Reducing the drink driving road toll: A case study in integrating communication and social policy enforcement

A thesis submitted in fulfilment of the requirements for the degree of Master of Arts

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June 2004
Declaration

I certify that except where due acknowledgement has been made, the work is that of the author alone; the work has not been submitted previously, in whole or in part, to qualify for any other academic award; the content of the thesis is the result of work which has been carried out since the official commencement date of the approved research program; and, any editorial work, paid or unpaid, carried out by a third party is acknowledged.

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Samantha L. Snitow

June 2004
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<td>Australian Transport Safety Bureau</td>
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<td>BAC</td>
<td>Blood Alcohol Concentration</td>
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<td>FORS</td>
<td>Federal Office of Road Safety</td>
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<td>IMC</td>
<td>Integrated Marketing Communications</td>
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<td>MUARC</td>
<td>Monash University Accident Research Centre</td>
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<td>NHTSA</td>
<td>National Highway Traffic Safety Administration (US)</td>
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<td>OECD</td>
<td>Organisation for Economic Cooperation and Development</td>
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<td>RBT</td>
<td>Random Breath Testing</td>
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<td>RSA</td>
<td>Responsible Serving of Alcohol</td>
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<td>TAC</td>
<td>Transport Accident Commission</td>
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<td>TAS</td>
<td>Traffic Alcohol Section, a division of the Victoria Police</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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Abstract

This thesis presents a case study of the drink drive initiatives, including marketing communications, legislation and enforcement practices implemented in the state of Victoria (Australia) between 1989-2000. It has been argued that the 51% reduction in road toll was related to these initiatives. In order to explore the veracity of these claims, a holistic case study approach was adopted. In addition to an examination of the communications tactics and extant practices of enforcement agencies, the study involved interviews with two distinct groups: professionals in various fields pertaining to road safety, and members of the general Victorian driving community. The focus of this work was on the advertising and communications campaigns that were run by the Transport Accident Commission from 1989-2000; however the policy and enforcement initiatives were also examined in terms of their potential impact on the lowering of the road toll. Suggestions for the improvement of policy and communication strategies within a social marketing context are made.
**Introduction**

Road safety is a serious problem that concerns motorised countries both rich and poor around the world. This thesis was undertaken in response to this problem and the need for improvements in jurisdictions around the world. This work is a case study of one jurisdiction that has achieved a significant reduction in its road toll over the past 15 years. More specifically, the study focused on one aspect of this jurisdiction’s road toll reduction efforts, the issue of drink driving. The jurisdiction, the Australian state of Victoria, was selected both for its uniqueness (of initiatives) and the potential insight it could provide as a case. This research examined the tripartite method that Victoria utilised which integrated legislation, enforcement, and advertising initiatives which resulted in both attitude and behaviour changes among the Victorian community. This case study examined data in the forms of documentation, interviews, and direct and participant-observation to draw its conclusions. All of the data are examined within the context of the relative component: legislation, enforcement, and finally advertising. The thesis culminates with two concluding chapters, one focusing on the Victorian initiatives and one addressing the future of anti-drink driving initiatives.

In 2003, on average in Australia, road accidents resulted in one death each day, one severe brain injury every four days, a paraplegic or a quadriplegic was produced every 17 days, someone was admitted to hospital every three hours, and there was a person injured every 30 minutes (TAC, 2002). These statistics portray a very grim reality, especially considering that these statistics describe one of the safest jurisdictions in the world in this area. In 2003, 330 people died, 6,642 people were seriously injured, and 16,274 people suffered minor injuries on Victorian roads. Across the whole of Australia, road accidents cost the country $17 billion in 2003, which is more than the annual defence budget (ibid). Yet in 2000, Australia was rated the eleventh safest nation out of all OECD nations in regards to the road toll per

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1 The Organisation for Economic Co-operation and Development (OECD) is a group of 30 countries whose work covers economic and social issues. The OECD is a measure often used by Australia for international comparisons covering a range of issues. The OECD is comprised of the following countries: Australia, Austria, Belgium, Canada, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, Mexico, Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Spain, Sweden, Switzerland, Turkey, United Kingdom, United States
100,000 population and the eighth safest for the number of deaths per 10,000 registered vehicles (Australian Transport Safety Bureau, 2002). Thus statistics like those mentioned above, which come from one of the safest nations in the world regarding road safety, provide an explanation as to why the World Health Organisation (WHO) recently reported their prediction that road traffic injuries will be ‘the third leading contributor to the global burden of disease and injury’ by 2020 if appropriate action is not taken (World Health Organisation, 2004b). According to WHO, an estimated 1.2 million people are killed worldwide every year in road crashes, while an additional 50 million are injured (ibid).

**Thesis structure**

This chapter gave an overview of the research that was conducted, its background, and the significance of the study. Chapter Two reviews the methodological approach conducted throughout the research process, and the literature supporting its use. Chapter Three presents the legislation initiatives implemented in Victoria, through an examination of the literature regarding the issues of BAC and civil liberties, and comments from professionals in the road safety field and community members. Chapter Four examines the enforcement initiatives implemented, also by considering the literature, involving deterrence theory and random breath testing, and data obtained regarding these practices from the professional and community interviews. Chapter Five presents the advertising initiatives in regards to the literature on a multitude of advertising theories and debates. Information gathered from professionals and community members is also examined. Chapter Six discusses the answers to the research questions. Chapter Seven presents information that was discovered however was not directly related to the objectives of this work. Limitations to the case study and suggestions for future anti-drink drive campaigns are presented.
1: Background to the Study

The study presented here is an exploration and assessment of the major drink drive initiatives that were implemented in Victoria, Australia between 1989 and 2000. The study encompasses initiatives from the legislative, enforcement, and advertising (public education) environments. In this case, initiatives from these three areas, henceforth known as ‘components’, were combined to form an integrated campaign. Integration of these components has been moulded into and classified as the ‘tripartite model for behavioural compliance in a social marketing campaign’. The tripartite model displayed prominently throughout this case; each component will be examined both individually and as a sum of the parts in three subsequent chapters. It has been observed that in this case, the use of a tripartite model appeared to have been a pivotal factor in the successful implementation of a drink drive road safety campaign.

Road Safety in Australia and Worldwide

Road safety is a field which concentrates on reducing the numbers of and consequences of vehicle crashes. Reductions and consequences of vehicle crashes are affected by creating and implementing management systems that integrate multiple arenas through a holistic approach. The facets that comprise road safety are: road user attitudes and behaviours, legislative policy, enforcement, engineering, road environment, and technology. Each of these factors affects the road toll, which is defined as the number of people who have died in road accidents. When evaluating a jurisdiction and its road toll, it is important to consider the size of the jurisdiction, the number and type (car, truck, motorcycle) of registered vehicles, the number of registered drivers, and the driving environment (eg metropolitan or rural area). This is necessary because these factors may each need to be addressed by different strategies (for example using police cars for random breath testing in rural areas compared to utilising large buses in metropolitan areas).

In the 1970s, road safety became an issue that gained attention internationally. Since then different strategies have been implemented in a range of countries that led to varying results in the overall road toll (see Figure 1 on p4). Australia (and Victoria specifically) implemented a tripartite approach to road safety, integrating legislation,
enforcement, and advertising to address road safety issues. In this time, Australia’s road toll since 1970 has been halved.

In 1990 Sweden lowered its BAC limit to .02. As of 2000, Sweden was one of the three safest OECD countries based on number of fatalities per 100,000 population and per 10,000 registered vehicles (Australian Transport Safety Bureau, 2002). Conversely, the United States has reduced its road toll by only a third since 1970. While advocacy in the United States has been strong, legislation and enforcement efforts have been weak and have not gained much support (as evidenced by the United States having some of the highest blood alcohol concentration levels in the motorised world).

Over the last twenty years, many countries have changed their approach to road safety. Previously there was a focus on isolated publicity and information efforts (Breen, 2004). However during the 1980s, many countries around the world have implemented a ‘systems’ approach to road safety. The systems approach addresses the traffic system as a whole unit, and looks at the interactions between road users, vehicles, and the road infrastructure in order to identify solutions (World Health Organisation, 2004a).

![Figure 1: Trends in fatalities per 100,000 population in selected OECD Regions (OECD, 2001)](image-url)
Road toll numbers have decreased over the past three decades while motorisation and population levels have increased. The following numbers illustrate this point: in 1970, with more than 4.5 million registered vehicles in Australia, there were 7.96 road fatalities per 10,000 registered vehicles. In 1997, the rate had decreased to 1.58 deaths per 10,000 registered vehicles, while there were over 11 million registered vehicles (Australian Transport Safety Bureau, 1997). In terms of population, in 1970 there were 30.4 fatalities per 100,000 population. In 1997, the rate of fatalities had dropped to 9.7 per 100,000 population. In 1970 Australia had a population of approximately 12.5 million, with an increase to a population of over 18.5 million by 1997 (ibid). Figure 2 (below) and Figure 3 (p6) depict these patterns from 1925 through to 1997.

Figure 2: Road fatalities per 10,000 registered vehicles and 100,000 population, Australia 1925-97

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2 Source: (Australian Transport Safety Bureau, 1997)
**Drink Drank Drunk?**

There are three levels of driving that involve alcohol which need to be defined for this thesis. These definitions are not universal, and are not strictly the definitions used within Victoria. It is for the purpose of meaningful discussion that these terms need to be defined.

**Drinking and driving** relates to a driver who has consumed a small amount of alcohol (that would result in a BAC of under .02) and then drives a motor vehicle.

**Drink driving** refers to a motorist who is driving after their consumption of alcohol would result in a BAC within the range of .02 to .10.

**Drunk driving** refers to a driver who is operating a motor vehicle with a BAC at or above a level of .10. The BAC level of .10 was chosen because it is at this level that many of the visual behavioural impairments of alcohol occur. It is these visual impairments that many community members use to distinguish a ‘drunk driver’, so therefore it will be used as the classification in this work. This distinction is problematic however, and will be discussed in a following chapter.

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3 Source: (Australian Transport Safety Bureau, 1997)
Australians and Alcohol

Alcohol plays a major role in the larger Australian social society and it is understood that beer consumption is an Australian pastime (Pettigrew, 2002). Its function is versatile, illustrated by the clichéd image of ‘mates having a few drinks ‘round the barbie’, the prevalence of alcohol at sporting events, and the almost iconic status of the major beer brands. According to Pettigrew, “Alcohol plays a major symbolic role in Australian culture, with beer being closely associated with the Australian lifestyle [Fiske, et al, 1987; Kerr et al., 2000] (p113)”. Australians were the ninth largest per capita consumers of beer in the world as of 1999, which illustrates that the perceived link between beer and Australians is correct (Productschap Voor Gedistilleerde Dranken., 1999. as cited in Pettigrew, 2002, p113). Further, Australia’s per capita alcohol consumption was ranked 20th in the world in 1996 (Commonwealth of Australia, 2001). In a country in which alcohol is engrained to such a degree in the culture, some of the consequences of alcohol consumption (e.g. drink driving) are bound to occur.

Alcohol is not only a significant component of Australian social lives, but it is considered by Australians to be ‘an integral part of Australian life and culture’ (Commonwealth of Australia, 2001). This strong linkage between alcohol and the Australian community was an issue that would have warranted attention when a campaign to address drink driving was being developed. If this link had been ignored and a campaign was created that intended to sever the relationship between Australians and alcohol completely, it might be deduced that it would likely have been denied credibility and attention by the Australian community. Conversely, a campaign designed to alter attitudes and behaviours that allowed for the consumption of alcohol would have a higher chance of resonating with the community and therefore potentially gaining their acceptance. Ultimately this acceptance could result in a change of attitude and the adoption of desired behaviours and minimisation of undesirable behaviours. Furthermore, drink driving was an ingrained behaviour among Australians, evidenced by the high percentage of road deaths related to alcohol. For example, in 1981, 41% of Australian road fatalities of drivers and motorcycle riders had a BAC of .05 or above (Australian Transport Safety Bureau, 1997). Thus the campaign strategy needed to provide specific and credible reasons as to why drink driving was an undesirable and unacceptable behaviour, as well as
providing alternative behaviours to driving when drinking. While working to alter behaviours, an attitudinal change needed to be addressed as well, both at the community and individual level. These attitudinal shifts would support the change of behaviours by the individual by making the behaviours a socially immoral and therefore undesirable action.

**Road fatalities in the '70s and '80s**

Road fatalities became an increasingly serious issue in the 1970s and 1980s in Australia. According to the Australian Transport Safety Bureau (ATSB), there were 3,798 road fatalities in 1970, representing 30.4 deaths per 100,000 persons or 8 per 10,000 registered vehicles. The number of deaths fluctuated within the 3,000-4,000 range throughout the 1970s and mid 1980s. The number of fatalities was beginning to gain attention within the community and the road toll became a community issue. In Victoria, the newspaper the *Sun News Pictorial* began one of the first community campaigns against drink driving, launched in November 1970 entitled, ‘Declare war on 1034’. 1034 was the number of people killed on the roads in Victoria the previous year. The following quote from the article illustrated some of the facts used to try to engage and stimulate Victorians:

> Ten Thirty-Four isn’t just a road toll figure for 1969. It is a symbol of the dreadful carnage that makes this state statistically the most dangerous place on Earth for drivers...When a bridge collapses and 34 people die, we are rightly horrified. But we accept, almost without question, that four times that number will die between now and Christmas swiftly and shockingly (Sunday Herald Sun, 1995).

However the Sunday Herald Sun’s call to action was not taken up by the community for almost twenty years, as the road toll remained in the 800s and 900s throughout the 1970s. While the organisation VicRoads launched smaller public education campaigns throughout the 1980s in Victoria, they had little or no effect on the community as the road toll fluctuated within the 600 and 700 range. It was in 1986 that the first all-encompassing step was taken to combat the road toll. Under the Victorian Transport Accident Act 1986, the TAC, or Transport Accident Commission was established. The TAC is a third-party government insurance agency whose intention is to ‘ensure that road accident victims received adequate compensation and

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4 In 1995 the Sunday Herald Sun published an article detailing the ‘Declare War on 1034’ campaign, and included quotations from articles written in 1970.
the cost of road accidents to the community was reduced’ (Transport Accident Commission, n-d).

The TAC is responsible for paying the compensation and early rehabilitation costs for people injured in transport accidents, and also for minimising the cost and occurrence of transport accidents.

With regard to the TAC’s responsibility of minimising the cost and occurrence of transport accidents, the TAC implemented a variety of initiatives, from a graphic advertising campaign to the execution of stationary random breath testing. These initiatives will be featured throughout this research.

In November 1989, the TAC launched its first advertising campaign on drink driving, which continued relatively unchanged through the year 2000. While the components of its success are an issue under debate, the road toll in Victoria dropped from 776 in 1989 to a low of 376 in 1994, fluctuating but settling on 383 at the conclusion of 1999. The campaign was comprised of a tripartite approach, encompassing legislative, enforcement, and advertising components.

**Victoria as a leader**

This study was set in Victoria, Australia and examined a case where there appears to have been success in reducing the drink driving road toll. In addition, an aim of this research was to identify the successful components of the campaign and present them as an example of a potential model for developing initiatives to combat drink driving behaviour in developed countries. Australia was primarily chosen due to the success it has achieved in lowering its road toll since the late 1980s. While not the only country to demonstrate this success, Australia as a nation was chosen due to similarities it shares with the United States of America. One major focus of commonality is the influence and importance of alcohol in the societies’ social structures.

Victoria as a state was chosen for the successes it claimed to have achieved in minimising drink driving. Statistically Victoria also appeared to have lowered its overall road toll\(^5\) more successfully over the 1989-1999 timeframe of this research in

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\(^5\) While comparisons amongst the states detailing alcohol fatalities would have been more applicable, this information was not publicly available.
comparison with other Australian state and territories (see Figure 4 below)\(^6\). While New South Wales (NSW) and Victoria began with the highest levels of fatalities, and NSW also experienced a large reduction in their road toll, it appears that Victoria’s was more pronounced and resulted in an overall lower fatality rate.

![Number of fatalities](http://tssu.atsb.gov.au/Query_DB.cfm)

**Figure 4: Australian Fatalities by State from 1989-1999\(^7\)**

Over the time frame of this case study Victoria consistently had one of the lowest percentages of fatal accidents due to drivers with an illegal BAC among Australian states and territories (Australian Transport Safety Bureau, 1998). Victoria has both metropolitan areas and rural areas, and has a relatively heterogenous population. In addition, as the smallest state on the mainland Victoria is more comparable to a majority of US states (by area) than other Australian states or territories (Wikipedia\(^\text{a};\) 2000). This is important regarding enforcement initiatives and resources, such as mobile breath testing units. Thus, parallels are more easily drawn between the average US state and the Australian state of Victoria when it comes to the area of the jurisdiction and possible enforcement initiatives. These demographics, in

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\(^6\) Statistics of alcohol fatalities by state were not accessible

conjunction with its initiatives and supposed successes led to the choice of Victoria for this case study.

**Significance of the Study**

At the beginning of 1995, five years into its road safety program, Victoria was declared to have “the safest roads of anywhere in the world” (Black, 1995). From 1989 to 1994, the road toll on Victoria’s roads was reduced by 51%, down from 776 fatalities; making the 378 people killed on the roads in 1994 the lowest toll ever recorded. Between 1995 and 2000 the numbers fluctuated from a record low of 377 deaths to a high of 418. There have been numerous studies undertaken to determine whether or not the TAC initiatives, most specifically the TAC’s advertising campaign were the cause of the reduction. It is claimed by the TAC that their advertising campaign, in conjunction with .05 legislation and the implementation of random breath testing (RBT) was largely responsible for the drastic reduction in the Victorian road toll. The TAC has used research from the Monash University Accident Research Centre (MUARC) and Brian Sweeney Research to base this claim. The Victorian initiatives are considered ‘world’s best practice’ by some international organisations (Breen, 2004). Several other countries, including the U.S. have sent representatives to Victoria to examine the initiatives in their context, to consider if any of the initiatives are applicable in their jurisdictions (Sinclair, 2004). New Zealand is one country that has adopted the TAC’s advertising style and created their own campaign based on the concepts of the TAC initiatives.

Despite the TAC’s claims and the MUARC research, there is disagreement within the Australian road safety field as to whether or not the TAC campaign was the cause of the reduction in road toll. In addition there are claims that millions of dollars were unnecessarily wasted on the high-cost television advertisements. The most vocal of opponents is Dr. Michael White, a researcher at Transport South Australia. He has written multiple reports on the subject of the MUARC research, which he believes is incorrect [(White, 2000, 2001; White & Walker, 2002; White, Walker, Glonek, & Burns, 2000)]. There are others in the road safety field that concur with Dr. White, and agree with his argument that the MUARC research is faulty and the economy was the major factor in the road toll decline (pers comm., 2003). This argument over the success of the TAC campaign is based on quantitative methods and measurement
issues relating to econometric models. This case study considered human attitudes and behaviours.

It would appear that amongst the quantitative research there is little qualitative work on the subject of the Victorian, and more specifically, the TAC initiatives. Therefore qualitative research may provide more holistic and detailed information, which could ultimately result in a more robust understanding of the impact of these initiatives on the attitudes and behaviours of Victorians. Thus a case study methodology was adopted to focus on the initiatives in Victoria as a whole, and interviews were conducted to collect in-depth information directly from members of the Victorian community. This information may be helpful in planning future anti-drink drive initiatives, both in Victoria, other Australian states and territories, and in other countries with comparable societies.

