered by DDRS courses to ensure that participants are prompted, and supported, to

- recognise that their drink driving behaviour is inappropriate
- acknowledge their need to behave differently in order to be safe and responsible drivers

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Introducing the Drink Drive Rehabilitation Scheme Course Syllabus

The Driving Standards Agency (DSA) is responsible for setting the national standard for safe and responsible driving, and ensuring that all driving related interventions link to those standard. That national standard describes the skills, knowledge and understanding required to be a safe and responsible driver. The standard is relevant to initial training, post test development of skills and any remedial education for those who commit road traffic offences.

The Drink Drive Rehabilitation Scheme (DDRS) course syllabus is designed for those who opt to participate in the course as part of the sentencing court's disposal of their conviction. This course may be offered to those convicted of driving or being in charge of a motor vehicle with excess alcohol in their breath, blood or urine or of failing to provide a specimen. Its objective is to enable those individuals to change their behaviour to prevent further offending and thereby contribute positively to improved road safety.

This syllabus will be of use to course providers, trainers and facilitators, individuals, employers, Sector Skills Councils and standards setting bodies, regulatory authorities and awarding bodies, education and training providers and producers of learning materials.

In line with the DSA philosophy of safe driving for life, DSA acknowledges the driving standard will evolve over time, as will the learning outcomes of the DDRS course syllabus. DSA will continually engage with key stakeholders to ensure the DDRS course syllabus remains fit for purpose.

This syllabus has two units:

Unit 1: Understand the impact of alcohol use in relation to driving
Unit 2: Change alcohol use in relation to driving

Unit format

Learning outcomes

Unit ‘learning outcomes’ set out what a DDRS course participant is expected to know, understand or be able to do as a result of their participation.

Assessment criteria

The ‘assessment criteria’ of a unit specify the standard a participant is expected to meet in order to demonstrate that a learning outcome has been achieved. DDR is not, currently, formally assessed. ‘Assessment criteria’ should, therefore, be seen as providing a guide to the trainer, about when participants are ready to progress to the next stage of the course.

Unit content

The unit content identifies the breadth of knowledge, skills and understanding needed to design and deliver a course to achieve each of the learning outcomes.

Guidance for trainers

The DDRS course is built on a model that recognises six typical stages[1] in the process of individual, behavioural change:

- **'Pre-contemplation'** – where the idea that they need to change has not occurred to an individual because there is nothing in their frame of awareness to tell them that there is a problem
- **'Contemplation'** – where an individual has some awareness that there is a problem, some awareness that there might be benefits to changing but also, probably, a large degree of fear about the amount of work etc. that would be involved in changing
- **'Preparation'** – where a decision to change has been made, but needs thinking through in detail and where the individual can be easily put off.
- **'Action'** – where an individual actively changes their behaviour
- **'Relapse'** – where old habits and tendencies reassert themselves e.g. in times of stress
- **'Maintenance'** – where change has been integrated into the individual's life and has become automatic

Individuals attending DDRS courses are likely to have reached the Contemplation stage of this model. They may even have moved through Preparation and taken Action. Some individuals may be in a Relapse phase - remembering that they do not need to have been convicted before to have been motivated to try to change their behaviour. Wherever they are in the model, the overall purpose of the unit is to support them to take responsibility for their actions, recognise where they have acted inappropriately, and recognise that they can and should behave differently in compliance with the driving standard, road traffic law and for general health benefits. The model also aims to support learners putting in place strategies to achieve that change in behaviour.

[1] Prochaska, JO; DiClemente, CC. Toward a comprehensive model of change. In: Miller, WR; Heather, N. (eds.) Treating addictive behaviors: processes of change. New York: Plenum Press; 1986. p. 3–27.

The course makes the following assumptions about the conditions for effective behavioural change:

- Changing behaviour is more effective if people are engaged in thinking about their own solutions and setting their own goals.
- It is most successful when participants decide if and what they want to change.
- Successful change **does not** usually happen if the trainer strongly states a position while attempting to show trainees that they are wrong - this approach usually results in both parties becoming more and more defensive.
- The best approach to behavioural change is one that starts at the stage the individual has reached and builds upon that position - jumping straight to the 'action' stage will be counterproductive if the individual is still in the 'pre-contemplation' or 'contemplation' stage.