**Purpose of the Study**

The purpose of this study was to examine and analyse the initiatives implemented in Victoria to minimise drink driving, and particularly those implemented by the Transport Accident Commission. Specifically, this study aimed to ascertain which initiatives were successful in affecting drink driving attitudes and behaviours in Victoria. By taking a qualitative ‘case’ approach this study intended to gain insight in to how the initiatives affected the Victorians that were exposed to them. In particular, this research sought to obtain and present information in a manner that may allow for cross-cultural adaptation for countries with similar societal aspects that have not achieved comparable reductions in their drink driving road behaviours. To obtain this information the following research questions were put forward:

1. How have the attitudes toward drink driving changed among Victorians since 1989?
2. What has changed in drink driving behaviour since 1989?
3. What factors have led to a reduction in incidences of drink driving in Victoria?
4. What types of advertising tactics are effective in changing people’s attitudes/behaviours regarding drink driving?
5. What direction could future anti-drink driving campaigns take to improve upon the success of their predecessors?
Scope of work

While addressing the abovementioned questions, the thesis will be guided by the following boundaries and limitations: although a version of the Transport Accident Commission’s (TAC) ‘Bloody Idiot’ drink driving advertising campaign continues in 2004, this thesis will only evaluate advertisements and initiatives up to the commencement of the year 2000. While it is noted that the road toll has fluctuated since the end of 1999, the commencement of the year 2000 serves as a cutting off point for various reasons. Firstly, the time period of December 1989-December 1999 spans an entire decade, and one that encompasses the majority of new initiatives implemented in Victoria’s first comprehensive attack on the road toll. Secondly, ten years in an extended time that allows for various reactions and responses to road safety initiatives from the target audience (e.g. advertising wear-out, compliance, trial and acceptance or trial and rejection). Thirdly, as this is a qualitative work it is dependent upon existing quantitative data, and it is necessary to leave a window after the timeframe so there is access to data spanning the entire ten years, not solely the earlier years. As the initiatives that led to a significant change in road toll were implemented in 1989 and the early 1990s, and a score of information has been contributed to the road safety arena since that time, 1989 became the starting date and for reasons explained above the conclusion of 1999 is the ending date.

Although the ‘Bloody Idiot’ Campaign was a single stream of the TAC’s entire ‘Road Safety’ Campaign, there was neither the time nor space in this thesis to examine the other campaigns. It also has been posited that the ‘Bloody Idiot’ Campaign could have been run independently while attaining similar results. This will be discussed in a subsequent chapter. However the possible implications of the ‘Bloody Idiot’ campaign being run in conjunction with other road safety messages will be addressed. In addition, highlight initiatives of other campaigns that could be linked with drink driving will be examined, such as the implementation of speed cameras, the mandatory seat-belt legislation, and bicycle helmet legislation.
Lastly, while Australia as a whole is one of the safest nations in the world regarding drink driving, the states within Australia vary greatly themselves (Australian Transport Safety Bureau, 2002). Victoria is the state that will be studied in this thesis, although comparisons will be drawn with other Australian states and territories.
2: Methodology

The Strategy of Inquiry

The goal of this study was to gain an in-depth understanding of the initiatives implemented by the Transport Accident Commission in Victoria in an attempt to minimise drink driving, and to uncover the perceived successes and shortcomings from both road safety professionals and community members. Case study research, the ‘exploration of a “bounded system” or a case (or multiple cases) over time through detailed, in-depth data collection involving multiple sources of information rich in context’ (Creswell, 1998) was the methodology chosen to examine and analyse this research. According to Yin (2003):

...the case study method allows investigators to retain the holistic and meaningful characteristics of real-life events—such as individual life cycles, organizational and managerial processes, neighbourhood change, international relations, and the maturation of industries (p2).

A case is, according to Stake (2000), simple or complex, one among others, but ‘the case is a specific One’—which is focused on in any given study. However not everything is a case. A case study ‘is both a process of inquiry about the case and the product of that inquiry’ (p 436). Case study research can examine either a single case or multiple cases (Yin, 2003) (Stake, 2000) (Grbich, 1999).

Yin (2003) explained the importance and uniqueness of the case study methodology:

In other words, the case study as a research strategy comprises an all-encompassing method—covering the logic of design, data collection techniques, and specific approaches to data analysis. In this sense, the case study is not either a data collection tactic or merely a design feature alone (Stoecker, 1991) but a comprehensive research strategy (p14).

Stake (2000) segments case studies into three categories: intrinsic, instrumental, and collective. Intrinsic case studies are categorised by the researcher’s attention to and understanding of the case itself. The case is not studied because of its representativeness of other cases or because of its illustration of a certain aspect—it is simply that the case itself is of interest to the researcher.

Instrumental case studies are the opposite, selected not for the case itself but the information it will provide to an issue or to re-inform a generalisation. The role of the case itself is supportive; its importance is secondary compared to the greater
knowledge that will come from examining the case. While the case is closely examined, it is as a means-to-an-end to pursue the general, outside interest. For instrumental case studies, the case may or may not be typical of other cases.

Collective case studies are undertaken to understand a population, phenomenon, or general condition. Multiple cases are investigated; therefore a collective case study is simply an extended instrumental case study. The cases may be similar or dissimilar, and are chosen because it is hoped that a better understanding of a larger collection of cases will result from an understanding of the chosen few.

This particular case study does not fit singularly into one of the abovementioned categories. However according to Stake, this is not abnormal or problematic. Stake says that ‘reports (and authors) often do not fit neatly into such categories. I see these three as heuristic more than determinative’ (p438). This study instead was a combination of two categories. Stake explains that there is no hard line drawn between intrinsic and instrumental case studies. Instead, ‘a zone of combined purpose separates them’, as a researcher will simultaneously have multiple interests that are both general and particular (p 437). The state of Victoria was chosen specifically for the high level of international interest in the TAC campaign, not because it was believed that Victoria was representative of other Australian states, or all successful attempts to minimise drink driving around the world. In addition, according to Stake the case is often already identified when intrinsic case work begins. Interest in the TAC campaign led to this research being undertaken. Therefore, this would lead the case to be classified as an intrinsic case study. However, it is an over-arching goal of the research to provide insight into a type of successful anti-drink driving campaign, and isolate aspects of the campaign that might be generalisable or applicable to other jurisdictions. That could lead to this study being classified as instrumental. Therefore, this case is being categorised as a blend of the two: the immediate interest in this case was intrinsic, the ultimate interest was instrumental.

In the instance of this research, the subject was chosen prior to the research design. Various methodological strategies were considered, including grounded theory, discourse analysis, and ultimately case study research. The case study methodology was chosen for multiple reasons. It was initially considered as the subject being studied, the TAC anti-drink drive initiatives, fit the definition of a case. Secondly, the research questions were of the ‘how’ and ‘what’ (of an explanatory
nature) type, as recommended by Yin for case study research. In addition, Yin (2003) describes case study research as:

A case study is an empirical enquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident (p 13).

In the case of anti-drink drive initiatives, this has become clear as quantitative research has yet to come to an agreed conclusion on the successes of the initiatives. Although according to Yin, case study research is often discounted as being ‘a weak sibling among social science methods’ (p xiii), its function was applicable here:

And, yes, case studies have a distinctive place in evaluation research...there are at least five different applications. The most important is to explain the presumed causal links in real-life interventions that are too complex for the survey or experimental strategies (p15).

By speaking with individuals instead of relying on statistics, this work was able to illuminate possible yet established reasons behind attitude and behaviour changes that statistics have not.

Of the six types of data collection recommended by Yin (2003), four were to be used in this research: documentation, direct observation, participant-observation and interviews. Triangulation, through the use of these multiple sources of information, ‘serves also to clarify meaning by identifying different ways the phenomenon is being seen’, as cited in Stake (2000).

**Methods of Inquiry**

Four methods of qualitative data collection were used during this research: document review, direct observation, participant-observation and interviews.

This thesis employed a case study methodology to examine the issues identified earlier. The case study method as suggested by Yin (2003), Stake (2000), and Grbich (1999) ensures that all relevant aspects of the 'case' are reviewed. The forms of data included in the case analysis can be seen in Table 1 below:
Table 1: Data used and contributions

<table>
<thead>
<tr>
<th>Source</th>
<th>Contributions to case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extant literature from both scholarly and news sources relating to drink driving, public communication campaigns, and advertising</td>
<td>Provided theory and research relevant to the case</td>
</tr>
<tr>
<td>Advertising and consumer behaviour textbooks</td>
<td>Provided background information on advertising campaigns in general and community behaviour in relation to advertising</td>
</tr>
<tr>
<td>TAC advertising campaigns</td>
<td>Provided detailed, visual information on a focal area of the research</td>
</tr>
<tr>
<td>Community attitude and value surveys</td>
<td>Provided insight into changes in community attitudes towards road safe issues throughout the timeframe of the study</td>
</tr>
<tr>
<td>Quantitative reports reviewing road safety initiatives</td>
<td>Provided an alternate view of road safety issues, in addition to statistics related to various areas of road safety</td>
</tr>
<tr>
<td>Australian and International Conference Proceedings</td>
<td>Provided research and the focus of road safety professionals both in direct relation to this case and for other jurisdictions worldwide</td>
</tr>
<tr>
<td>Interviews with experts from a variety of organisations with an interest in the field</td>
<td>Provided the insights and opinions of road safety professionals directly involved with drink driving initiatives</td>
</tr>
<tr>
<td>Interviews (dyad and individual) with members of the Victoria driving community</td>
<td>Provided the views and opinions of those directly impacted by the Victorian drink driving initiatives who have resided in Victoria throughout the timeframe of the case study</td>
</tr>
<tr>
<td>Participant observation in the field, including a short course on the responsible serving of alcohol</td>
<td>Allowed for immersion in one of the areas of study</td>
</tr>
<tr>
<td>Direct observation of stationary breath testing operations</td>
<td>Insight into actions that occurred during the timeframe of the study without intrusion or dependence on others’ recollections or biases.</td>
</tr>
</tbody>
</table>

Cases are necessarily bounded systems (Stake, 2000) and as such, much which could have been covered has been left out in the interests of creating a coherent understanding of the TACs drink driving campaigns as an exemplar for other communicators.
**Documentation**

A review of documents relevant to advertising, road safety and specifically drink driving was undertaken. Unlike other methodological paradigms, literature (documentation) is considered an important form of data in case study research (Yin, 2003); (Marshall & Rossman, 1999); (Murphy, Dingwall, Greatbatch, Parker, & Watson, 1998). Due to this distinction, all literature is reviewed and examined with interview data in three subsequent chapters.

Documents reviewed included newspaper and magazine articles, articles from peer-reviewed scholarly journals, advertising and consumer behaviour textbooks, quantitative evaluation reports from various research Universities across Australia, reports from Australian state transport authorities, as well as from the ATSB (Australian Transport Safety Bureau), reports from International road safety organisations, reports from Australian insurance agencies, submissions by Grey Advertising Melbourne to the Australian Federation of Advertising (AFA) Effectiveness Awards and papers from national and international road safety conferences. According to Grbich (1999), “impersonal documentation comprises the public records by which cultural patterns can be examined (p146)”. By reviewing these documents, elements of the Victorian society could be discerned that may not have been remembered or mentioned in interviews that took place after the fact. However according to Yin (2003), “For case studies, the most important use of documents is to corroborate and augment evidence from other sources” (p87), especially because case study researchers need to be conscious of the fact that all documents are written from a certain viewpoint to serve a specific need. Therefore, the documentation studied was also used to compare to information collected from observation and interviews.
Direct observation: Night spent with three Victorian booze buses

This research included a night of direct observation of the main enforcement initiative implemented in Victoria: random breath testing. Although the observation took place three years after the timeframe for the case study ended, the process had already been in place for ten years as of 2000. Thus, while the actual model of booze bus that was observed was new in 2003, the operations were the same and therefore it is believed that the observations made in 2003 are very similar to those that would have been observed in 2000. A booze bus is a mobile breath-testing unit, whose sole purpose is to travel around the jurisdiction and breath test vehicles at random. The booze buses are large, recreational-type vehicles which are specifically designed to be highly visible and draw attention. According to Victoria Police Inspector Ian Cairns,

...they are designed to be unique, we spend a lot of resources making one-off vehicles that the public recognises not just for the paint work but because of their shape, their size, all that, to really push the drink driving message (pers comm., 2003).” [See Appendix 1: A for a picture of a Victorian booze bus]

Each booze bus contains space for two motorists to be simultaneously and confidentially tested on evidentiary breath test machinery. The buses are set up on various types of roadways, from single lane service ways to four lane freeways. The only requirements are that the area is safe for the bus to be set up and that there is enough traffic to justify the resources needed to operate the booze buses. It was on one of the freeways that this researcher spent a night observing the booze buses in action. Results from this night will be examined in a subsequent chapter.

An issue that was faced during the direct observation was one of ethics. While all of the police officers were aware of the presence of an observer, the motorists being breathalysed were not. Inspector Ian Cairns, head of the Traffic Alcohol Section (TAS) of the Victoria Police had recommended bringing along a video camera to record the night’s events. This was done, however special care had to be taken to ensure that no faces or number plates were caught on film, as there was no consent from the motorists to be included in the filming. In addition, while observation was allowed from the safety strip with the officers to watch the tests administered (see Appendix: 1 C for video footage from the observation night), observation inside the booze bus while drivers were being processed was not allowed, due to confidentially issues.
Notes were taken throughout the observation, in the form of video recordings (including verbal commentary), audio recordings, hand-written notes, and drawings. This was done to ensure the accuracy of events observed.

**Interviews**

Interviews were conducted as the major qualitative method of data collection from individuals. The interviews were focused, in-depth interviews, as described by Minichiello (1995). Researchers conducting focused interviews generally guide their interviews around a broad topic of interest. While a schedule or interview guide is prepared around a list of topics, it is done so without a fixed wording or ordering of questions. There is more flexibility allowed regarding the discussion and type of questioning in this method compared to survey-style interviewing, as the issues central to the research questions still comprise the content of the interview.

Minichiello describes five situations in which in-depth interviewing is ideal. This research is described by the first situation:

*The in-depth interview is used to gain access to, and an understanding of, activities and events which cannot be observed directly by the researcher. Accounts of action and patterns of living are provided by those who have directly participated in or observed them... (p 70).*

As the timeframe of this case study was 1989-2000, and the research was undertaken between 2002-2004, observation of the attitude and behaviour changes occurring during this time was impossible. The exception was mobile random breath testing, as the operations of the booze buses have remained largely unchanged since their implementation in 1990. In-depth interviews were used for a number of reasons. Surveys would not have provided nearly enough detail for the information sought. The social unacceptability of the issue could have influenced focus groups; participants may not have been willing to be honest about socially condemned behaviours in front of strangers. In-depth interviews provided both the security and time frame to have honest, detailed conversations about individuals’ beliefs, attitudes, behaviours, and observations.

Two types of interviews were undertaken; individual, one-on-one interviews and dyad interviews (two participants and the interviewer).
**Professional Interviews**

Of the many studies that have been conducted regarding drink drive initiatives in Victoria, or Australia, very few involved qualitative work. The beliefs of the professionals managing the initiatives are important as it is those ideas that help shape what initiatives are implemented when and why. The thoughts of the community members are equally as important, as they can be used as a guide to help explain why certain initiatives succeeded or failed, and those thoughts can also be used to gauge the community climate regarding the potential implementation of further initiatives. Human attitudes and behaviours are complex and multi-dimensional, and therefore need in-depth examination that is not possible through solely quantitative work.

The professional interviews were conducted with members of the road safety community that work at organisations related to the Victorian drink drive initiatives. These individuals were selected to access their knowledge and opinions about the Victorian initiatives based on their personal involvement with them. The bias related to their positions was intentional and was collected for comparison to the unbiased thoughts of community members. This group of professionals includes employees of the Transport Accident Commission (the organisation that created the initiatives), Monash University Accident Research Centre (who monitor the initiatives through quantitative research), and the Victoria Police (who enforce the initiatives). Discussions were also held with members of the road safety community residing outside of Victoria, including Dr. Barry Elliott (a Consultant Psychologist in the road safety field), Dr. Michael White (the leading researcher at Transport SA who had headed the claims against the MUARC data and the success of the TAC program), and Dr. Soames Job (a behavioural scientist at the Roads Traffic Authority of New South Wales). A follow-up interview was also conducted with Job at his RTA office in Sydney.

These interviews were all conducted on a one-to-one basis and all the Victorian interviews were held at the respective organisation’s offices. The discussions with the non-Victorians were held at the 2003 International Road Safety Conference in Sydney. Table 2 on the following page lists all the interviewees and their roles at their respective organisation.
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Topic(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms. De-Arne Schmidt</td>
<td>Communications Manager Transport Accident Commission</td>
<td>Overall TAC Campaign Communications/PR aspect</td>
</tr>
<tr>
<td>Mr. Ben Holgate</td>
<td>Manager of Marketing &amp; Innovation Transport Accident Commission</td>
<td>Overall TAC Campaign Sponsorship component</td>
</tr>
<tr>
<td>Ms. Samantha Cockfield</td>
<td>Manager Road Safety Transport Accident Commission</td>
<td>Overall TAC Campaign Road Safety Advertising Victorian Environment</td>
</tr>
<tr>
<td>Mr. David Healy</td>
<td>General Manager Road Safety</td>
<td>Overall TAC Campaign Road Safety Advertising Victorian Environment</td>
</tr>
<tr>
<td>Mr. Stewart Newstead</td>
<td>Statistician- Road Safety</td>
<td>Quantitative research on TAC advertising</td>
</tr>
<tr>
<td>Prof. Max Cameron</td>
<td>Statistician- Road Safety</td>
<td>Quantitative debate over TAC advertising</td>
</tr>
<tr>
<td>Inspector Ian Cairns</td>
<td>Head of Traffic Alcohol Section Victoria Police</td>
<td>Enforcement initiatives Random Breath Testing</td>
</tr>
<tr>
<td>Dr. Soames Job</td>
<td>General Manager Road Safety Strategy Roads and Traffic Authority NSW</td>
<td>Threat appeals and advertising Initiatives in New South Wales</td>
</tr>
</tbody>
</table>

**Community Interviews**

Thirteen interviews were conducted with 16 members of the Victorian community. Interviewees had to be at least 18 years of age, and must have resided in Victoria since at least 1990 to be considered for participation. Interviewees were located through a convenience sample, however no one interviewed was directly connected to the interviewer (i.e. all were located through an acquaintance of the interviewer.) An attempt was made to secure random interviewees via an advertisement in local community papers, however no responses were received. This was likely due to the rewording of the advertisement by the paper, and the short time the advertisement was run. However while not random, a diverse group was sought for the interviews. Both men and women were interviewed, although the majority of
interviewees were men. The age group of interviewees ranged from 19 to 53 and included both individuals who had grown up in rural or metropolitan Melbourne.

Included in the sample were:

- drivers who had been caught and charged with drink driving,
- drivers who had been caught drinking and driving and had not been charged
- drivers who had committed the offence of drink driving but not been caught
- those who claim to never have driven while over the .05 BAC limit
- drivers who had been in car accidents while under the influence of alcohol
- two hotel (bar) employees
- drive-through bottle shop attendant
- two Probationary drivers (P-Plater); a new driver within their first three years of driving, so designated by the Victorian graduated licensing scheme

In addition to the one-on-one style of interview, dyad interviews were also used. Dyad interviews include the researcher and two interviewees, all present at one time. Questions are asked to one interviewee, and then the other has the option of adding comments, disagreeing, or agreeing with the first interviewee. The interviewee first receiving the question fluctuates, so that both interviewees have equal opportunity to respond. The two interviewees are expected to be friends, and were told before they were selected that they must be close enough to divulge personal information in front of the other. This is in fact a main strategy of dyad interviews—the interviewees are present at the same time to keep each other honest (Mariampolski, 2001). The theory is that as they are friends, if one person tries to tell a lie, their friend would ‘call them on it’, or verbally indicate that their comments were not the truth (either from them also being a participant in that event or from having heard the story when there was not an outsider present). Dyad interviews were considered particularly applicable for this research based on the subject matter. As drink driving is currently considered a socially ‘moral’ issue in Victoria, there is reason to believe that an interviewee would not want to admit to ‘immoral’ acts to a stranger. Additionally, an interviewee might try to respond a certain way so as to tell the interviewer what they think the interviewer wants to hear, regardless of whether or
not it is the truth. Having a good friend in attendance was hoped to deter both the abovementioned situations. As it happened, not only did the former occur, but also the two interviewees were able to feed/recollect information off of the other as various stories that were told occurred when both interviewees were present.

**Participant-observation**

One instance of participant-observation was undertaken during this research. The Liquor Licensing department of Consumer Affairs Victoria offers a workshop entitled “Responsible Serving of Alcohol” (RSA) for employees working in licensed venues (venues licensed to sell alcohol). This workshop aims to educate servers of alcohol about the necessity of responsible serving, the benefits of it, and how to deal with difficult customers. RSA training is a requirement to manage a bottle shop, work in a venue with late night entertainment conditions and to become licensee of other licensed premises. While it is not a requirement by law to be an employee in a licensed premises, many licensed premises around Victoria require the certification for their employees who serve alcohol (pers comm., 2004).

The session was attended at a University, and attendees were mostly university students currently in or planning on applying for a job in the hospitality industry. The workshop was a three-hour course which covered the following topics: problems associated with excessive consumption, alcohol and the law, who is responsible in various situations, facts about alcohol, strategies for responsible serving, and refusal of service. Results from this observation will be discussed in a subsequent chapter.

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8 Information received from a member of the licensing services division of the Victorian Department of Justice
**Data management and analysis**

A few different types of data maps were used to manage and analyse data. According to Hart (1998) two benefits are accrued from using a combination of maps: an organisation of ideas into some kind of arrangement (which results in declarative knowledge), and an acquisition of procedural knowledge about ‘the relationships between elements that comprise the knowledge on the topic’ (p145). Over the course of the literature review and the interview data analysis the following maps were used: relationship maps, linear relationship maps, subject relevance trees, and taxonomic maps. These maps aided in the organisation of ideas, the illustration of links between topics, and the highlighting information that was missing.

**Ethical Considerations**

As human participants were an element of the data collection of this research, certain steps were taken to ensure the ethicality of this work. The RMIT University Human Research Ethics Committee granted permission to conduct interviews for this thesis. All interview participants were presented a copy of the plain language statement prior to their interview, and signed a letter of consent before the interview commenced. Interviewees were sent a copy of their consent form after the interview. The consent form granted all community members confidentiality and the removal of all identifying factors from the published work. The professionals interviewed all agreed to the use of their names in the published work, providing they saw a draft prior to publication to confirm the true representation of their comments.

All notes from the interviews were kept in a locked drawer, as were all recordings from the interviews. In addition, all mini discs were labelled with letters so the identities of those on the recordings were not discernable to outsiders.
Methods to Enhance the Trustworthiness of Data

Prolonged engagement

This work took place over two years of full time research. Initial time was spent adjusting to the Australian social scene, and understanding the initiatives in the context of the Australian culture (social/drinking culture, legislation culture). This time was also spent reviewing literature and developing a proper understanding of the issue of road safety in Australia, and specifically Victoria.

Accuracy checks

Copies of the comments made during the professional interviews that were to be used in the finished work were sent to each interviewee for verification. This was a condition agreed upon in exchange for the use of the professionals’ names to appear with their quotes in the document.

Triangulation

The process of triangulation was used for various reasons. According to Stake (2000):

> Triangulation has been generally considered a process of using multiple perception to clarify meaning, verifying the repeatability of an observation or interpretation. But, acknowledging that no observations or interpretations are perfectly repeatable, triangulation serves also to clarify meaning by identifying different ways the phenomenon is being seen (pp443-444).

As described above, the data collection methods of documentation, direct observation, interviews, and participant-observation were all used to compile facts and information. The use of both professional and community opinions was intended to crosscheck facts and opinions from both viewpoints to see what aligned and what differed. Observations were compared against documented facts and interview comments for validity.
Peer debriefing

Feedback on the work and the testing of ideas while the research was in progress was undertaken in a few ways. Frequent meetings were held with the primary research supervisor, and additional meetings were undertaken with other research mentors holding various areas of expertise. In addition, fortnightly meetings with other postgraduates in the school were attended to gather comments, critiques, and suggestions on various aspects of the research throughout the process.

Synopsis of methodologies applied in this case study

This chapter examined the methods used throughout the research. It explained the use of the case study as the strategy of inquiry, and the importance of such a strategy in relation to this particular case. Next, the four methods of qualitative research were described: documentation, direct observation, participant-observation an interviews. The importance of triangulation of the work was also identified. Methods used to enhance the trustworthiness of the data as well as ethical considerations that were undertaken were explained.

The next chapter describes and explores the first of the three components necessary for a successful drink drive campaign: legislation. Following the legislation chapter will be the enforcement and advertising chapters. Each of these three chapters will explore the results of the data collection from this research; initially through examination of data from the literature, and subsequently through professional and community member interview comments.
3: The Written Word:

Drink driving legislation in Victoria and its counterparts

The present chapter identifies and discusses Victorian legislation, regulations, and road rules that have directly and indirectly impacted the drink driving road toll. This was done so readers outside the jurisdiction can become familiarised with the Victorian system. Furthermore, the legislative framework of a jurisdiction appears to be a crucial component of a program’s success, as it dictates practices and parameters for the enforcement component of the campaign. In the particular case of Victoria, the jurisdiction has certain legislation that is crucial to its enforcement efforts; this legislation is unique and therefore its positives and negatives need to be presented. Two of the most important Acts related to Victorian road safety are examined first, followed by a discussion about legal blood alcohol concentration limits. As both of these topics appear to have played an integral part in Victoria’s drink driving successes, it was necessary to address them. Next, some of Victoria’s controversial legislation is discussed, followed by a look at civil liberty issues pertaining to legislation that allows random breath testing. Following is a section highlighting road safety legislation that does not directly address drink driving behaviours but examines behaviours that impact on the drink driving road toll. Concurrent legislation was important to note as its ramifications would have influenced the drink driving road toll. The next section discusses various alcohol and driving-related regulations, and includes a comparison to other international jurisdictions. The legislation regarding drink driving penalties is described, and lastly a discussion about Victorian community members’ knowledge and feelings regarding the abovementioned penalties is presented. As this is a case study, the literature is treated as data and as such is examined in this chapter alongside more traditional forms of data, such as responses from interviewees and results from observations.

Legislation as a component of the tripartite model is one that appears to need the most support from its counter-components (enforcement and advertising). Without promotion of the laws, motorists could be left unaware of them. Without enforcement of the laws, motorists could potentially flout the laws and continue performing the undesirable behaviours. The legislation is important in itself however: a lack of specific legislation could result in confusion in enforcement and difficulty in making
community members adhere to it. An understanding of this successful legislation is important for any jurisdiction considering implementing a large-scale anti-drink driving campaign. Legislation, when supported by enforcement and advertising, can lay the groundwork for a reduction in drink driving. If the legislation is accepted by, and supported by the community it is being applied to, evidence presented in this thesis suggests that success will occur.

By the late 1980s, road safety had become an issue that the Victorian community felt warranted its attention\(^9\). Although no full-scale campaign had been launched against the road toll up to this point, the community was concerned about the huge number of people dying on the roads each year. Over the course of the ten years of this case study, and the few years bracketing either side, the Victorian government introduced a plethora of legislation aimed at drink driving and other road safety behaviours (Australian Transport Safety Bureau, 1998); (Road Traffic Authority, 1987); ("Road Safety Act," 1986). The chapter examines the most important and relevant of that legislation and demonstrate how the community not only accepted the laws but also expected them. It is argued that it was the community’s expectations and acceptance of the road safety legislation that was largely responsible for the success of the legislation in getting community members’ to obey the laws by changing their behaviours.

Road Safety Legislation in Victoria

The legislative framework has been an integral part of Victoria's efforts to improve road safety since the 1960s. There exists not only legislation in the form of Acts of Parliament but also subordinate legislation such as regulations.

The legislative framework that has been established has impacted drink driving, not only that which is directly related to drink driving but also that which is aimed at related road safety actions. In addition to the provisions found in the relevant Acts of Parliament, the achievement of the aims and purposes of those Acts may be supplemented or complemented by the making of relevant regulations. The power to make regulations is typically given by the relevant Act.

\(^9\) As reported in a historical overview article regarding drink driving in Victoria, (Sunday Herald Sun, 1995)
For example, in the Road Safety Act 1986, in addition to the provisions of that Act, section 95 of the Act gives the Governor in Council the power to make regulations ‘[for or with respect to any matter or thing required or permitted by this Act to be prescribed or necessary to be prescribed to give effect to this Act including, but not limited to, the matters and things specified in Schedule 2’. Schedule 2 lists numerous subject matters including amongst other matters licensing of drivers, traffic regulation and alcohol. The coverage of road safety laws was further enhanced when the road rules became law in Victoria as a result of the Road Safety (Road Rules) Regulations 1999. The road rules provide laws touching on a wide range of matters in relation to use of the road, from obligations on drivers to matters in relation to parking.

An illustration of how each aspect of the legislative framework may work together can again be found in the Road Safety Act 1986 and its corresponding regulations and road rules. For example, laws in relation to drink driving matters are provided for in the Road Safety Act. The law requiring probationary drivers to display 'P' plates is covered in the regulations while the law in relation to obeying speed limits is provided by the road rules.

Due to Victoria’s unique and successful approach to drink driving, it is imperative to understand the legislation that was implemented and therefore the freedoms and restrictions that were guiding the enforcement and advertising initiatives. Though occurring just outside the parameters of this case study, The Road Safety Act 1986 and the Transport Accident Act 1986 were important steps in Victoria’s road safety legislation and their effects were apparent throughout the case study’s timeframe. Therefore they shall be addressed. Both will be summarised below.

One of the most singly comprehensive legislative efforts was the Road Safety Act 1986. The purposes of this Act were:

(a) to provide for safe, efficient and equitable road use; and
(b) to improve and simplify procedures for the registration of motor vehicles and the licensing of drivers; and
(c) to ensure the equitable distribution within the community of the costs of road use

The Road Safety Act 1986 contains eight sections, covering definitions, registration, licensing of drivers, recreational vehicles, offences involving alcohol or other drugs, offences and legal proceedings, infringements, private parking areas and general information. The fifth section is devoted to ‘offences involving alcohol or other drugs’. The purposes of this section of the Act are to:

(a) reduce the number of motor vehicle collisions of which alcohol or other drugs are a cause; and

(b) reduce the number of drivers whose driving is impaired by alcohol or other drugs; and

(c) provide a simple and effective means of establishing that there is present in the blood of a driver more than the legal limit of alcohol.

It was within this Act that older laws and regulations were updated and new laws and regulations were implemented regarding: provisions about the cancellation and disqualification of licenses, previous convictions, drink driver education programs, zero blood alcohol level for certain categories of drivers, preliminary testing, evidentiary testing provisions, and offences related to drugs and driving.

In conjunction with the Road Safety Act 1986, the Transport Accident Act 1986 was also implemented in December 1986. The Transport Accident Act brought major changes to Victoria’s personal injury insurance system. This was done by the creation of a new compensation scheme and a new body, the Transport Accident Commission. The aims of the Transport Accident Act were to:

• Provide medical treatment and rehabilitation for people injured in transport accidents
• Provide compensation to those injured—or to the dependents of those killed
• Reduce the incidence and cost of transport accidents

These aims were carried out through the new body that was created, the Transport Accident Commission. The Transport Accident Act, through the creation of the Transport Accident Commission, directly addressed the community’s expectations by giving them an organisation they could interact with, and one that constantly produced efforts and results with which the community could gauge the progress against the road toll.

As a unique organisation in Australia, and a major player in Victorian road safety policy, it is important to understand not only the aims and objectives of the organisation, but how the TAC works. Why it works so well, and that the TAC’s establishment was a primary factor in the success of Victoria’s road safety initiatives will be argued in a later chapter. As it is believed that this is one of the overarching reasons for success and a recommendation for other jurisdictions, it will be best discussed with other recommendations in Chapter 7: A Perspective on Drink Drive Campaigns in the Future.

The Transport Accident Commission (TAC) is a monopolistic third-party no-fault government insurance agency. A portion of Victorian motorists’ registration costs include an annual premium to the TAC. In return, the TAC will cover anyone (passenger, driver, cyclists, pedestrians) injured in a transport accident in Victoria, and Victorian residents injured in other states in a Victorian registered vehicle. The TAC operates under a no-fault scheme; regardless of who is to blame for an accident, anyone injured in the accident is entitled to benefits. The no-faults benefits cover, ‘all reasonable costs of rehabilitation, hospital, medical, nursing, dental, home help, child care and funeral expenses incurred as a result of a transport accident’ (Transport Accident Commission, n-d). These benefits are available throughout the life of the injured person. The TAC also works under a common law scheme, which dictates that
if a person that is seriously injured in a transport accident can prove another was at fault, they may be able to receive additional compensation through the courts.

In addition to providing compensation to injured motorists, the TAC also has a statutory responsibility for minimising the frequency and expense of accidents. Therefore, since its inception the TAC has been the leading body in the implementation of road safety initiatives in Victoria. This involves supplying funding and concepts for enforcement and advertising initiatives, which will be discussed in detail in subsequent chapters. Both before and after the Road Safety Act 1986 and the Transport Accident Act 1986 were enacted, laws and regulations regarding various aspects of drink driving were implemented in Victoria. These laws dictated the various legal blood alcohol levels and which category of driver was able to drive at which level, the penalties associated with being caught at various blood alcohol levels, and the legalisation and breadth of (random) breath testing. The legislation is listed in Table 3\textsuperscript{12} below.

While all of these laws played a role in minimising drink driving in Victoria, some were more directly influential then others. The BAC laws and random breath testing legislation are of primary importance to anti-drink drive campaigns (public policy makers), as they are the major laws that dictate the desirable (and legal) behaviours of community members. They will be examined in detail below.

\textsuperscript{12} Road Traffic Authority Report no GR/87/7, March 1987, page 18
Table 3: Legislation and regulation in Australia

<table>
<thead>
<tr>
<th>Year</th>
<th>Legislation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1966</td>
<td>The legal Blood Alcohol Concentration (BAC), or milligrams of alcohol per litre of blood permitted in a motorist in Victoria is .05</td>
</tr>
<tr>
<td>1971</td>
<td>Increased drink drive penalties. Licence disqualification for a period dependent on blood alcohol reading.</td>
</tr>
<tr>
<td>1974</td>
<td>Compulsory blood alcohol testing of road accident victims attending hospitals</td>
</tr>
<tr>
<td>1976</td>
<td>Random breath testing legislation implemented</td>
</tr>
<tr>
<td>1978</td>
<td>Increased penalties for drink driving offences. Approximate doubling of penalties, plus a reduction in magistrates’ discretion to adjourn cases.</td>
</tr>
<tr>
<td>1984</td>
<td>Zero blood alcohol level for first year, learner, and unlicensed/disqualified drivers</td>
</tr>
<tr>
<td>1986</td>
<td>Zero blood alcohol level requirement extended for full probationary period.</td>
</tr>
<tr>
<td>1986</td>
<td>Police can immediately suspend a licence where the BAC is .15g/100ml or more, or if the person refuses a breath test.</td>
</tr>
<tr>
<td>1986</td>
<td>The circumstances under which police may require a breath test have been broadened.</td>
</tr>
<tr>
<td>1992</td>
<td>Zero blood alcohol level for heavy vehicles</td>
</tr>
<tr>
<td>2001</td>
<td>Blood alcohol level is officially enforced at .050.</td>
</tr>
</tbody>
</table>

**Blood Alcohol Concentration**

**The International literature in relation to BACs**

Blood Alcohol Concentration (BAC) is defined as the number of grams of alcohol per 100 millilitres of blood (VicRoads, 2002). For example, a BAC of .05 constitutes .05 grams or 50 milligrams of alcohol in every 100 millilitres of blood. The legal BAC in Victoria has been .05 since 1966—well before drink driving became an issue within the community. Therefore the BAC level has not been an issue of vocal debate among Victorians—it is mostly accepted that the legislators who created that law did the research to ensure that .05 was an appropriate level. However the

decision of where to set the BAC is an issue of contention in countries around the world (Chamberlain & Solomon, 2002).

The United States is a prime example: over the past five years 47 states and the District of Columbia have reduced their BACs from .10 to .08. Three states continue to support a BAC level of .10. However it was a financial threat that caused the majority of those states to lower their BAC. Under legislation introduced in October 2000, states were ordered to reduce their BAC to the lower threshold by October 2004. Those who did not faced the loss of millions of federal highway dollars each year in funding (National Highway Traffic Safety Administration, 2001). As a result, a majority of the states have acquiesced and lowered their laws. Progressively, other countries (such as Canada and the UK) have debated in the last few years whether to drop their BACs from .08 to .05 (Chamberlain & Solomon, 2002).

The BAC debate in centred around two issues. The first, most important, and most technically difficult question to answer is at what blood alcohol limit a motorist’s skills are impaired to the point of being a danger on the road. Secondly, there is a debate as to what blood alcohol level impinges on individual and community lifestyles, in regards to their social experiences and civil freedoms. The majority of research regarding BAC advocates a limit of .05 (ibid), and it can be assumed that in societies where this is not currently a realistic goal (eg the United States), a BAC of .08 as a maximum.

In countries around the world where BAC limits have been reduced, positive effects have been identified through post-law change evaluations. A study completed by Johnson and Fell (1995) showed positive results from the lowering of the BAC limit from .10 to .08 in five states in the U.S. This study took into account six measures of driver involvement in fatal crashes that were alcohol-related; amongst the five states, four achieved significant decreases in nine of the thirty measures.

Clayton (1997) discussed results that were achieved in Australia, Canada, the United States, Britain, Sweden, France and Germany. Results included significant reductions in casualties, a significant overall reduction in the number of crash-involved drivers with illegal BACs, and a drop in fatal accidents. It should be noted that some of these jurisdictions simultaneously instituted increased enforcement activities, and this and other factors may have contributed to the reductions.
Additionally, not all of these jurisdictions had significant results across all drivers during all driving hours (day vs. night).