This syllabus is about supporting individuals to contemplate and move towards change by providing inputs that help them to

- understand and acknowledge the seriousness and extent of the issue that requires them to change their behaviour
- recognise the benefits that will flow from making a change

The factors that prevent understanding/recognition vary from individual to individual. Therefore, recognising the limitations of the course format, it is important that trainers take a client-centred approach. This means that they should work to establish a conversation with the participants founded on mutual respect. This approach is based on the idea that people resist taking on new understandings and resist modifying their behaviour if

- the person who is trying to teach them fails to respect and value their idea of who they are
- the person delivering the learning is not seen as 'genuine'
- the person delivering the learning is not seen as having legitimate authority

DDRS trainers may bring to the process a range of relevant, hard-earned, knowledge, understanding and experience. That input can be of immense value. However, if trainers rely simply on telling the participant what they should or should not do, evidence suggests that the participants will not really change the way they think and quickly forget what they have been taught. If, on the other hand, the trainer presents their knowledge, understanding and experience clearly and effectively, listens to the participant's reactions, helps them to identify any obstacles and supports them to identify strategies for overcoming those obstacles for themselves, there is the possibility of a long-lasting change in understanding and behaviour.

Unit 1: Understand the impact of alcohol use in relation to driving

Unit aim and purpose

The purpose of this unit is to provide participants with the information and understanding that will help them recognise that their behaviour is problematic and to move from the Pre- and Contemplation stages towards Preparation for Change.

Where an individual has already acknowledged that their behaviour is problematic the unit should reinforce and support their understanding and confirm them in their decision to Contemplate and Prepare for Change.

Unit introduction

This unit recognises that many of those exercising the option to participate in a DDRS course do not have a ‘drink problem’ as defined by the World Health Organisation; they do not engage in drinking that exceeds the government’s sensible drinking limits. Therefore this unit is not intended to be a ‘therapeutic’ or ‘clinical’ intervention. It is not intended to stop them drinking. However, the unit also recognises that some participants may well exceed those limits.

Participants completing this unit should gain a more realistic understanding of the way they use alcohol in relation to driving. In achieving this understanding they are also likely to gain a more realistic understanding of the way they use alcohol generally, which may lead them to think about the implications for their general health. This unit is not designed to deal with general health issues. However, it is reasonable that a participant should be able to ask for simple guidance about where they might seek further support if they feel they need it.

It is also right that those delivering this unit should have sufficient awareness of the broader context of alcohol use and alcohol related offending behaviour to be able to ensure their own safety and the safety of others. It is therefore, important that those delivering the course have an understanding of the issues this may raise, if only to comply with the ‘Management of Health and Safety at Work Regulations 1999’.

Unit 1: Understand the impact of alcohol use in relation to driving	
Learning outcomes	**Assessment criteria**
1. A realistic understanding of their drinking behaviour in relation to driving.	a) Acknowledge that the circumstances that resulted in conviction were under the participant’s control and that nobody else was to blame. b) Identify any lack of knowledge, reliance on ‘myths’ and errors in judgement or thinking used to rationalise and excuse drink driving. c) Assess readiness to change drinking behaviour in relation to driving.
2. Understanding of the potential impact of drink driving on themselves and others.	a) Explain the role played by drink driving in the overall KSI statistics. b) Explain the overall costs to society of a typical crash involving somebody who has been drink driving. c) Describe the potential impact on complete strangers and on themselves, their companions, friends and relatives, of being involved in a crash whilst drink driving. d) Explain the burden their actions place on the emergency services.
3. Understanding of the law relating to drink driving.	a) Explain what a conviction means in terms of their criminal record and its potential impact on: • ability to travel • the cost of obtaining medical and driving insurance • future employment prospects b) Explain the likely consequences of being convicted for a second offence of drink driving or for driving while disqualified. c) Explain what is meant by the term ‘high-risk’ offender.

4. Understanding of how alcohol reduces a driver's ability to drive safely and responsibly.	a) Explain what the various terms used to describe the amount of alcohol contained in a drink mean, for example units, % vol. b) Explain how alcohol acts to impair or modify: • motor skills • vision • hearing • thinking • emotions • perception of risk c) Explain, in broad terms, how alcohol is metabolised in the system and approximately how long it takes to remove a unit of alcohol. d) Explain how the effects of alcohol can be multiplied by the use of over the counter, prescription or illegal drugs and by fatigue.
5. Understanding of the broader health effects of alcohol consumption.	a) Explain, in broad terms, the medium and long term effects of alcohol consumption on the body. b) Explain the recommended safe limits for alcohol consumption. c) Explain, in broad terms, what is meant by hazardous drinking. d) Explain, in broad terms, what is meant by 'binge' drinking and 'harmful' drinking.
6. A realistic understanding of their alcohol use, in general, and in relation to driving.	Produce a realistic assessment of alcohol use, with particular reference to driving.
7. Acceptance of responsibility and accountability for the actions that led to their conviction.	Acknowledge that their conviction for drink driving was the result of decisions they made.