An array of research studies have shown that impairment from alcohol can begin at levels as low as .02 (Preusser, 2002); (Moskowitz, 2001); (Burns & Fiorentino, 2001). Preusser (2002) presented results that found a statistically significant increase in risk at a .02% BAC in all age groups between 21 and 49. 16-20 year olds showed a significant increase of risk at .03 BAC. For 50-64 year olds .06 was their first BAC level to show an increase in risk and .08 was the first level for drivers 65 years of age and up. The study also showed that younger drivers are clearly at a greater risk at lower BACs than older drivers. These risks are apparent at zero BAC, moderate BAC and high BAC. Preusser concluded that both his results and laboratory findings indicated that increases in fatal crash risk occur as low as .02 BAC. He also concluded that “the shape of the BAC by risk function is likely linear, not exponential as suggested by earlier case/control studies (p939)”

According to Preusser, if linear, comprehensive efforts to reduce alcohol related crashes must focus on low BACs. This research supports the debate that the lower the BAC, the less at risk a driver will be both to themselves and others on the road. It also indicates that there are dangers at very low level BACs, which is an issue that needs to be brought to the attention of the public.

Moskowitz & Fiorentino (2002) compiled a literature review of experimental studies between 1981 and 1998 regarding the impairment effects of alcohol at various BAC levels. They found that 109 studies of 112 reported alcoholic impairment at one or more BAC levels. 94% of the studies reported impairment by .08, while a majority of the studies reported impairment by .05. With these results in mind, Moskowitz and Fiorentino highlighted another issue related to BAC; that different functions related to driving are affected at various levels of BAC. They concluded that their literature review confirmed results from previous literature reviews, that certain behavioural areas that are imperative to driving are impaired at any departure from zero BAC. Vigilance, drowsiness and divided attention were examples they cited (see Figure 5 on p39 for other examples). Again, this work highlights that a driver does not need to be exhibiting visual signs that they have lost control of themselves to be a danger on the road. Mental characteristics that are hard to visibly identify, such as vigilance and divided attention, are factors in accidents and therefore motorists may need to be
made aware of these risks, as they would not be likely to consider them when making a decision on whether or not to drive. In addition, public policy makers need to be made aware of these dangers so they can establish laws that accurately reflect the threat.

Ralph Hingson has been one of the leading advocates in the United States for the lowering of BAC limits in American states from .10 to .08. Hingson, Heeren, & Winter (2000) addressed the effects alcohol has on motorists’ skills. Hingson et al. cited laboratory studies that showed effects at 0.08 BAC: drivers have, “reduced peripheral vision, poor recovery from glare, poorer performance on complex visual tracking, and reduced divided attention performance (p109)”. They also cited driver simulation and road course studies which indicated that parking performances were poor, driving at slow speed was impaired, and steering inaccuracies. In addition, they reported that with each .02 increase in BAC, the risk of fatal crash involvement is nearly doubled. At a BAC of 0.05-0.09, the fatal crash risk was at least nine times greater than at zero BAC across all sex and age groupings. Hingson et al. also promoted the combination of lower BAC and administrative license revocation laws, based on his study that the combination of the two resulted in a larger drop in deaths

14 source: NHTSA, as cited on MADD’s website: http://www.madd.org/stats/0,1056,1182,00.html (accessed on 07/06/04)
than simply reducing the BAC. Their work addresses the issue that while BAC laws are not the only legislation necessary for a reduction in road toll, they are very important contributors that appear beneficial when used in conjunction with other legislation.

Laboratory studies and results are not always enough to convince politicians and community members that it is necessary to alter public policy and legislation. Hingson et al’s work that was published in 2000 was supported by practical examples achieved internationally in the mid 1990s. Stewart (2000) illustrated the benefits of lowering a BAC to .05 through the examples of Belgium and France. In December 1994 Belgium lowered its BAC to 0.05, and reported a 14% reduction in fatalities the following year. France (the country with the highest per capita alcohol consumption in the world), also lowered their limit to 0.05 in December of 1995, and fatal crashes were reduced by 4% in 1996. These studies all indicate that lower BACs are a contributing factor to lower road tolls.

Additionally, two Australian states provide examples of actual results in a single jurisdiction (compared to a whole country), as both New South Wales and Queensland reduced their legal BAC from .08 to .05 in 1980 and 1982, respectively. In both cases lower BAC limits clearly demonstrated a reduction in the number of alcohol-related crashes as well as significant financial savings resulting from reduced accident costs. Queensland saved $32 million, while New South Wales saved $76 million (Howat, Sleet, & Smith, 1991).

The lifestyle debate is one that is often raised by those in the liquor industry (Anderson, 2000); (American Beverage Institute, n-d), who fear that lower BAC laws will result in a large loss of profit from lower amounts of consumption. Therefore, the argument is put forth that a lower BAC would keep community members from enjoying a glass of wine with dinner, or a beer at the pub. Nolan (1999) however discredits this argument, claiming that a significant amount of alcohol can be consumed before a person reaches the .08 limit. She contends that surveys showed that Americans would not generally drink after these significant amounts of consumption: “A .08 BAC is not typically reached with a couple of beers after work or a glass or two of wine with dinner” (p2). She goes on to cite the typical American consumption guides for reaching a .08 BAC: an average 170-pound male would have to drink four 12 oz cans of beer on an empty stomach within one hour to reach .08. An
average 137-pound woman would need to drink three 12 oz cans of beer on an empty stomach within one hour to reach the limit. She concludes that when aware of the abovementioned limited, 66% of Americans believe the limit should be no higher than .08 BAC. This lifestyle debate is one that could be considered and ultimately dismissed in discussions with the community. If community members are shown that they can drink significant amounts of alcohol while still remaining under the legal limit and not compromising their social situation, they are more likely to be supportive of this legislation.

The research presented in this chapter addresses two aspects of BAC levels. Firstly, a BAC of .05 is a relatively safe limit to place in jurisdictions, and that .08 is the highest that should be implemented in jurisdictions where .05 is not currently a feasible law. Secondly, motorists with BACs below these recommended legal limits are inhibited in cognitive ways and are more dangerous than sober drivers. This second issue, that BAC impairments begin below legalised limits and therefore may be an unknown danger to motorists, will be addressed in-depth below.

**Issues of drink v drunk driving**

Behaviours affected by alcohol can be placed in two categories, overt - visually identifiable behaviours such as slurring of speech, stumbling and difficulties in motor coordination, on the one hand, and less discernable behaviours, primarily cognitive, such as judgment, divided attention and perception.

According to Dr. Moskowitz, the leading researcher in the United States on BAC levels and related impairments, the public is misinformed about which behaviours are the cause of most accidents:

> Unfortunately, the public is mistaken as to the nature of traffic injury causation. It is not the failure in the simple motor control activities that produce the overwhelming majority of accidents. The overwhelming majority of accidents under alcohol are due to errors in judgement, such as inappropriate speed selection, decision with regard to turning, etc., and most importantly, failures in attention, visual performance and information processing which affect the driver’s ability to perceive stop signs, other vehicles, pedestrians, etc. (pers comm., 2004).

Dr. Moskowitz contends that this mistake is based on the belief that the observable evidence of intoxication are the reasons for traffic collisions. An individual can easily see and identify the visible behaviours of another affected by alcohol, such as stumbling or slurring speech. However, cognitive behaviours are hard to perceive in
another individual through simple observation, as they occur inside the person’s brain. It is also difficult to evaluate these behaviours in one’s self introspectively, as an individual cannot be aware that their judgment is effected, because their judgement is affected. For example: an individual may not see something because they have a perceptual deficit. However because they have a perceptual deficit they have failed to see the object and so they do not realise there was something they did not see. Therefore, there is no mechanism for self-correction.

This discrepancy in what individuals do and do not observe can result in an attitude that driving with alcohol levels that do not cause visual signs of impairment is not dangerous, and it is only those drivers exhibiting impairment that cause accidents. This attitude was reflected by a majority of the community members interviewed.

However as explained in the BAC literature above, these alcohol caused deficits in cognitive behaviours can occur at BAC levels as low as .02. As community members are uneducated about these low-level effects, they are confidently driving without the knowledge that their cognitive behaviours are not at the same performance levels as they are when sober.

Many of the community members interviewed commented on their belief that different people were affected to different degrees at the same BAC level. For example, they believe that a heavy drinker will not be as impaired at .05 as an occasional drinker would. This belief led many to question whether a set BAC was fair to all, even though they agreed one was necessary.

Judging an individual’s impairment under alcohol is often a difficult task due to the simultaneous presence of several variables that influence the judgment of impairment. One factor that leads to the impression that people vary in their degree of impairment at a given BAC level is that there are differences in the degree to which compensating behaviours can offset alcohol affects. Dr. Moskowitz noted that he believes heavy drinkers get used to some effects of alcohol, such as those that produce a swaying gait. The difficulties in walking can be perceived by subjects in themselves, and therefore many can develop corrective techniques to modify their alcohol influenced gait. He used the analogy of experienced sailors adjusting their gait to the swaying of a boat. Moskowitz contends that when the community views these individuals appearing unimpaired, when they are aware that the person has consumed...
a large amount of alcohol, that perpetuates the idea that there is a wide range of differences in impairments at given BAC levels. Therefore, they believe that these drinkers who can control their observable behaviours under alcohol have developed tolerance to all the influences of alcohol. What community members fail to appreciate is that this perceived tolerance of motor activities does not generalise to the cognitive behaviours affected by alcohol, which are the primary determinants of alcohol related accidents. Decisions are made based on observations of behaviours irrelevant to driving.

Moskowitz noted that two individuals who drink to a certain BAC limit in the same time frame will be equally impaired from their initial behavioural skill level. One individual may consume two drinks in an hour to reach .08. A much heavier individual may drink four in that hour to reach .08, however they will be equally impaired from their original level. The discrepancy in this situation is that each individual will be impaired to the same degree from their baseline, or sober level. However as every individual has different skill levels in their cognitive activity initially, they will differ greatly in their ability to perform under alcohol, not because the alcohol has differentially affected them, but because they were initially different in cognitive skill level. A further complication to a clear understanding of the issue of BAC levels and their effects is called acute tolerance. Moskowitz defines acute tolerance as ‘the adaptation to alcohol that occurs within a single drinking session’ (pers comm., 2004). Acute tolerance stipulates that drinking at a different rate will vary the behavioural effects of the same BAC. For example if two people of a similar weight drink to get to .08 but one reaches that level in one hour and the other person in three hours, their behaviours will be unequally affected. Moskowitz explains that the more slowly you drink the more time your body has to adapt to the alcohol. Thus, some variation in what people believe is an individual difference in response to alcohol is actually the result of the rate of drinking.

Acute tolerance, individual cognitive behavioural differences, behavioural adaptive techniques, and observable versus non-observable impairments all result in the issue of BAC levels and related impairments to be a complex one, and one not easily presented to the general public. However it is important to note that due to all of these circumstances the general community appears to believe that driving at low-level BACs where impairment is not evident is safe, and it is only at levels where
impaired behaviours are observed that is dangerous. Yet research, both experimental and epidemiological, illustrates that the abovementioned alcohol impairment of cognitive behaviours can begin to occur at BACs even lower than .02, and that these behaviours affect the probability of involvement in traffic collisions. Therefore those involved with public education may want to consider the idea of educating the general public that when they are drinking and driving their cognitive behaviours are not performing to the same standard as they do when they are alcohol-free.

**The view of Victorian Road Safety Professionals in relation to BAC**

In Victoria the BAC legislation has remained largely unchanged since its .05 inception in 1966. Only one major change took place in 2001; this legislation made the .05 law a reality instead of simply theoretical. Prior to 2001, motorists were not actually booked until they blew a reading of .07—making Victorian a .05 state in theory but not practice. This was due to insufficient technology at the time. This fact was not widely known however, so Victorians were under the impression they drove in a .05 state\(^{15}\).

Therefore the issue of BAC was not one of contention here in Victoria, and there were not any other legislative attempts to change the BAC. This research enquired as to whether or not road safety professionals and community members supported the .05 legislation, and if not, why they believed it was flawed and at what level they would like to see it changed to.

Members of the professional road safety community in Victoria at the Transport Accident Centre, Monash University Accident Research Centre, and the Victoria Police were asked their opinions on Victoria’s .05 BAC limit. All individuals are directly involved with Victorian drink driving initiatives, either through research, enforcement, or management. These individuals were approached to gather and then compare their thoughts with the literature, and also the community members’ opinions.

\(^{15}\) According to Inspector Ian Cairns, Head of the Traffic Alcohol Section of the Victoria Police (pers comm., 2003)
When asked his feelings on the .05 BAC and if he thought it was an appropriate level, TAC General Manager of Road Safety David Healy responded similarly to his colleagues at the TAC when he said,

*Certainly not higher, I think .05 doubles your risk of crash involvement at least at that level (pers comm., 2003).*

He then broached one of the most difficult aspects of having any BAC law above .00:

*The real difficulty with the drink driving laws, it’s one of the few areas where you don’t know if you are committing an offence or not, when you think about it, and for everything else, you do (pers comm., 2003).*

Healy’s comments alluded to a problem that appeared absent in much of the literature regarding the BAC debate: how motorists are supposed to determine if they are above, below, or at the legal limit in their respective jurisdiction. Healy’s comments led to the formation of various questions that were put to the community members, which will be discussed shortly. In addition, Healy’s comments led to exploration of this issue throughout the undertaking of this research.

Healy continued that due to the difficulties in accurately gauging one’s BAC, he believes that the answer is a BAC that leaves no room for doubt:

*In fact, a very courageous move by politicians would be to introduce .00 blood alcohol for driving. Which I’m pretty sure would reduce the level of drink drive relate trauma...But there would be community debate to be won, given the strong association in the Australian context of alcohol use with socialising (eg football, band barbeques). (pers comm., 2003)*

Here Healy’s comments targeted a large issue facing the implementation of a .00 BAC: for a country like Australia, whose social origins are based on the inclusion of alcohol, this legislation would not be one that would be easily accepted, supported, or necessarily adhered to by the community. These ideas were also put to the community members, with results to be discussed shortly.

Samantha Cockfield, TAC Manager of Road Safety echoed Healy’s comments, based on a slightly more cynical view of human decision making processes when alcohol is involved:

*I think it’s [.05] a reasonable level based on what we know from the literature about how effective it has been, and because of the processing abilities, etc...I certainly don’t think that it should be any higher...I think that while you have any level of BAC allowable, it means that you have to make choices, and when people have to make choices some people will make the wrong ones. (pers comm., 2003)*
Cockfield continued by explaining why she believes .00 BAC is the right answer:

...the choices are much simpler. You’re not trying to make choices about ‘oh have I had 2 or 3, should I risk it? If you’ve had one drink you’re risking it and you know it and everybody knows it and you’re quite certain when you’ve had that one drink (pers comm., 2003).

People making poor decisions when they have the correct information is one problem that needs to be dealt with. However another problem arises when individuals make decisions without all of the information they need.

MUARC researcher Max Cameron, who has been researching drink driving initiatives and their results for ten years, spoke out about a different problem relating to having a BAC limit of .05. Cameron’s comments reflect the BAC literature that was presented earlier in the chapter regarding its effects, and the gap that resides between the community’s knowledge and the results of that research:

There is a misconception in the public about the risk associated with consuming alcohol and driving. I think a lot of the people think there’s no risk below .05 and all the risk above .05 (pers comm., 2003).

Although there is research discussing the risks associated with BAC’s as low as .02, as discussed above, the general community is not aware of this information. Discussions in interviews with community members supported Cameron’s statement that driving while under .05 is not an issue that concerns those community members. This led to the discovery of a major issue of concern and confusion regarding alcohol and its effects, which will be examined shortly.

The perceptions of Victorian Community members in relation to BACs

Although there are a multitude of scientific studies in the literature regarding BAC levels, there seems to be an absence of studies that look at the community attitude towards the issue. Accordingly, the research presented here made attempts to incorporate community attitudes and opinions in such areas. Some studies did include interviews with leading professional road safety members (Sheehan, 1994), but again community viewpoints were neglected. Therefore, this research tried to bridge that gap by speaking with both groups and comparing their comments.

The current Victorian BAC limit was a point of discussion in all of the community interviews. Community members’ answers were relatively uniform, with a
majority of respondents replying that the .05 limit seemed ‘about right’. Most respondents commented that it could be a bit lower (.03) or a bit higher (.07), but that there had to be a set limit and .05 would accommodate most people. One respondent replied, “I think it’s right…it could be a bit low here, but if it was increased it could be abused.” Conversely, another respondent said, “Probably too low, but what’s the difference between .05 and .07? From a legal point of view, you have to put a fence up somewhere.” One respondent had difficulty with the question, “I don’t know, because I don’t know what I’m like at .05. It’s hard to say”. A few interviewees mentioned that .08 was too high, and all agreed that .1 was well above a limit they would support. It is interesting to note that while only half the respondents were confident about knowing how many drinks it took them to personally reach .05, almost all of them were in favour of a .05 limit. This shows a level of confidence in their legislators, as the community trusted that the government would make a law that was reflective of research and trustworthy. In addition, almost every respondent replied that s/he didn’t think others knew what it would take them to reach .05. This touches again upon the issue of guesswork involved with having any limit above .00. This will be discussed later in the chapter.

Not a single interviewee volunteered the idea of lowering the BAC in Victoria to .02 or .00; thus each one was asked their feelings on a .00 BAC in Victoria. They were informed how the law works in Sweden, a country with a .02 legal BAC; although you are not allowed to have any alcohol in your blood while driving, there is a .0.02 allowance for things such as mouth alcohol, or the alcohol in cough syrup. The questions were posed both what were their feelings on it, and also their thoughts on that law being implemented in Australia.

None of the respondents replied that they felt the law would be accepted in the current Victorian community. One respondent, a father with young children, replied that if the law was implemented, kids that grew up with it would accept it:

*I don’t know if I would welcome it, to be honest, but if you introduce it and they grow up with it, they’ll accept it...00 BAC, why not? It just becomes a mindset, people just don’t like change.*

Every other respondent was quick to dismiss the idea being accepted in Australia. Comments ranged from, “…I think it could be damaging to the culture of Australia”, to “Theoretically I disagree with that, because it takes the onus off the
individual and starts regulating it, and all of a sudden we’re living in a police state”, to “it’s good safety-wise, but if one can’t go out and have a glass of wine with lunch or dinner, then you’re really infringing upon society”. Two interviewees commented that they believed the government that brought in that law would lose the next election based on that one piece of legislation. However prior to all of their comments about how that rule would never be accepted in Australia, many replied that they thought it was a good idea as far as stopping people from drink driving. They implied that it would be safe not because they believe it is dangerous to drink up to .05, or just over .05, but if there was no leeway at all, then people most likely wouldn’t be driving at .08 or above either. The overarching conclusion was that while safety-wise it might be successful and a logical next step, pragmatically it was unacceptable and unrealistic legislation to consider for the current Victorian society. Road safety practitioners may want to make note of this finding and not attempt to usher in legislation to early, or the community will reject it, which could lead to damaging backlash, or a general mistrust of the government that would hamper future legislative efforts.

Issues relating to the enforcement of drink driving (rules regulations and legislation)

Draconian police state

The Victorian jurisdiction is relatively unique in the amount of freedom it gives to its police force regarding random breath testing. The Victoria Police are allowed to breath test any driver in any vehicle anywhere in the state. That includes cars on public or private property, ranging from the highway to private driveways. Also, any motorist over the age of 15 who is taken to hospital after an accident must allow a blood sample to be taken and analysed. According to Inspector Ian Carins, the head of the Traffic Alcohol Section (TAS) of the Victoria Police, this causes many other jurisdictions to consider Victoria a ‘draconian’ police state:

Look, some jurisdictions are trying to do the best they can, but they don’t have the legislation behind them. A lot of jurisdictions see our legislation as draconian, because we have got the power to breath test anyone anywhere, even on private property. The offence takes place anywhere, let’s just say you’re on a farm, you have an accident, you’re over .05, we can charge you. We can set a booze bus on or near a

16 This rule does not apply if the first doctor responsible for the patient’s care or treatment believes the taking of a blood sample would be prejudicial to the individual’s proper treatment or care.
highway anywhere, the only stipulation is that we have to do it in quick succession, we can’t hold up cars for any longer than it takes to perform a breath test. That’s why it’s random. We pull some cars in. It’s quite easy (pers comm., 2003).

Although Victoria can be viewed as having a ‘draconian’ attitude due to the freedoms of its police force, it needs to be understood that this is an attitude the Victorian community as a whole accepts. However there are always some dissenters, as was illustrated by one interviewee who voiced this concern:

*I think it [the current drink drive environment] is over the top. I suppose from the point of view laissez faire there should be less government intervention. I agree wholeheartedly that it’s intended to save human lives, but it’s very much a police state and that worries me. You travel to the US and other things, and there are far more relaxed type of environments in the States, and I think Victoria is probably worse than the other [Australian] states, I just think it’s oppressive.*

However as he was the only interviewee that expressed these types of concerns, it is proposed that although everyone is not comfortable with the ‘draconian’ laws, a majority of the community may not have problems with them.

Max Cameron, a researcher at MUARC explained that he believes Victorians are accepting of these measures because they put the community good before their individual freedoms:

*Particularly in Victoria, not generally the case all over Australia but here people have been very accepting of what others would see as fairly draconian and far-reaching safety policy and intervention. The booze buses and speed cameras have been innovative. In other states, speed cameras are signed. People here accept that when they can see a proven benefit afterwards (pers comm., 2003).*

It is important to note this as a major reason that legislation was accepted by the community; that Victorians put the good of the group before the rights of the individual. However other jurisdictions need to evaluate whether this type of response is typical in their society, or otherwise such legislation would be a cause for contention and again could lead to a backlash or an attitude of mistrust of the government. It is important to identify this view of Victorian initiatives so that other jurisdictions realise that this is a unique approach and may not be suitable for their community.

**Issues relating to Civil liberties and drink driving**

One of the interesting issues concerning Victorian (and Australian in general) legislative initiatives is that of civil liberties. This is especially important when considering whether or not any of Victoria’s initiatives are transferable to other
jurisdictions. Homel (1990b) addressed the civil rights debate that took place in New South Wales (NSW) around the inception of their random breath testing legislation in 1982. Homel noted that there was considerable concern and debate before the legislation was enacted regarding the civil liberties aspects of random breath testing.

Dr Soames Job, currently an employee at the Roads Traffic Authority (RTA) in New South Wales and formerly an associate professor of psychology at the University of Sydney commented on the civil liberty issue with the implementation of RBT in NSW. He explained how NSW took a two-fold approach to convince the civil libertarians that random breath testing was a justifiable compromise:

> We did a lot of work to identify that a lot of innocent people were being killed by drink drivers and they were losing all their rights, their lives, so compared with that, the infringement of your right by being stopped for 30 seconds to blow into a bag was pretty trivial...the second argument we ran was that driving on the road was not an automatic right, it’s a privilege. And there are limitation attached to that privilege, and that has inherently always been the case; there are speed limits, processes you have to go through to get your license, your have to have your vehicles registered, there are gazillions of laws, so this was simply another limitation to what was already a privilege. If you didn’t want to be random breath tested, then don’t drive. There was a privilege: if you accessed that privilege this was a consequence of that privilege (pers comm., 2004).

These tactics led to the eventual position reached by the New South Wales Council for Civil liberties as noted by Homel (1990b):

> ...a civil liberty might be set aside in the specific instance if it can be demonstrated that the practice of random breath testing achieves the aim of reduction road deaths [NSW Council for Civil Liberties 1982, p.1] (p71).

Therefore, the civil libertarians decided that the good of the community superseded the good of the individual in this particular case. In addition to the literature reviewed, the professionals interviewed commented that they believed that the Australian values that the community good supersedes an individual’s right was a strong force in overcoming civil liberty concerns. This example demonstrates that even when civil libertarians are providing obstacles to legislation it does not preclude them from being convinced otherwise; infringements on civil liberties can be justified by the beneficial and tangible results of that infringement. Hence while a jurisdiction should not be deterred by the threat of civil liberty condemnation, it needs to consider whether or not the individuals of its society will value others’ lives over their individual liberties.
In addition to the New South Wales’ civil libertarian concerns, Homel (1990b) also addressed concerns made by H. Laurence Ross regarding random breath testing legislation. Homel first noted that Ross’ work played a significantly positive influence in New South Wales’ early considerations of RBT. Homel then reviews Ross’ concerns about deterrence-based approaches to reducing alcohol-related casualties. He quotes Ross as comparing RBT to:

*a mass stop and frisk, which cannot clearly be distinguished from, say, stopping all passing pedestrians to be sniffed by dogs for the possession of drugs or to be patted down to see whether they are carrying weapons (p75).*

Homel then lays out Ross’ alternative suggestions: diminishing the availability of and increasing the cost of alcohol consumption, designing better highways, and removing environmental hazards as trees. Homel notes that Ross’ arguments exemplify the exact difficulties that would be faced trying to introduce RBT to the United States, and some of the logical alternatives. However Homel disagrees with Ross’ analogy and instead makes his own. Homel associates random breath testing with the searches of passengers and luggage at airport. While intrusive, he believes both are a ‘necessary sacrifice’ (p 75) for security’s sake—one against terrorism, one against dangerous drivers. This author agrees with Homel’s arguments that Ross’ analogy is a bit dramatic, and that random breath testing is a ‘necessary sacrifice’ for security’s sake. However this author contends that in addition, it is also a privilege to drive, not a right. Therefore when people are driving, they are in moving weapons. Thus where it might be wrong to stop someone walking and search them as they do not pose a large threat, when an individual is placing others at risk with their actions, it is a fair claim to make sure they are operating at the best of their abilities.

Comments made by the community members involved in this research suggested that all of them agreed with Homel. While opinions varied on how much overall success they felt the random breath testing achieved, all interviewees agreed they were comfortable with the process. One interviewee, who claims to have been breathalysed hundreds of times commented:

*Part of me says necessary evil, part of me says where else would you be able to justify an investment in those sorts of things with a strike rate that low.*

So although this interviewee does not favour the process, he appears willing to tolerate it. Another interviewee, who had just been breathalysed the previous weekend said, “I don’t have a problem, in fact I don’t mind at all’. Another interviewee, who
admitted to driving short distances (a few blocks) when she assumed she was slightly over .05 said that RBT had “been a good deterrent. I don’t feel it interferes with your life”. While this may seem paradoxical, this interviewee used to drive longer distances when she was over the limit, but since the random breath testing began and she felt threatened in those situations, she minimised her driving to short distances on back roads. One interviewee, who almost lost his life while a passenger in a drink drive accident had a mixed view on random breath testing:

*I’ve been breathalysed, but people still do it [drink drive]. It’s never going to fully stop. It’s like trying to eradicate thieves. They are also going to be there. It minimises the number of people though, definitely.*

This quote illustrates that even when community members do not believe an initiative will completely solve a problem, they can still support it with the knowledge it is helping to some degree. This highlights the importance of community support for legislation. As random breath testing was supported by 97% of the population in 2000 (Mitchell-Taverner, 2000), it is no surprise that there is no longer vocal dissent regarding rights violations through random breath testing. When asked if they had ever been random breath tested, interviewees looked surprised, as if they had been asked if they had ever paid a toll before. The majority of them also disregarded their experiences of random breath testing without a second thought. In addition, over five hours of direct observation of three booze buses on a highway produced not a single complaint about the process. Not a single motorist even balked at the process or at what was expected of them. They all simply rolled down their window, took the test, and drove off. The high level of support of the legislation came from the community believing there was a problem that needed to be addressed. The civil liberties issue involving random breath testing legislation is a good example of the community accepting legislation because they expected it. By the time this legislation was enforced, the community had been stirred into outrage at the extent of the road toll in Victoria. Through the outrage they demanded that something be done to address the problem—when the answer came through the implementation of random breath testing, the community was willing to trade a piece of their civil liberty for peace of mind, knowing an effort was being made to minimise the road toll.

17 The 97% approval rate of RBT includes those who agree ‘somewhat’ with RBT. The rate is 86% when only those who are ‘strongly’ in favour of RBT are included.
**Road safety legislation and regulations (not related to drink driving but important to decreasing road deaths)**

In addition to the abovementioned drink driving legislation, a variety of laws were concurrently implemented related to other aspects of road safety. These laws would have had a direct impact on the drink driving road toll although they were indirectly related to drink driving. For example, as more people wore seat belts and bicycle helmets, fewer deaths would have resulted from drink drive crashes. These laws are listed below in Table 4.
### Table 4: Related Victorian Road Safety Legislation and Corresponding Regulations

<table>
<thead>
<tr>
<th>Year</th>
<th>Legislation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970</td>
<td>Compulsory seat belt wearing legislation, applicable to occupants of vehicles 8 years old and above, where a seat belt is available.</td>
</tr>
<tr>
<td>1974</td>
<td>Retro-fitting seat belt legislation. Immediate requirement for vehicles first registered in the period October 1964-1968 to be fitted with front seat belts, and for earlier vehicles to be fitted on resale.</td>
</tr>
<tr>
<td>1976</td>
<td>Child restraint legislation. Children under eight years of age were required to be suitably restrained when occupying a front seat (but not rear seat).</td>
</tr>
<tr>
<td>1981</td>
<td>Child restraint legislation amendment. Requires children under the age of 8 years of age to be restrained in available restraints when occupying rear as well as front seats.</td>
</tr>
<tr>
<td>1983</td>
<td>Red light cameras introduced. Automatic cameras installed at intersections with traffic signals to detect “running the red light” offence.</td>
</tr>
<tr>
<td>1985</td>
<td>Drivers responsible for seat belt wearing by their passengers aged 8 to 17 years. Fine of $100 per person without a seatbelt.</td>
</tr>
<tr>
<td>1986</td>
<td>Speed cameras introduced.</td>
</tr>
<tr>
<td>1986</td>
<td>P-plates required for full period of probationary licence</td>
</tr>
<tr>
<td>1990</td>
<td>Mandatory bicycle helmet regulation</td>
</tr>
</tbody>
</table>

### Importance of seat belt regulations in producing behavioural change

The seat belt regulations (part of the Road Safety Act) were an important step that laid the groundwork for the success of future road safety initiatives in Victoria. For the legislators and members of the road safety field, the success of the seat belt regulations was evidence that the community’s behaviours could be altered if proper legislation and enforcement were implemented. ‘Proper’ legislation implying that the community felt there was a need for the laws and regulations (that a problem was significant enough to warrant attention) and therefore was in support of them, and also that the laws were enforceable. The seat belt regulations were important for community members as well. It demonstrated that a change in their behaviour would result in improvements in road safety. The success of these regulations is

demonstrated through a 91% response in those who always wore a seat belt in the front and 73% who wore one in the rear seat according to a 1989 community survey (Reark Research Pty Ltd, 1989). By 1996, 95% of Australians claimed they always wore a seat belt in the front, and 92% of Victorians (86% of Australians) always wore one in the back seat (Mitchell-Taverner, Adams, & Hejtmanek, 1996). It is important to note this success both for the importance of reassuring the community that legislation can have an impact on a problem, and also that it is important to consider all angles of a problem instead of simply the direct ones. In this case, addressing other behaviours that play a role in drink driving accidents (such as seat belt use) concluded in a positive result.

**International comparisons of legislation relating to driver licensing and alcohol consumption**

In addition to the laws related to drink driving, such as BAC and breath testing legislation, other areas are examined and addressed by legislation. This includes laws determining the ages involved in the purchase and consumption of alcohol, the obtaining of a drivers licence, penalties for first offences, multiple offences, rehabilitation and re-granting of licences. They are noted below in Table 5\(^\text{19}\).

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\(^{19}\) Information from (National Highway Traffic Safety Administration, 2000)
### Table 5: Licensing and alcohol consumption legislation and regulations in Australia

<table>
<thead>
<tr>
<th>Issue</th>
<th>Legislation and regulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum age for purchasing alcohol</td>
<td>18</td>
</tr>
<tr>
<td>Minimum age for consuming alcohol</td>
<td>18</td>
</tr>
<tr>
<td>Minimum licensing age for private vehicles</td>
<td>18</td>
</tr>
<tr>
<td>Graduated system of licensing?</td>
<td>Yes. A learners permit must be held for at least 12 months before progressing to the probationary stage. Probationary period lasts 3 years. Special plates must be displayed, the licensee is limited to a lower BAC and speed.</td>
</tr>
<tr>
<td>Conditions on re-attaining license after found guilty of a drink driving offence (full license holders)?</td>
<td>Yes, restricted to a zero BAC for three years after obtaining a court order (Z condition license)</td>
</tr>
<tr>
<td>Rehabilitation requirements prior to re-licensing?</td>
<td>Yes. Requirements depend on age, license category and BAC range of the offender.</td>
</tr>
<tr>
<td>* this is after a license disqualification, not suspension.</td>
<td></td>
</tr>
</tbody>
</table>

The National Highway Traffic Safety Administration (of the United States) compiled a report in 2000 comparing the United States’ drink driving legislation with comparable nations around the world. All of the countries included are part of the OECD (Organisation for Economic Co-operation and Development), which is a measure Australia often uses for comparable purposes regarding road safety. The NHTSA report illustrated that Australia has similar legislation to a majority of its peers and in many areas is in fact leading the nations regarding ‘world’s best practice’.

Australia’s .05 BAC legislation is the same as a multitude of European jurisdictions (such as Germany and France), while a majority of those nations not enforcing at .05 do so at a level of .08. Australia is one of the few nations that also have lower BAC requirements for younger drivers. This initiative was proven to be effective in reducing alcohol-related crashes among young drivers in the United States (Hingson et al. 1994; Blomberg 1992, as cited in National Highway Traffic Safety Administration (2000)). Australia is also comparable with many European nations in having a driving age of 18 years of age. The age of new drivers is seen to be important
as younger drivers are more vulnerable than older drivers. In addition to the driving age, the licensing system is important as well. Australia is one of several countries that has a graduated licensing system. A graduated system gives novice drivers new privileges over time, as they gain more experience before reaching the next step. Examples of this are driving with multiple passengers, or driving at night. In addition to privileges, these systems can penalise novice drivers separately from the general driving population. According to the NHTSA report (National Highway Traffic Safety Administration, 2000), graduated licensing systems have been shown to minimise crashes among novice drivers, according to research conducted by the National Transportation Safety Board in 1993. Australia is also similar to many other countries in not automatically re-granting licenses that have been cancelled, and placing some requirements on reinstated licenses (such as a zero BAC requirement for three years in Victoria). The suspension or cancellation of licensing is dependent upon the arrest BAC, both in Australia and various countries around the world. Overall, it is evident that Australia, and Victoria specifically are consistent with other countries regarding drink driving laws, and in some circumstances are regarded as a leader with the continual creation and implementation of successful drink drive related legislation.

While it is not a law that employees who serve alcohol must take the RSA course, it is required by many licensed establishments. The serving of alcohol is somewhat related to the laws and regulations dictating the legal ages of alcohol purchase and consumption.
Legislation regarding drink driving penalties in Victoria

Table 6 (below) presents the penalties for varying blood alcohol levels in Victoria. Similar to most countries in the European Union, and contrary to laws in the United States, the arrest BAC plays a large role in determining the severity of punishments for drink driving. Therefore less discretion is involved in assigning the punishments, and those that have acted grossly irresponsibly (driving with an extremely high BAC) will be penalised differently than those whose actions may not be viewed as equally irresponsible (driving with a BAC slightly over the legal limit). These penalties are the minimum requirements; these levels must be imposed if the case goes to court (however more severe penalties can be applied). An individual breathalysed on the road with a reading under .15 will be issued with a Traffic Infringement Notice, mandating the equivalent penalty noted below. Any individual with a reading over .15 must go to court, where they will be penalised with a monetary fine of not more than $1200, on a first offence.
Table 6: Victorian Penalties for varying BAC offences

<table>
<thead>
<tr>
<th>BAC</th>
<th>License Suspension</th>
<th>Monetary Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>.050-.069</td>
<td>No suspension, but 10 demerit points</td>
<td>$300</td>
</tr>
<tr>
<td>.07-.079</td>
<td>6 months</td>
<td>$300</td>
</tr>
<tr>
<td>.08-.089</td>
<td>6 months</td>
<td>$300</td>
</tr>
<tr>
<td>.09-.099</td>
<td>6 months</td>
<td>$300</td>
</tr>
<tr>
<td>.10-.109</td>
<td>10 months</td>
<td>$300</td>
</tr>
<tr>
<td>.11-.119</td>
<td>11 months</td>
<td>$420</td>
</tr>
<tr>
<td>.12-.129</td>
<td>12 months</td>
<td>$420</td>
</tr>
<tr>
<td>.13-.139</td>
<td>13 months</td>
<td>$420</td>
</tr>
<tr>
<td>.14-.149</td>
<td>14 months</td>
<td>$420</td>
</tr>
<tr>
<td>.15-.159</td>
<td>15 months</td>
<td>$420</td>
</tr>
<tr>
<td>.20-.209</td>
<td>20 months</td>
<td>Court</td>
</tr>
<tr>
<td>.24 or more</td>
<td>24 months</td>
<td>Court</td>
</tr>
</tbody>
</table>

The above penalties are for first offences. With multiple offences, both the fine and period of license suspension are increased; often they are doubled. Educational courses are required to regain a license if it has been disqualified (but not suspended), and new conditions may be placed on a license when it is reinstated.

**Less information can be more in relation to drink driving and its penalties**

An interesting note is that while familiar with general penalties, the majority of the interviewees were not familiar with the exact penalties for being caught drink driving. They were all aware of license suspension and fines, and many also mentioned demerit points. However only interviewees who had recently looked the information up specifically had any ideas about exact penalties. This is interesting to note that while community members are not aware of specific penalties, they are knowledgeable enough to be threatened into refraining from or minimising the undesired behaviours.

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The community members were asked their opinions on the major sanction taken against drink drivers, a suspension of license. Responses varied from 100% agreement to qualms about the length of suspension, with concerns that 2 or 3 months would be sufficient instead of 6 or 12 months. One interviewee highlighted one of the major difficulties of enforcing license suspension: that it is difficult to enforce people who drive with a suspended or disqualified license. Another respondent explained his support of the penalties in terms of their consequences:

Whether it’s a 6 months or a year I guess it would depend on the severity of the offence, but I think 6 months as a minimum is a very fair penalty… it would certainly cause inconvenience and would certainly make people stop and think.