Unit 1 content

1. Their drinking behaviour in relation to driving.
a) Acknowledge that the circumstances that resulted in conviction were under the participant's control and that nobody else was to blame. Meaningful changes in thinking and behaviour are more difficult to achieve if the participant has an unrealistic understanding of what they have done, and what has happened to them. Acceptance of responsibility is part of the movement towards change. This is not about blaming or criticising poor-quality thinking or 'excuses'. It is not about identifying the causes of 'distress' or symptoms in the past and it does not require catharsis or public apology. The focus should be on the 'here and now' to obtain a realistic understanding as a basis for change. Participants may not be able to acknowledge their ability to behave differently at this stage, but this can be set as the objective of the course.
b) Identify any lack of knowledge, reliance on 'myths' and errors in judgement and thinking used to rationalise and excuse drink driving. Full and correct knowledge can be sufficient for some to change their behaviour. Full and correct knowledge can undermine 'habitual'/auto-pilot responses and support active decision making. Full and correct knowledge undermines rationalisation of behaviour and focuses on participant's responsibility for their actions.
c) Assess readiness to change drinking behaviour in relation to driving. 'Readiness Ruler' or similar to surface willingness/perceived barriers to change.
2. The potential impact of drink driving on themselves and others.
a) The role played by drink driving in the overall KSI statistics. Drink driving is a significant contributory factor in crashes (9% of fatal and 6% of serious[2]). How easily a small error of judgement can cause a serious crash.
b) Overall costs to society of a typical crash involving somebody who has been drink driving. Average cost to society of a serious crash (= £216,203[3]). Made up of emergency service time, legal costs, long term care for those injured - which the insurance companies identify as one of the major reasons why car premiums are so high.

[2] Road Accidents and Safety Annual Report 2011, Table RAS50001
[3] Reported Road Casualties in Great Britain: 2011 Annual Report

c) Potential impact on complete strangers and on themselves, their companions, friends and relatives of being involved in a crash whilst drink driving.

The emotional impact of causing death or serious harm to others, such as guilt or anger. Loss of self-confidence and self-esteem. Ripple-out impact of crashes. Passengers and other road users injured or killed. Disruption to family life, loss of loved ones, loss of people with skills, loss of employment, friendships broken.

d) The burden their actions place on the emergency services.

Time taken up dealing with the consequences of drink-driving, especially in the context of reduced resources. Emotional burden placed on emergency personnel.

Note: Although there may be benefit from using emergency personnel to highlight the potential consequences of drink related crashes, there is also evidence that exposure to 'shock-horror' messages can cause some individuals to close-down and deny any connection between their behaviour and the scenes they are exposed to.

3. Understanding of the law relating to drink driving.

a) What a conviction means.

Possible imprisonment, fines, disqualification, confiscation of vehicle, requirement to re-take driving test or extended driving-test. Drink driving is an 'absolute offence'. How long is an offence 'on-file'? The possible impact of a criminal record on the participant's ability to travel e.g. to the USA, and on costs of insurance and future employment. The requirements under certain circumstances to declare the conviction under the Rehabilitation of Offenders Act 1974.

b) The likely consequences of being convicted for a second offence of drink driving or driving while disqualified.

Increasing/maximum penalties. Classified as a 'high-risk' offender.

c) What is meant by the term 'high-risk' offender.

High-risk offenders are those who

- are convicted of two drink driving offences within ten years
- drive with two and half, or more, times the legal limit for alcohol in their blood
- fail to provide the police with a sample of breath, blood or urine

High risk offenders do not get their licence back automatically after a period of disqualification. DVLA medical advisor requires a medical assessment before licence is returned or withdrawn. Financial implications in relation to licence application,

DVLA medical fees and motor insurance.
4. Understanding of how alcohol reduces a driver's ability to drive safely and responsibly.
a) What the various terms used to describe the amount of alcohol contained in a drink mean. What is meant by a 'unit' of alcohol; what a 'unit' looks like in different types of alcoholic drink; how to calculate how many 'units' there are in a drink; what is meant by % vol and specific gravity. That individuals may react differently to various forms of alcohol.
b) How alcohol acts to impair or modify. Impact of alcohol on • higher cortical functions e.g. planning, judgement, cognition, calculation, attention, vigilance, sequencing, and memory • perception, discrimination, association, and voluntary response • speed of the eyes in pursuing a target • saccadic motion and latency times • reaction times • ability to fixate and focus • spatial orientation Vision and spatial awareness may be affected beyond the period when alcohol is detectable in the body. Alcohol induced euphoria, impaired judgment of risk and impaired decision making. Slower, weakened or uncoordinated physical response.
c) How alcohol is metabolised in the system and approximately how long it takes to remove a unit of alcohol. How soon alcohol starts to impair performance and how long it continues to have a negative effect. That alcohol is absorbed quickly and eliminated slowly. That even the smallest amount of alcohol has an effect on performance. How to calculate, on average, how long alcohol will remain in the body. The morning after affect and the dangers of 'topping up'. How alcohol affects people differently, e.g. men and women. How the impact of alcohol can vary according to physical state, fatigue etc. and the dangers of relying on 'average' models. Myths about preventing the negative effects of alcohol and about speeding up the elimination of alcohol from the body (such as drinking coffee). Why the only safe level of alcohol is zero.