A few of the respondents mentioned the necessity of sanctions other than fines, due to the short-lasting effects a fine would have on them, “Any financial penalty to someone like myself isn’t a deterrent whatsoever. The things that would deter me, inability to drive and social aspect.” While this respondent was a middle-class, middle-aged male, his comments were echoed by younger respondents as well who were not of the same financial means. However the factors this interviewee did mention that would deter him, inability to drive and social stigma, are both probable results of drink driving in Victoria. And this respondent was emphatic about his refusal to drive if felt he was anywhere near a BAC of .05. One interviewee, a Victorian who was convicted of drink driving in Queensland and lost his license for 8 months commented:

I think they’re reasonable, but what’s reasonable? If I had killed someone… Maybe penalties should go up, but where do you draw the line?

One unusual response came from a single mother with young children who admitted to drink driving short distances when she considered herself slightly over the limit:

Yes, I’d have to say it’s fair, I just wouldn’t want to be caught doing it. I couldn’t get to work, couldn’t transport the children.

She was in agreement with the penalties and aware of their consequences, however she took chances because she felt she either had no other options or that over the short distances home (that usually involved back roads) the threat was minimised. This is interesting to note that while community members are not aware of specific penalties, they know enough to be threatened into refraining from or minimising the undesired behaviours.
Synopsis of government policies and drink driving initiatives

Throughout the period of this case study, Victoria has implemented multiple pieces of legislation directly and indirectly related to drink driving that have aided in a minimisation of the road toll. The legislation has been not only accepted by, but expected by the community and therefore has the community’s support behind it. With that support, the legislation has been adhered to by a majority of the population. Victoria is rather unique as a jurisdiction however as it is governed by a large amount of legislation which is viewed as quite strict and constricting by some outside jurisdictions. It is important to also note that many Victorian drivers were likely also influenced by concurrent road safety legislation governing areas such as speed and seat belts. Implications of receiving fines or other penalties for related road safety behaviours may have played a role in convincing Victorians to adhere more closely to drink driving legislation than if the drink drive legislation had been implemented in isolation. With the enforcement and advertising support that are to be examined in the following two chapters, legislation in Victoria has led to the minimisation of the undesirable behaviour of drink driving.
4: The Stick: Enforcement efforts in the anti-drink driving fight

This chapter examines the enforcement efforts in Victoria and the theoretical concepts underlying the initiatives implemented. Deterrence is a method of gaining control through the use of fear; deterrence theory will be examined in this chapter. Deterrence theory will be explored through literature on the topic and also through the inspection of its application via the random breath testing processes. Deterrence theory underpins Victoria’s enforcement initiatives, and thus is the focus of this chapter on enforcement efforts. Next, the four most important points, or ‘pillars’ of deterrence theory will be examined. These pillars guide Victoria’s enforcement initiatives, and each will be individually addressed to accentuate its role within the process. A section looks at other enforcement measures that are not based on deterrence theory, and through literature comments on their apparent effectiveness. This is noteworthy as the ineffectiveness of these techniques supports the contention that deterrence theory is a necessary step for effective enforcement initiatives. Comments from professional and community member interviews regarding random breath testing practices and experiences will be examined. The chapter concludes with a look at the differences and difficulties involved in enforcing legislation in the contrasting metropolitan and rural regions of a single jurisdiction. This distinction is important to note as the majority of initiatives and successes that are focused on in this case study occurred in the metropolitan areas of Victoria, not the rural areas. Following the case study paradigm, the literature involved in this chapter is treated as data and as such is examined alongside more traditional forms of data, including comments from interviewees and direct observations.

With the legislative framework in place, it was important to find methods of enforcing the laws that would be heeded by the community. While Victoria’s first attempt at enforcement was unsuccessful and led at a temporary cessation of the random breath testing approach, successes in other jurisdictions prompted a revamped effort. The theoretical framework of New South Wales’ successful approach was adopted and deterrence theory became the pillar of Victorian enforcement initiatives. It will be argued that deterrence theory is a necessary step for successful anti-drink drive campaigns, as will be the importance of enforcement that is supported by the community.
The second aspect of the tripartite model for successful drink drive initiatives is enforcement, or ‘the stick’. If there are laws but no threat of being caught, people will continue to break the laws if they do not believe what they are doing is wrong, or do not believe they are really committing a crime (for example, ‘I’m just a little bit over, it’s no big deal’). Therefore, enforcement is necessary to support the laws.

There is one prominent form of enforcement in Victoria; random breath testing. Random breath testing is composed of both stationary and mobile testing, both which will be explored in-depth in a following section. Random breath testing is based on deterrence theory, which will be presented in detail below.

**Deterrence Theory: The Literature**

As noted above, deterrence is a method of gaining control through the use of fear. Deterrence uses the threat of punishment to raise fear levels through some type of sanction. A strict definition of deterrence is:

\[
\text{A person is deterred from offending by a sanction if, and only if, he refrains from that act because he fears the implementation of the sanctions, and, for no other reason.}
\]

[Beyleveld 1979, p.207, in Elliott (2003a)]

Deterrence theory consists of two segments, specific deterrence and general deterrence. According to Elliott (2003a), “General and specific deterrence are not different mechanisms, but the same mechanism applied to different populations (p1).” Specific deterrence affects the individual (when they themselves are caught); general deterrence affects the community (seeing police random breath testing activity) (see Figure 6 on p63).

Therefore, general deterrence is aimed at potential offenders who have not previously endured the sanction. Specific deterrence targets individuals who have been caught in the hopes of persuading them not to commit the crime again since they have been impacted by the sanction. Elliott emphasises the fact that if motorists refrain from committing an offence for a reason other than the fear of consequences (for example social impact vs. loss of license), then they are not deterred.
Elliott continued by naming the three different types of effects deterrence has as a preventative measure:

(1) The deterrent effect - *intimidation*;
(2) The strengthening of moral inhibitions - *education*; and
(3) The stimulation of habitual law abiding conduct - *reinforcement*.

The overarching issue facing enforcement is getting community members to obey the laws by changing their behaviours. Elliot (2003a) identified three effects of deterrence that are directly related to this issue. The first effect, intimidation, works to change people’s behaviour by threatening them with unfavourable consequences (for example loss of license and fines). The education aspect of deterrence works to support a change in attitude, which will aid in changing behaviours, or supporting the behavioural changes if they occurred first. The reinforcement aspect continuously prompts motorists to obey the laws by making the new behaviours habitual.

Ross (1984) was one of the original proponents of deterrence theory. Ross claimed that the theoretical propositions of deterrence assume that as long as the relevant public (motorists) perceive the threatened sanctions as severe, certain, and promptly imposed, the undesired behaviour will be minimised. These components (severity, certainty, and swiftness) became some of foundations of deterrence theory. Based on examples from countries that had implemented enforcement laws based on specific deterrence theory, Ross (1984) concluded:
In sum, the existing experience with enforcement campaigns supports the hypothesis, which is based on the deterrence proposition, that perceived certainty of punishment is an important determinant of the efficacy of deterrence measures (p30).

Ross also concluded that increasing the severity of punishment ‘produced no evidence in favour of the deterrence proposition’ (p32). This contention, that certainty of punishment is a much more effective tool than severity of punishment has been echoed in subsequent literature including Grosevnor, Toomey, & Wagennar (1999) and Benson, Mast & Rasmussed (2000). Furthermore, Ross deduced that efforts to deter drink driving through legal threats are successful in the short term when they are aimed at increasing motorists’ perception of certainty and punishment. Therefore, in addition to planning a long-term campaign, the campaign’s deterrence aspects could be focused more on the certainty of punishment then the severity of punishment.

Yet Ross (1984) reported that where there was a deterrence effect in the short term, the impact did not last. Thus it should also be noted that according to Ross that the value of an enforcement crackdown is limited to its duration. However Ross did allude to the fact that if enforcement was maintained over time, it might secure long-term deterrent effects. This is important because it advises against short-term solutions for drink driving problems. Ross’ claim means that simply setting up deterrence-related enforcement behaviours for a short amount of time will not have any long-lasting effect on the drink driving problem. Instead, a long-term plan is important when using deterrence.

Ross’ article was written in 1984, at a time before most countries had implemented full-scale deterrence-based enforcement programs in their jurisdiction. In 1990, Homel (1990b) confirmed Ross’ hypothesis through the example of Australia:

In addition, however, the Australian experience suggests equally as strongly that full random testing is incapable of achieving long-term reductions in casualties unless it is rigorously enforced and extensively advertised. If visible enforcement and publicity are maintained, the deterrent impact is maintained. If visible enforcement is relaxed, the deterrent impact wanes (p74).

Thus it has been shown that long-term deterrent effects can be achieved, if visible enforcement and publicity are maintained. It has also been shown that if these aspects of deterrence are not maintained, long-term effects will not endure. In supporting this contention, Benson et al (2000) cited Sherman (1997, p8):
The evidence on drunk driving, in contrast to the literature on illicit drugs, is one of the great success stories of world policing... The sheer numbers of consistent results from quasi-experimental evaluations of proactive drunk driving arrest crackdowns suggest a clear cause and effect. The ability of the police to control drunk driving appears to be a direct and linear function of the amount of effort they put into it (p.357).

This premise has been proven further through the Victorian case—as intense enforcement efforts dependent upon deterrence theory (in addition to advertising) have been in place for over ten years in Victoria, motorists still feel threatened that they will be caught if they take the risk. Evidence of this threat surfaced in community interviews, and will be discussed below.

**The Biggest Threat**

The powerful effect of deterrence is evident in the comments made by Victorian community members about their main concerns regarding drink driving. Almost all of the interviewees mentioned loss of license as a major concern and reason that effected their decisions on drinking and driving. Of those interviewees, half noted that loss of license was the major concern. A few noted loss of license as the second concern behind killing someone. A few interviewees cited a combination of factors, including loss of license, killing someone, and the social reaction. The only respondents who did not mention loss of license all cited killing or hurting someone. It was interesting to note who cited which fears. The interviewees who have been involved in accidents where alcohol was a factor all mentioned killing/hurting someone is a main concern. The interviewee who as a passenger in a car with a drunk driver was left in a coma for three days with close head trauma said,

> *I don’t want to kill/damage someone else. I wouldn’t want to put myself behind bars for life, wouldn’t want to kill someone else.*

Another interviewee crashed into a pole while he was driving, but was fortunate that he and his passenger were not injured. This interviewee was caught drink driving two and a half years later and had his license suspended for 8 months. He commented on his thoughts before his accident:

> *Sometimes I thought about getting caught, but never thought about getting in a crash, thought didn’t even enter. I didn’t even think about crashing my car. Thought about losing my license a little bit, for work purposes, but hitting someone or getting caught main sort of thing.*
All of the interviewees with children cited killing/hurting someone as their primary concern. An example of these attitudes was exemplified by this father’s quote,

_Basically its life, obviously losing your license is a big inconvenience, but obviously pales in comparison to loss of life, particularly now that most of the time I have a family driving around with me._

Some interviewees mentioned an important factor influencing drink driving, regarding the state of mind of someone when deciding whether or not to drive after drinking,

_What I fear most I think is getting caught. When you’re drunk, you don’t think about anyone else, you’re indestructible, there’s nothing but a cop to stop you._

The belief that alcohol makes an individual feel indestructible was mentioned by a few interviewees. It is interesting to note however that this indestructibility was applicable to hurting others, but not police officers. In other words, even though they felt indestructible, that they could not be hurt or would not hurt others, they did think they could be stopped by the police. This supports the notion that sustained and visible random breath testing keeps the threat of being caught a threat, and therefore deters some motorists from driving after drinking. This is aided by planned placement of the RBT so a maximum number of community members are exposed to it and thereby deterred.

**Random Breath Testing: Deterrence theory in action**

The main method of deterrence used to combat drink driving in Victoria, Australia is random breath testing (RBT). Random breath testing involves the breath testing of motorists selected at random, where no visible signs of intoxication or suspicions of intoxication are necessary prior to testing. Therefore, the threat of being caught is significantly increased as a motorist never knows when they may be pulled over and tested. In Victoria, the police have the power to breathalyse any motorist anywhere in the state. The only requirement is that the testing is quick and does not hold up traffic for an extended period of time. With these small restrictions, motorists are guaranteed that the random breath testing will not be a time-consuming inconvenience, and police are able to breath test in various types of locations, posing a larger threat to potential offenders.
Stationary RBT

There are two types of random breath testing, stationary and mobile. Stationary mobile breath testing involves a pre-selected location (that is not announced to the community) where police set up a checkpoint and wave cars in at random and breathalyse them. The locations are often highly visible, and again in Victoria will range from a freeway to a service lane on a main street. The locations constantly change and the testing occurs at different times of the day/night. By constantly changing the location and times of the breath testing, the deterrent effects of sustained and high visibility are increased as more locations and therefore more motorists are targeted. A motorist who refuses to take a breath test is considered to have failed the test and penalised as such. After a motorist is waved in to be tested, they blow into the preliminary testing device and those returning a negative result drive away. In Victoria, this entire operation usually takes 20 seconds (see Appendix: 1B to watch breath testing process). Any motorist who records a positive test (register a reading of .050 or above) is taken off the road, and after 30 minutes is put on an evidentiary breath testing device to determine their BAC, which can then be used in court. If they fail this test (blow .051 or over), they are immediately charged according to the corresponding legislation, presented in the preceding chapter. Stationary breath testing in Victoria is primarily undertaken by booze buses, as was described in the methodology section. The exception is in rural Victoria, and this issue will be discussed later in the chapter.
Mobile RBT

Mobile breath testing involves police officers in either marked or unmarked cars, who pull over motorists and breathalyse them on the spot. Mobile breath testing then operates in the same manner as stationary breath testing—the motorist is breathalysed, and if the result is negative they are released. If it is positive, they must take another test, on an evidentiary machine. Victoria implemented the ‘every car is a booze bus’ initiative, which dictates that every motorist that is pulled over for an offence is to be breathalysed. Therefore, in addition to random mobile breath testing, routine traffic stops result in a motorist being breathalysed. The major differences between stationary and mobile random breath testing therefore are two-fold. Firstly, mobile breath testing is much less visible—only the individual being breathalysed and anyone he tells of his experienced is aware that he was breathalysed. Conversely, any car that passes a stationary random breath testing point is aware of the random breath testing, as well as the motorists being breathalysed. Secondly, mobile breath testing returns many more positive results; the tests are often targeting motorists who have already committed one offence, and research shows other behaviours (such as not wearing a seat belt or driving erratically) are often linked to drink driving (FORS, 1997 as cited in (Commonwealth of Australia, 2001)).

In Victoria, stationary random breath testing as a deterrent effort is primarily undertaken through the use of booze buses, and supplemented with mobile breath testing through patrol cars. However, patrol cars are the major source in detecting drink drivers, exemplified through the breathalysation of 2 million cars per year in 2003 (this includes many motorists who were pulled over for routine traffic stops such as speeding). In the same year, booze buses breathalysed about 1.5 million drivers. In total, in 2003 the Victoria Police breathalysed 3.5 million cars—with 3.5 million licensed drivers in Victoria, the Police were able to establish a 1:1 ratio for the year 2003. However it took time to reach these levels, as in 1993 random breath tests were conducted on almost one out of every two drivers (Zaal, 1994). This shows that both types of random breath testing are necessary, as mobile and stationary testing exhibit different results.
Random breath testing was successful in New South Wales well before it became standard procedure in Victoria. Homel (1990a) described the dramatic effect RBT had in NSW upon its implementation. He noted a 36% decline in alcohol-related deaths and injuries that occurred immediately and remained permanently. Also, there was an overall 22% reduction in fatalities. He cited five waves of survey data that suggested strongly that the decline was due in large part to RBT and not other factors.

It is important to note, however, that simply implementing RBT does not guarantee success. Issues such as police organisation, local customs and community attitudes are relevant to each jurisdiction and need consideration. According to Homel (1990b), “RBT is not a ‘magic bullet’ that can be fired at the drinking and driving problem (p70).” This claim was originally made in reference to Victoria’s (as well as other Australian states’) initial attempts to implement random breath testing. These lacklustre attempts did not test frequently enough, lacked a high enough level of publicity, focused more on mobile random breath testing than stationary, and were easy to avoid based on predictability of location. However Victoria restructured its breath testing program so it more closely modelled New South Wales’ example. Beginning in 1990, Victoria’s random breath testing program was structured around points proposed by Homel as key elements of a successful random breath testing programme. These points are:

- Not only do RBT operations need to be visible, but they also need to be ‘threatening’. (Drivers should not be able to conclude that they can easily avoid the testing)
- The goal (of threatening visibility) is to increase the perceived changes of apprehension for drinking and driving.
- Stationary RBT should always be supplementary to mobile random breath testing (since it is less visible and therefore creates less of a perception of getting caught. Mobile breath testing’s main value is to deter those who think they can avoid stationary RBT)
- Media publicity is essential in order to launch RBT with a ‘bang’. Publicity should focus on RBT and should not simply be educational in content.
- The police should be continuously updated with goals and effectiveness of their RBT efforts. In addition, it must be stressed that RBT is not a technique for apprehending offenders but for deterring them [Homel’s emphasis]
- Penalties should not be more severe than license suspensions of several months and fines of several hundred dollars.
- RBT as a preventive policy must be paralleled by enforcement methods that aim to maximise the apprehension rate.

Serious consideration of these recommendations made by Homel (1990a, 1990b) for any jurisdiction planning on implementing enforcement initiatives based on deterrence theory could be quite beneficial, as Homel is one of the most frequently cited and respected researchers regarding random breath testing.

**From theory to practice: The four pillars**

The Victoria Police focus on four of these points: high visibility, strictly enforced, sustained, and well publicised. These four points have become the four pillars of Victoria’s enforcement strategy.

**Pillar 1: High visibility**

According to Inspector Ian Cairns, head of the TAS of the Victoria Police, the high visibility point is addressed through the design of the booze buses:

... the highly visible part of it, when you see the booze buses, they are designed for people to think: drink driving. They see a police car, and they may say, ‘bloody coppers’, look at their speedo, to see if they’re speeding, but if they see a booze bus, it’s the highly visible part of it, and they are designed to be unique. We spend a lot of resources making one-off vehicles that the public recognises not just for the paint work but because of their shape, their size, all that, to really push the drink driving message. And in themselves, they are part of the whole TAC campaign. The TAC do the whole media part of it, but the booze buses themselves are very important part of the highly visible side of the campaign (pers comm, 2003).

For pictures and a virtual tour of the booze buses and their highly visible design, see Appendix: 1 D. In addition to the visibility received from the buses’ design is the high visibility accrued from the constant testing which was often done in high-traffic (volume) areas.

**Pillar 2: Strict Enforcement**

The ‘strictly enforced’ point (certainty of punishment in preceding literature) is addressed in that every motorist caught by a booze bus is treated exactly the same. Regardless of whom the driver is, if they fail the preliminary test they are taken off the road and escorted to the booze bus. In the past, drivers could have been allowed to drive off even when failing the test, as there was no way of regulating the police officers. For instance, if the officer was a friend, they could conceivably let the
offender keep driving. However, new technology was introduced in December 1999 to eradicate the officer’s discretion. The Ryan Alcometer S400 is a preliminary breath testing device that records every screening test the police officer takes over the course of a shift. The information is downloadable, and the information provided includes each test conducted (male or female), how many tests were positive (over the legal limit) and this can be checked to see that each officer took the appropriate action for every positive test. If that action was not taken, the officer is held accountable. And according to Cairns (pers comm., 2003), if an officer lets someone go, they can lose their job. As a result of this new technology, the ‘strike rate’ immediately declined on the booze buses. From catching one offender per 400/450 tests, the police began catching one offender in every 300 tests. This occurred simply by taking away any discretion of the officer. This is a significant point, as it illustrates the importance of using smart technology, especially in an instance where human discretion is available yet ideally not applicable. The detriment of discretion was emphasised in few of the interviews when respondents made note of instances that they or people they knew had not been charged when they blew over the limit.

One interviewee spoke of an incident he was involved in that included an officer’s discretion. This interviewee was drunk, and driving along with a BAC he (retrospectively) gauged to be at least .15 (three times the legal limit). He was driving on the road while talking on his mobile, with an equally drunk passenger also on his mobile. The lanes switched to make room for a turning lane, but the driver did not notice and continued straight ahead. The car crashed into the traffic light pole and knocked it over. Neither he nor the passenger were hurt, but neither wanted to stay and wait for the police. The interviewee said he had heard that breath tests taken a few hours after a crash were not able to be used as evidence, so he decided to hide. He and the passenger ran away from the scene of the accident and hid in the bushes. After approximately 45 minutes, they were found by the police. The interviewee admitted to the officer that he had been drinking heavily and driving. The police officer said to him ‘mate, here’s your car keys, go back and lock it, consider this your lucky day’, and then continued ‘I’ll give you a call in the next few days about the Commission’s accident report’. Following that the officer phoned him a couple of days later and told him that they wrote on the report that he’d hit some oil and crashed the car. These officers had been in a patrol car, and not with a booze bus. Through this experience,
the two individuals involved, and any family or friends they told of this experience, and anyone else that heard the story, would have reason to doubt the strictly enforced tenet.

Pillar 3: Sustained enforcement

Sustained enforcement occurs through the Victoria Police conducting random breath tests 365 days a year, 7 days a week. Although 85% of the testing occurs during high alcohol hours (HAH), 15% of testing is also conducted during the day and Monday, Tuesday, and Wednesday nights. According to Harrison & Senserrick (2000), high alcohol hours are considered to be 6pm-6am Monday thru Thursday, Friday 4pm to 6am, Saturday 2pm to 8am, and Sunday 4pm to 10am. The majority of testing is done during HAH because that is when the majority of drink drivers are on the road. However, some motorists do not drive during HAH, so reinforcement for them that there is still a risk of being caught is conducted during low alcohol hours (LAH). LAH are the opposite of HAH: Monday-Thursday 6am to 6pm, Friday 6am-4pm, Saturday 8am to 2pm, Sunday 10am to 4pm. In addition to visibility purposes, there are motorists who are above the limit during LAH, including those who are still intoxicated from the night before.

Pillar 4: Well-publicised enforcement

Well-publicised enforcement is a point that the Victoria Police coordinate with the TAC. The TAC is responsible for road safety advertising, and included among the emotional shock advertisements were enforcement advertisements, emphasising the risk of getting caught and the sustained efforts of the booze buses. Other enforcement advertisements exemplified the license suspension periods and fines for various illegal BACs. (See appendices for examples of advertisements) In addition, before known high-risk periods of the year (such as Christmas and New Years), or during random breathalysing blitzes, the TAC will put out extra publicity to reinforce the extra enforcement. When new breath testing technology or equipment (i.e. new booze buses) is going to be introduced, the TAC will usually develop an education campaign to create awareness about the policies increased capacity and media will also be alerted to secure additional media coverage.
The four pillars of enforcement are exercised each time the Victoria Police conduct random breath testing. The following section discusses the results from the night of direct observation spent watching the Victorian Police operate three booze buses on the West Gate Freeway in Melbourne.

Results from Booze Bus Direct Observation

The West Gate Freeway is the largest single operation that the Victoria Police carry out for random breath testing. Three buses are used, and almost fifty officers are in attendance. In addition, there are two ‘chasers’, patrol cars that chase down any car that either tries to turn around and avoid the bus or that tries to speed away either when waved in to be tested or after they have blown .05 or over. The West Gate Freeway leads from downtown Melbourne out across the river towards the major city of Geelong, and has high traffic volume on Friday nights.

The convoy of buses, officers, and patrol cars left the police station at 11pm on Friday night, and arrived at the West Gate at approximately 11:30pm. The first bus was placed a few hundred metres after a curve in the road, in the left-most lane, about 200 meters from the start of the West Gate Bridge. A second bus was placed about 50 meters further up the road, in the rightmost lane. The third bus was set up on the exit ramp to the service station which was parallel to the first bus, and was placed so it was hidden from sight from the cars until they turned on to the road. The placement of the third bus was strategic and important, as it caught any driver who saw the booze buses once they rounded the curve and thought they could avoid being breathalysed by going around the road via the service station. However once a car was on the service lane it had no place to go except past the bus, so that driver actually faced a higher chance of being breathalysed than if they had stayed on the highway. (A higher chance because as it is ‘random’ breath testing, not every vehicle that passed the buses was breathalysed, although the proportion tested who went down the service lane was a much higher percentage due to the probability they were trying to avoid the buses they could see).

According to Kellehear (1993), there are seven advantages to conducting unobtrusive research. The first and fourth are the most pertinent to this research. First:

...unobtrusive measures tend to assess actual behaviour as opposed to self-reported behaviour...the use of unobtrusive methods enables researchers to literally see for themselves. (p5)
In the observation with the booze bus, it was possible to watch and see how people actually behaved when randomly placed in the situation, and look for actions that may not be self-reported (for example, speaking nastily towards a police officer or not cooperating). The fourth advantage according to Kellehear is that due to the non-disruptive nature of these observations, those being studied do not react to the researcher. This allowed for the observations to be non-involving and discreet. While some of the drivers who pulled up may have taken notice of the bright orange safety vest that was being worn during observations, it is unlikely they noticed the observations occurring until they were pulling away.

According to Yin (2003), one of the benefits of direct observation is that it is helpful in providing supplementary information about the subject matter under study. It served that purpose exceptionally well in this case—while drivers and police officers can give a description of the process of random breath testing, it is hard to visualise and get an accurate feel for the environment of and the process without seeing it in action. One of the major advantages to directly observing the process was the comprehension of just how efficiently it is run, and how well accepted it is by Victorian metropolitan motorists. The police officers gave an account of how it took only 20 seconds to breathalyse a motorist, from the vehicle being waved in to them driving away—but by watching it while standing amongst the police officers really illustrated this (see Appendix: 1 B for video footage of the breath testing process). It was evident from watching that the officers involved knew exactly what they were doing, and were very efficient at their work. Everything from the wording they used (as they could not professionally say, ‘put your mouth on the tube and blow’) to the precision in which they removed an intoxicated motorist from the line and kept the rest of the cars moving was efficient. Perhaps more surprising however was the acceptance and compliance of the motorists. Time after time motorists would simply pull up to the officer, roll down their window, perform the test, smile and drive off when they were told they had passed. There was quite often a word of thanks to the officers, and there were no fights or refusals or confusion observed. This is not to imply that this never happens, as only one night and one location was observed, but from observations and according to the officers that were working that night, a reaction like that is rare. From what was observed, it seems that participating in a random breath test is similar to Victorian motorists as paying a toll or following a
detour—not something one would volunteer to do, but an occurrence that is necessary for safety’s sake and simply a task of being a motorist.

**Victoria’s enforcement scheme**

The police operations regarding drink driving are different in Victoria than in other Australian states. There are five police regions in the state, four of which are country areas. These four country regions run their own booze bus operations through the use of four small booze buses. The fifth region is run by the Victoria Police’s Traffic Alcohol Section (TAS) in a 100km radius of metropolitan Melbourne which includes Ballarat and Bendigo. This encompasses about 80% of the Victorian population. The Traffic Alcohol Section’s primary responsibility is to reduce alcohol-related road trauma, and they are provided with the resources to do it by the TAC and Victoria government, which then must be distributed between the five regions. In 2002, the country buses conducted about 200,000 breath tests. The larger booze buses are operated by the TAS and conducted 1.3 million alcohol breath tests in 2002.

However deterrence theory is not used universally as the underpinning of enforcement initiatives. The following are examples of non-deterrence based enforcement efforts.

**Non deterrence-based enforcement schemes**

There are a few alternatives to random breath testing, although they are widely considered to be less effective in both deterring and detecting drinking drivers (Homel, 1990b). Two alternatives are sobriety checkpoints and/or roadblocks. With these methods, a police officer can stop random drivers; however they must have sufficient suspicion of intoxication before they can administer a breath/blood test. They are highly visible, and therefore do achieve this benefit of general deterrence. In turn, the risk perception of drink drivers may be raised (Clayton, 1997). However according to Homel (1990b), the deterrent effects of roadblock programs would be compromised by the level of police discretion involved in determining which motorists would be breathalysed. According to research conducted by Homel, he concludes that many drivers, males in particular, play ‘breathalyser roulette’, where they perceive that the odds of being caught are small and that they could successfully hide that they had been drinking. Homel (1990b) contends:
Consequently, any method of enforcement that relies on subjective judgments of impairment, or even on passive detection techniques is unlikely to work over the long term simply because the perceived probability of apprehension cannot be maintained at a high level.

Sobriety checkpoints and roadblocks do not attain the majority of deterrence theory principles—they are not sustained or extensively publicised, every driver is not treated equally (as some are tested and others are not, however it is not random), and most importantly the changes of being apprehended are not certain or even a threat. To the contrary, when random breath testing is in place, motorists are aware that whether or not they appear to have been drinking, they may be tested. Therefore as Homel (1990b) concludes:

*When the threat of detection is potent and credible, fewer drivers will risk driving when their BAC may be over the legal limit...RBT only works if drivers believe they have no control whatsoever over their chances of being breath tested, and in particular that there is no way they can talk their way out of a test* (p73)

Methods such as sobriety checkpoints and roadblocks are used in jurisdictions like states in America where civil liberties arguments overshadow the implementation of random breath testing. Homel contends that these methods appear to be highly ineffective and the resources could be better spent. For jurisdictions that are choosing enforcement initiatives, it is important to recognise the limitations of these methods when considering the benefits that they achieve.

It should be noted that the successfulness of catching impaired driving at sobriety checkpoints can be raised through the use of passive alcohol sensors. Passive alcohol sensors test the air when an individual speaks, instead of taking a full breath sample. These devices are not substitutes for breath tests; they are instead used to establish reasonable suspicion that may be needed for an individual to give a breath/blood sample. These devices are especially beneficial in improving the detection of drivers with BACs in the .05-.10 range, as impairment within this range is not expressed through easily observable behaviours (IIHS, 1993).

*Professional comments on random breath testing*

Members of the road safety field in Victoria strongly support random breath testing and have few doubts about its successes in helping to minimise the road toll. TAC communications manager De-Arnne Schmidt comments on her opinion as to why RBT has been so successful in Victoria:
It's probably one of the simplest physiological tests that you can have and it's not intrusive. I think there was enough discussion and debate around the level of alcohol-related deaths and serious injuries to set the scene before random breath testing was introduced. There was also enough community outrage about the issue of drink driving and there was finally a means to accurately test whether a driver was likely to injure or kill someone else. The whole issue was framed very well. (pers comm., 2003).

This supports the contention made in the legislation chapter that community support plays an important role in the overarching success of legislative initiatives.

Ben Holgate was the Manager of Marketing and Innovation of the TAC at that time of the interview, and was responsible for creating new initiatives and promotions to minimise drink driving in Victoria. However he expressed the weight of success he attests to RBT, and its coordination with public education:

By far, the most important thing [that has influenced drink driving in Victoria over the past 2 decades] was the introduction of random breath tests…the fact that the penalties include disqualification is extremely important…but clearly having RBT and having sufficient density to make people believe they are at a real risk of being caught if they do drink and drive is the most crucial thing. Clearly to be able to have that level of random breath testing, which is to some level an invasion to some extent of the civil rights they enjoy previous to that, there needed to be significant amounts of public education as to the dangers so there would be community support of the initiatives. I think that goes to the heart of why drink driving has been reduced in Victoria over the last twenty years, as the public education has worked hand in hand with fairly high levels of enforcement in terms of RBT to ensure that not only is there RBT there but it is reasonably accepted by a vast majority of the community (pers comm., 2003).

Holgate addressed issues that were discussed in the Legislation chapter, regarding civil liberties and the community’s acceptance of the random breath testing legislation. He also highlighted the aspect of deterrence theory that Victoria appears to have mastered so well; consistent penalties and a high threat of being caught.

Inspector Ian Cairns, who runs the booze bus programs in Victoria commented on the importance of booze buses in the state’s random breath testing program,

If you took the booze buses out of Victoria, I’d have to say that in the long term, drink driving would probably go up, because the booze buses are a big part of alcohol enforcements and the public’s perception of being caught in this state. I would say they are a very important part of our road safety initiative in our state.; I would say MUARC research has proven that booze bus enforcement, especially in Melbourne, is one of the most effective tools to road trauma reduction. ...I’m not saying we do it better, but booze buses are an important part of our road safety campaign in this state (pers comm., 2003).

The importance of booze buses can be demonstrated as many other states within Australia have adopted their own initiatives based on the Victorian booze bus design.
**Interview comments on random breath testing**

As reported earlier in the legislation chapter, random breath testing is accepted in Victoria. All of the respondents in the community interview supported random breath testing, although a couple felt that it was done to excess.

**The bush telegraph: random breath testing in rural vs. metropolitan Victoria**

While random breath testing through the use of booze buses has been demonstrated to be one of the most effective road safety tools for metropolitan Melbourne, it has also been demonstrated to be quite detrimental in ruralVictoria. Through research conducted by the Monash University Accident Research Centre (M Cameron, Diamantopoulou, Mullan, Dyte, & Gantzer, 1997) it was uncovered that booze buses were actually increasing the level of deaths in alcohol-related accidents on minor roads in small country towns. When booze buses were implemented in these small towns, the ‘bush telegraph’ was put into use. The ‘bush telegraph’ is when people in a small community contact each other to notify them of where the breath testing is occurring, so they drive alternate routes. The outcome of this was that motorists were still drinking and driving, however they began taking back roads that were poorly lit, poorly maintained, and were less familiar to them. These factors, enhanced by the effects of alcohol, resulted in an increase in deaths along those back roads. Due to this, the use of large booze buses was withdrawn from small ‘one horse’ country towns. Police cars are now used in place of large booze buses in these towns, although at times the small booze buses are brought in as well. For the larger rural towns such as Ballarat and Geelong, the large booze buses have not demonstrated this detrimental effect and therefore are still used. Dr Soames Job of the RTA in New South Wales explained a similar situation they face:

*And part of that is because random breath testing isn’t as effective in the country as it is in Sydney, because it’s easy for people in a close-knit, better communicating, smaller society to know where and when RBT is going to occur, to know what alternatives are [for placement of RBT]. So the perceived deterrence effect of RBT in the country isn’t as good as in the city. So I think we need to find ways to get that deterrence effect more powerfully in the country, then we’ll get more genuine effort put into changing behaviours (pers comm., 2003).*

There are other issues that need to be considered regarding drink driving in rural areas versus metropolitan areas. In addition to the bush telegraph, police officers in small towns may be reluctant to charge people they are friendly with or related to. When there is discretion involved in who gets charged, it becomes more difficult the
tighter-knit the community. Also, distances between drinking establishments and motorists’ homes are larger and therefore provide more opportunity for an accident to occur. Country roads are also often not as well-maintained as those in metropolitan areas. Public transport is often minimal or non-existent in smaller country towns, which takes away one more option for avoiding drinking and driving. Job exemplified this through the New South Wales experience:

So really our core drink driving problem is a country problem…the core problem is the difficulty of getting alternative transport or alternative arrangements in country towns. Especially if you don’t live in the country town, if you live on the farm outside, you don’t have many options, if you drink, for not driving. And therein really is our most intractable problem for drink driving at the moment. (pers comm., 2003)

It should be noted that the enforcement measures in this chapter were primarily targeted at metropolitan and larger rural communities. While deterrence theory is a viable option for smaller country towns, tactics for implementing it need to be carefully considered.

Job proposed one alternative to public transport that is currently running in a few locations in rural New South Wales:

I know that a number of clubs and pubs and groups of licensed establishments run free shuttle bus services, I think that’s a terrific initiative. I think if we could encourage that more, it would be excellent…(pers comm., 2003).

Job notes that as these locations are making large profits, it would be a very small portion of that they would sacrifice to run these services. In addition, he purports that they may in turn increase their number of patrons, and they would also be able to promote other aspects of their business such as their bistro services. Job concludes that this in turn could lead to a safer, more tight-knit community from that small initial expenditure.
Synopsis of enforcement theories and practices

While drink driving remains a serious problem in rural Victoria, successful enforcement through the use of deterrence theory was achieved in metropolitan Melbourne and its surrounding areas. The almost universal support of random breath testing by the Victorian community played an important role in the initiative’s success, similarly to the legislation initiatives: when community members not only accept an initiative but expect it, they are more likely to respect it. However the random breath testing would not have been as successful without the support it received from advertising, which is to be discussed in the next chapter.
5: Selling Safety: Anti-drink driving advertising

This chapter is an examination of the advertising initiatives that were implemented as part of the Victorian anti-drink drive campaign. Advertising is defined as “any paid form of non-personal communications about an organisation, product, service, or idea by an identifiable sponsor”, (Alexander, 1965 as cited in Belch & Belch 2001). The first form of data to be examined in this chapter will be literature regarding road safety advertising, advertising for public health campaigns, mass media advertising, social marketing theory, and IMC campaigns. These were all integral features of the TAC campaign and therefore sufficient background information will be provided. The following section looks at threat/fear appeals and emotive vs. informational advertising, examined in reference to their use in Victoria’s anti-drink drive advertising, and conversely to their use in New South Wales’ advertising. Next, research and the ensuing debate regarding the success of the TAC advertisements will be discussed. Attempts to change attitudes and/or behaviours through advertising will be presented in the following section, as this change is an integral goal of many public communication campaigns. Consistent with the preceding two chapters and the case study methodology, all of the data pertinent to this section will be examined together, including literature and comments from interviews. These advertising issues are pertinent to the planning and implementation of anti-drink driving advertising and serious consideration of them when preparing a campaign may well be beneficial.

It will be argued that while the TAC’s advertising initiatives had positive effects on the Victorian community, some aspects of the ‘bloody idiot’ campaign may have been over-the-top and are not necessary for a successful advertising component. This will be supported by comments from professional interviews, community interviews, and current literature.
Advising as a means of supporting legislation and enforcement

One important conclusion reached by Donovan, Henley, Jalleh, & Slater (1995) was that advertising can be successful when used to enhance the impact of other components (legislation and enforcement); however used in isolation mass media advertising would have a very small impact on road traumas. They concluded:

> Overall then, road safety advertising, in conjunction with visible signs of detection and enforcement, contributes to individual behaviour change in a number of ways, but primarily by maintaining the salience of the negative consequences of non-compliance, and particularly where these negative consequences are detection and legally enforceable sanctions. Road safety advertising contributes to the maintenance of desired behaviours by maintaining, reinforcing, and providing supporting reasons for maintaining the desired behaviours, which in turn, reinforce positive attitudes towards the desired behaviour, and in some cases, independently of legal threats or threats of injury (pp29-30).