d) How the effects of alcohol can be multiplied by the use of prescription or illegal drugs and by fatigue.

Many over-the-counter/prescription drugs multiply the effect of alcohol in the system. Combining alcohol and some illegal drugs may cause extremely dangerous reactions e.g. cocaethylene. Ability to drive with alcohol in the system may be further reduced if the driver is fatigued or has a low blood-sugar level. Alcohol ingestion results in a lowering of the blood sugar levels. Alcohol induced hypoglycaemia reduces ability to drive safely even where blood alcohol levels are within legal limits.

5. Understanding of the broader health effects of alcohol consumption.

a) The medium and long term effects of alcohol consumption on the body.

Alcohol impacts on all body systems including gastro-intestinal tract, the liver and pancreas, muscles, blood, heart, endocrine organs, immune system, respiratory system, fluid and electrolyte balance. Increased incidence of cirrhosis of the liver, high blood pressure, increased risk of mouth, neck and throat cancers, breast cancer, heart attack, depression, obesity, loss of fertility and libido. Risks during pregnancy.

b) The recommended safe limits for alcohol consumption.

The NHS recommends men should not regularly drink more than 3-4 units a day. Women should not regularly drink more than 2-3 units a day. 'Regularly' means drinking these amounts every day or most days of the week.

c) What is meant by hazardous drinking.

Hazardous drinking is when a person drinks over the recommended weekly limit (21 units for men and 14 units for women).

d) What is meant by ‘binge’ drinking and ‘harmful’ drinking.

Binge drinking is drinking lots of alcohol in a short space of time, drinking to get drunk or consuming 8 or more units in a single session for men and 6 or more for women. Harmful drinking is when a person drinks over the recommended weekly amount and has experienced health problems directly related to alcohol.

6. Their alcohol use, in general, and in relation to driving.

A realistic assessment of their alcohol use, with particular reference to driving:

Tools to record or assess alcohol use, such as reflective drink diaries. Tools to help understanding of whether alcohol use has moved into the harmful category, such as AUDIT.

Note: Where a participant comes to an understanding that their alcohol use may be having a significant negative impact on their body and shares that concern with the trainer, they should be referred to further sources of support. It is therefore important that the trainer is familiar with concepts such as ‘harmful drinking’ and that there is a process in place for referring or providing the necessary information to allow a participant to self-refer. That requirement could be satisfied, for example, by giving the participant a leaflet with appropriate contact details. This process should be confidential, unless the participant wishes to share their concerns.
7. Acceptance of responsibility and accountability for the actions that led to their conviction.
Acknowledge that their conviction for drink driving was the result of decisions they made. Revisit issues in 1 above. Has understanding moved? Is there a foundation for change?

Unit 2: Change alcohol use in relation to driving

Unit aim and purpose

The purpose of this unit is to support participants in preparing for and making changes to the way they use alcohol in relation to driving.

This should include

- deciding to change
- setting SMART goals for changing the way they use alcohol
- recognising the things in their private and work lives that can trigger or reinforce inappropriate use of alcohol
- developing strategies for overcoming the things that trigger inappropriate use
- gaining the support of others for planned change

Learning outcomes	Assessment criteria
1. Understanding of readiness to change behaviour.	a) Make an honest assessment of readiness to change: • What gives the participant confidence in their ability to change? • What is stopping the participant from making a change? b) Identify the advantages and disadvantages of changing behaviour.
2. SMART goals for change.	Set a goal to change behaviour that is • **S**pecific • **M**easurable • **A**chievable • **R**elevant • **T**imely
3. Understanding triggers for drink driving/barriers to change.	a) Explain the factors that trigger or encourage drink driving behaviour, such as workplace, lifestyle, social activities, etc. b) Explain the factors that make it difficult to change.

4. Strategies for dealing with trigger situations, overcoming barriers and maintaining changed behaviour.	Identify strategies to support changed behaviour, such as • planning ahead • ‘if-then’ rules • ‘change contract’ • mini-goals • support/facilitators • change diaries • ‘rewards’ for successful change • review the goal • continue to review behaviour • new ‘if-then’ rules • call on your support • be realistic and don’t be too hard on yourself

Unit 2 content

1. Understanding of readiness to change behaviour.
a) Make an honest assessment of readiness to change. It is vital that the participant is clear about what they feel they can rely on to give them support and what they think is preventing, or may prevent, them making a success of change. Those with high levels of confidence are more likely to achieve successful change and to solve problems on the way. Tools to assess confidence levels e.g. ‘confidence ruler’. Using positive feedback from confidence ruler to • reinforce understanding of how supporting resources can be used • focus on ways to enhance confidence Using negative feedback to help clarity about barriers to change or triggers for failure. Enhance confidence by remembering previous successes, watching successful people and modelling own behaviour, co-opting the support of relatives and friends. If confidence remains low think about producing less challenging goals as a first step.
b) Identify the advantages and disadvantages of changing behaviour. Participant works out, for themselves, the costs and benefits of changing and not changing behaviour. Use of cost/benefit balance sheet. If there are more disadvantages focus on reducing disadvantages. Important to own the disadvantages of changing. It is unreal to pretend there are no advantages to existing behaviour. Summarise to produce a clear understanding of the risks associated with existing behaviour. What could life be like if the participant didn’t change? Use balance sheet to decide what is a realistic change.
2. SMART goals for change.
Set a goal to change behaviour that is • **S**pecific • **M**easurable • **A**chievable • **R**elevant • **T**imely

Specific – Goals should be clear and precise, such as “I will not drink on the evenings when I have to get up early for work the next morning”.

Measurable – There should be a clear measure of the outcome and no ambiguity about whether the goal has been achieved.

Achievable – Goals should be within reach but challenging. Failure can demotivate. But – alcohol is not like chocolate. Being ‘less drunk’ is not an option.

Relevant – Stopping drinking spirits at the weekend is not relevant if the problem is drinking too much during the week and still being over the limit when it’s time to drive to work in the morning.

Timely – Is the goal the right thing for the participant right now? They may want to reduce their alcohol use overall. Stopping drinking at critical times may be the vital first step.

3. Understanding triggers for drink driving/barriers to change.

a) Factors that trigger or encourage drink driving behaviour.

Much drinking behaviour is habitual and triggered by the environment, at social functions for example. Changing patterns and environment supports changed drinking behaviour. Alcohol as a response to stress. Participants may not be conscious of triggers for drinking. Tools to identify situations where participants feel the need to drink.

b) Factors that make it difficult to change.

Some factors, such as corporate or peer group culture, may work actively to frustrate attempts to change.

4. Strategies for dealing with trigger situations and overcoming barriers.

Identify appropriate strategies

Planning ahead to avoid/dilute the impact of high-risk/trigger situations that make it especially difficult to perform changed behaviour. Build in coping strategies.

‘If-then’ rules remind the participant to do their new behaviour.

‘**If** the lads at work suggest we go out for a drink **then** I will ask who is going to be the nominated driver.’ ‘**If** nobody is willing to be the nominated driver **then** I will say I cannot make it.’ ‘**If** I do get drunk **then** I will take a taxi home’. Repetition will make the response automatic. ‘**If** I let myself down **then** I will use it as a learning

experience so that I don't make that mistake again.'

'Change Contracts' – written, signed, contract with a significant other such as the trainer, a partner, a best friend to reinforce intention to change.

Mini-goals reduce the change to manageable but challenging steps. Manageable steps bring earlier rewards, motivating change to the next mini-goal.

Identifying those who will give support, at times of stress, and in the long-term. Somebody close and trusted or a self-help group. Creating your own support groups. People who will understand failure but will encourage continued efforts. Identifying other supporting resources, such as sports centres or places to go and relax when stressed, websites.

Self-monitor in a reflective change diary. Record success, identify reasons for failure. Recognise patterns that build up before failure. Share the diary, for instance within a Change Contract.

Rewards for success. Give yourself a pat on the back. Give yourself a treat. Bring supporters into celebration of success. Resist 'rewarding' success by permission to drink.

Review goals. Extend them if achieved. Devise a mini-goal if not achieved.
Review your behaviour to gain a better understanding of triggers and of strategies that work for you. As new triggers are identified devise new 'if-thens'.

Make use of your support people and systems. Make it a habit to use them even if you don't need them, even when things are going well.

Be realistic about yourself and what you can achieve. Stretch yourself but don't set yourself up to fail.