This chapter will explore all of these roles that advertising plays as the third component of the tripartite model.

There is an enormous amount of existing literature in the communications field regarding the various components of advertising and its effects [see for example (Vakratsas & Ambler, 1999); (Tellis, Chandy, & Thaivanich, 2000)]. It is not necessary to delve into all the individual topics for this thesis; instead, arguments and conclusions that have been relevant to the Victorian TAC advertisements and are specifically pertinent to anti-drink drive advertising will be examined and discussed.

Advertising for consumer goods can have different intentions and strategies for communicating with its target audience then advertising related to social issues. The area of communicating regarding social issues is called public communication campaigns. Public communication campaigns were defined by Rice and Atkin (1989) as cited by Dozier, Grunig, & Grunig (2001) as:

> purposive attempts to inform, persuade, or motivate behavior changes in a relatively well-defined and large audience, generally for non-commercial benefits to the individual and/or society, typically within a given time period, by means of organized communication activities involving mass media and often complemented by interpersonal support (p7).

Following from this definition, it can be asserted that road safety and specifically drink driving fall into the category of public communication campaigns. Health communication campaigns are a form of public communication campaigns, where the intended goal is to make sure that the public has the correct information.
about their health (Wallack & Dorfman, 2001). Wallack and Dorman noted a variety of reviews that had been conducted which concluded that a large amount of mass-mediated health communication campaigns were failures, although some successes did point to the possibility of successful campaigns under certain conditions. Wallack and Dorman posited that there are three important factors which lead to better health communication campaigns: the use of behaviour change theory and mass communication as a foundation for campaign design, the use of formative research (e.g. focus groups) to develop messages and inform campaign strategy, and also the linkage of media strategies and community programs.

The TAC ‘bloody idiot’ campaign addressed all of these points. Mass communication was a driving feature of the campaign, as was illustrated by the 70% use of the budget on television advertising (Grey Advertising Melbourne, 1995). This was aided by a large-scale IMC (integrated marketing communication) campaign that will be discussed later in the chapter. Multiple mass communication channels were used for this campaign, as is recommended by Wallack and Dorman (2001) in order to ensure that the message reached the audience and directed them to the behaviours they were supposed to undertake (in this case not drinking and driving). Deterrence theory was one type of behaviour change theory applied to the TAC campaign, and a number of the TAC advertisements reinforced this concept, in conjunction with random breath testing efforts.

Wallack & Dorfman’s second point involved the use of formative research. The TAC employed Sweeney Research to conduct focus groups throughout the campaign. Usually market research was conducted before, during, and after each advertisement was run. These focus groups allowed for continual feedback on the campaign as a whole in addition to feedback regarding the varying styles of advertisements, and each individual advertisement. Wallack and Dorman also recommend the use of social marketing strategies, including market segmentation. The TAC accomplished this by developing advertisements that were aimed at various targets within the general community, including families, younger drivers, and 18-25 year old males.

Wallack and Dorman’s final point recommended the integration of media strategy and community programs, to provide local support for the desired behaviour changes. This third point was one the TAC did not fulfil until the later stages of the
‘bloody idiot’ campaign. Two programs were launched that involved the community and desirable driving behaviours. The first program was the ‘Drive Right’ program, which rewarded motorists who drove responsibly with prizes, including five new cars. Stickers were distributed to any community member who signed up, and positive driving behaviours were reported by designated ‘spotters’; police officers, members of the fire brigade, and ambulance drivers (see Appendix: 1 E for photo of Drive Right sticker). Over 150,000 Victorians participated in the first ‘Drive Right’ program (Transport Accident Commission, 2003). ‘Go Melbourne’ was the second program implemented, which encouraged community members to plan how they were going to get home before they went out drinking. A downloadable guide was developed and posted on a TAC website which included all of the licensed premises in metropolitan Melbourne and all of the train, tram, and bus locations, as well as taxi stands. The guide also included social information such as the venue’s atmosphere, type of food, and credit card policy (see Appendix: 1 F to view a frame of the Go Melbourne guide21).

In addition to the abovementioned three points that are important for health communication campaign successes, Wallack and Dorman (2001) noted three reasons why health communication campaigns tend to fail. These three points include a primary focus on individual behavioural change, a lack of linkage between the campaign and broader community action, and a lack of public policy that creates an environment where community members can undertake the desired (recommended) behaviours. The Victorian government and the TAC did the opposite of these three points, and was in fact successful in their campaign. In addition to promoting individual behavioural change, the TAC advertising campaign also worked on setting an agenda in relation to drink driving in the community, which helped to influence the behaviours and attitudes of the community as a whole, not just the individual. As explained above, the TAC did begin to incorporate a link between community action and the advertising campaign through the Drive Right and Go Melbourne programs. Lastly, the combination of legislation, enforcement, and advertising initiatives that resulted in the Victorian drink drive campaign illustrate the results of public policy in

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Please note that the guide was not downloadable onto the DVD appendix, so only the opening frame is available for viewing
the creation of an environment where drink driving was condemned and alternative actions (such as using public transport) were available (in metropolitan Melbourne).

Although Wallack and Dorfman advocate media advocacy instead of public communication campaigns, through the examples illustrated above, it has been shown that the TAC drink drive campaign was a successful health communication campaign (that in addition utilised media advocacy when launching new campaigns).

Mass Media Road Safety Advertising

Mass media campaigns are a form of public communication campaigns. Various studies have been undertaken which analysed a multitude of the components incorporated in mass media road safety advertising campaigns (M Cameron, Delaney, Lough, & Whelan, 2004); (Donovan, Henley, Jalleh, & Slater, 1995; Wooley, 2001). These reports examined aspects of advertising message content including positive and negative appeals and emotional and rational approaches. These components are directly related to the Victorian campaign as the TAC advertisements were comprised of both emotional and rational advertisements, and also controversial for their very negative focus. They will be examined below.

Informational vs. Emotional appeals in advertising for civic compliance

Emotional appeals focus on images and feelings, while informational/rational appeals emphasise deductive logic, objective informational content, and cognitive processing (Donovan et al., 1995). Emotional appeals try to illicit feelings and emotions in relation to a product or a brand, while informational appeals give the consumer target audience details about what is being advertised. For consumer products, informational appeals may give details about the benefits and qualities of the product (such as its great taste or its high fibre content) (Belch & Belch, 2001). In public health campaigns, informational advertisements could give details about new legislation, enforcement efforts, or options for help (e.g. a hotline to call). Emotive appeals for consumer products involve trying to equate emotions with the consumption of the product, such as happiness or feeling carefree (ibid). In public health campaigns, emotions such as guilt can be used to try to motivate the target audience to avoid undesirable behaviours. Alternatively, positive emotions can be linked with desirable behaviours to encourage the target audience to adopt them.
Emotive and rational appeals are not mutually exclusive however; the two can be used together in the same ad. As consumer purchase decisions (and public health behaviours) are often made based on both rational and emotional motivations, advertisements often give attention to both (ibid).

There is little research evidence supporting which type of appeal is more successful (when used on the same product) (Wooley, 2001). However according to a 1994 report compiled by a group of scientific experts for the OECD, purely rational appeals are at risk of being ignored. An individual’s defence through an ‘it won’t happen to me’ attitude could cause them to disregard the message as not relevant to them.

After a review of literature regarding fear-arousing communication in public health studies, the OECD study reported that a majority of the research cited found a positive relationship between the intensity of evoked fear and the degree of persuasion in public health (Organisation for Economic Co-operation and Development, 1994).

The TAC used a combination of informational and emotive advertisements. The informational advertisements were used to alert the Victorian community to new legislation, and as a reminder that random breath testing was taking place and also the degree of penalties being dispensed. The emotive advertising focused on the negative repercussions of drink driving, including guilt, shame, fear, and pain. Both types of advertising served different purposes, and both appear to have been successful in their respective tasks. More details will be given about each style of advertising below.
Message Framing- Incentive appeals to influence behaviours

The ‘framing’ of messages is when messages emphasise either potential gains or potential losses associated with particular health behaviours (Stephenson & Witte, 2001). In health messages, a classic strategy for the use of incentives is to present a series of substantive arguments in favour of or against a certain behaviour, supported by credible evidence or source assertions (Atkin, 2001). Incentive appeals can be either positively or negatively motivated. For example, in negative appeals the audience should be motivated by the high probability of suffering a negative consequence if they perform an undesirable behaviour (Atkin, 2001).

Donovan et al (1995) claimed positive appeals are generally considered to be ones eliciting or promising positive emotions as a result of the use of the advertised product or adoption of the recommended behaviour(s). Negative appeals are generally considered to be the ones eliciting or assuring negative emotions as a result of not adopting the recommended behaviour or not using the advertised product (ibid).

Donovan et al (1995) concluded that the literature on framing provided limited practical guidance to the development of advertising messages for road safety behaviour. However he posited that when a choice needs to be made, the majority of results support a negative frame over a positive framing. The TAC emotional style advertisements (see Appendix: 1 G to view some of these advertisements) were negatively framed, depicting consequences such as physical and emotional pain, the loss from the death of a loved one, and/or a loss of freedom (through loss of license).

Positive appeals as a form of influencing behaviours

These appeals focus on the positive outcomes of performing a desired behaviour (Atkin, 2001). While a negative threat would be injury or death from drinking and driving, conversely a positive appeal would focus on the benefits of designating a driver. For example, the use of a designated driver could result in saving money from not drinking, or gaining peer acceptance for doing the socially correct thing, or even boast psychological benefits such as gaining self-confidence and acting intelligently. According to Atkin, positive appeals can take the soft sell approach to connect positive images with the desired behaviour. Positive appeals appear to be
rarely used in the road safety field (Donovan, Jalleh, & Henley, 1999); contrarily, negative appeals that utilise threat appeals dominate road safety advertising.

**Negative appeals as a form of influencing behaviours**

Negative appeals can take more than one form, although the most common form of negative appeal is the fear appeal. Donovan et al (1995) argues that although negative appeals are often called fear appeals, they should be more correctly labelled threat appeals. As this contention has also been mentioned in other literature (Strong, Anderson, & Dubas, 1993), the term threat appeals will be used in relation to negative advertisements instead of fear appeals when discussing the TAC campaign.

These threat appeals are those that illustrate that non-compliance with the desired road safety behaviour will result in or increase the chances that negatives consequences will occur (see Appendix: 1 G to view examples). Or, these advertisements show that compliance with the desired behaviour avoids or minimises the probability of negative consequences (Donovan et al., 1999). This type of appeal is necessary because providing individuals with information is not always persuasive enough to convince them to change long-standing attitudes and behaviours. Statt (1997) elaborated:

> ...changing habits that have been well learned, and appear to serve us well, requires a great deal of effort. It will therefore take a lot of persuasion for us to overcome the force of inertia. So powerful is this force that even clear appeal to our self-interest, and indeed personal safety, may not be enough to overcome it (p101).

Statt (1997) explains how simply telling people they should perform desired behaviours because of the benefits to them is not motivation enough for behaviour change. Instead, it may be necessary to threaten people to encourage them to overcome their inertia and comfortable habits.

According to Atkin (2001), in addition to threat appeals, negative appeals can focus on a myriad of other dimensions that are affected by the undesirable behaviour. One dimension is the social repercussions (such as looking ‘uncool’, alienating friends, or losing peer approval) associated with performing the undesirable behaviour(s). Other negative appeals can focus on psychological incentives (such as anxiety about getting caught, loss of control, guilt). Alternatively, negative appeals can focus on the economic implications of participating in the undesired behaviour, such as fines of loss of license.
**Negative threat appeals as a form of influencing behaviours**

There is a large debate (Dillard, 1994; Witte 1992a, 1998; Hale & Dillard, 1995; Witte & Allen 2000, as cited in (Stephenson & Witte, 2001)) in regards to the success of threat appeals; there is a concern that an excessive amount of fear will in fact be counter-productive (Atkin, 2001). Donovan et al (1995) asserts that provided certain conditions are met, the greater the fear arousal, then the greater effect with respect to the recommended behaviour (p16). He continues:

There is general agreement amongst experts of all types, that across all health behaviours, and particularly road safety behaviours, negative emotions are more relevant to most target groups than are positive motivations” (p26).

A report produced by the Monash University Accident Research Centre in 2004 (Cameron et al, 2004) concluded that fear appeals have been demonstrated to be extremely effective in the road safety arena, notwithstanding the debate surrounding the ideal level of fear arousal and the complications with the operationalising of such a concept. The report continued that optimum levels of fear will vary even further dependent upon target age group and behaviour. Finally, Cameron et al acknowledged that the literature consistently dictates that health risk messages need to contain both a fear appeal and a recommended action which is used to minimise the threat. As a majority of the TAC emotive advertisement were graphic, negatively framed threat appeals, these conclusions appear to support the purported success the TAC advertisements had on Victorian drink drive behaviour.

The question of why to use fear in appeals was addressed by Stephenson & Witte (2001):

Because increased fear arousal and perceived threat are positively associated with recommended attitude and behavior changes (Boster & Mongeau, 1984, Mongeau, 1996, Sutton, 1982, Witte & Allen, 2000) (p91).

With fear arousal being the emotional reaction to a fear appeal, and perceived threats the result of a cognitive reaction to a fear appeal, campaigns often rely on fear appeals to increase vulnerabilities and express risks regarding certain behaviours (ibid)

Yet there remains a concern that threat appeals will be ineffective or backfire due to humans’ natural mental defence mechanism: optimism bias.
Optimism Bias and people's attitudes and behaviours

Optimism bias, as described by Stephenson & Witte (2001) involves overestimating the risk of something occurring to others particularly when gauging if the event will happen to oneself. Optimism bias often results in underestimating the probability that an event will happen to oneself. Denial is a key contributor to the success of optimism bias, and optimism bias is often applied to beliefs about risk factors that one can exert control off (using condoms, frequently wearing sun screen) (ibid).

Optimism bias is highly relevant to drink driving, as most motorists are overconfident about their capabilities as a driver and also their risks of being involved in a drink drive incident. Optimism bias of community members is one important factor that needs to be taken into consideration when preparing threat appeal advertisements; dependent on the goal of the advertising, levels of threat may need to be varied to overcome or accommodate optimism bias.

Levels of threat in advertising: High fear vs. low fear

Discussions with Dr Soames Job, a behavioural scientist in the road safety field highlighted the distinction between low-fear and high-fear threats. A high-fear threat would be killing oneself or another. A low-fear threat would be a fine or loss of license. Job’s contention is that very high threat advertisements lose their credibility with the target audience regardless of their believability, as a strong optimism bias response kicks in. This would not be the case however with a low-threat ad, at least not to the same degree:

...our research shows you get a really strong optimism-bias effect as people believe they're going to have a better life than their peers, that they're going to be more likely to own their own home, more likely to be recognised with awards, less likely to fail university, less likely to get in a drink driving crash, less likely to kill someone. And it’s those “less likely’s” that carry the day. This optimism bias just isn’t as extreme for getting fined or losing some money, as it is for getting killed. People are very very confident that they are not going to get killed driving around. Of, if they are, it won’t be because of anything they did. (pers comm., 2004.)

Therefore Job contends that low fear advertising, such as is utilised in New South Wales, is preferable to high-fear advertising. And in fact research conducted by Tay and Watson (2002) is cited in Elliott (2003) as suggesting that “the average level of fear could be reduced moderately without reducing message acceptance but could reduce message rejection, resulting in a positive change (p3).”
Job continues that high-fear advertisements would result in people fearing getting killed by others, not doing the killing themselves—therefore their behaviours are not responsible and the advertisements will not result in a behaviour change.

This was supported by a comment made by one interviewee regarding his thoughts on the TAC advertisements:

*One or two that hit me more than the others...not the ones that get wrapped and killed, more impact ones are the ones where their quality of life changes, rehabilitation time, etc...what scares me more is you could be an innocent bystander...I suppose it hits you, but like a lot of things you try not to dwell on it, hope it’s someone else.*

However Job feels that low-fear advertising can be made high risk. As discussed in the Legislation chapter, deterrence functions to encourage a person to avoid performing an undesirable behaviour due to a credible fear of a negative consequence (Homel, 1990a). Yet promoting a severe outcome will not have a deterrent effect if people do not believe they will succumb to that negative consequence, due to optimism bias. So Job postulates that high-fear advertising will be ineffective while low-fear advertising will be perceived as a tangible threat:

*So I think the higher perceived probability of an event that is still deterring, is a better scenario for stopping a behaviour then a very very low perceived probability that isn’t perceived of a very bad thing happening (pers comm., 2004).*

Therefore Job claims that community members would be much more threatened by a loss of license than the idea of killing a child and going to jail. Hence, a low-fear (and therefore more believable) risk such as loss of license becomes more threatening than a high fear advertisement because it is more believable to the individual. One interviewee said:

*I think those (enforcement advertisements) are effective, that they make you think. The shock advertisements are not effective for me, because I go ‘oh, isn’t that awful’, but it isn’t personal to me at all.*

While Job does not think the TAC advertisements were good for convincing Victorian community members on an individual level that something bad would happen to them, Job does believe they served a different purpose. Job contends that the TAC’s high-fear advertising specifically aided in reminding the population of the low-fear threats, such as loss of license, fines, and reinforced why there was such a large amount of random breath testing on Victorian roads. Donovan et al (1999) supported this contention when they concluded that while individual behaviour
change could be attributed to deterrent effects from low-fear advertisements (e.g. a perceived likelihood of getting caught), community support would have been enhanced by the emotive advertisements. The advertisements were good in providing the community with a reason to not only accept, but also to expect legislation and enforcement to keep the issue in abeyance. The high-fear advertisements aided in making drink driving a social issue, which it had not been prior to the launch of the ‘drink, drive, bloody idiot’ campaign. One interviewee commented on the advertisements:

*Shock tactics don’t bother me, it’s real. I think it just reinforces my own experience; it’s bloody dangerous and it’s terminal. It’s a good thing to remind us that people die out there.*

However an individual simply liking the advertisements or remembering them does not necessary mean it will influence their actual behaviours, even if it does influence their intended behaviours.

**Good Intentions, Bad Decisions and the implications for drinking drivers**

One issue that warrants attention is that regardless of how good an individual’s intentions are when they are sober, once they are intoxicated things change. If a motorist drives to a pub with the intention of taking a cab or getting a ride home, if s/he drinks enough their behaviours often contradict their intentions. One of the interviewees, a male in his twenties who has driven after drinking on numerous occasions illustrated this issue. Although he stated early in the interview that he did not think drink driving was a good idea, he blames his actions on the ‘increase in bravado’ and effects to decision making that occur after a few drinks:

*But the thing with the TAC advertisements is that they... all the stuff that is depicted in there, and I’ve seen a couple of things(accidents) happen as well..., everyone knows that that can happen, but you don’t think that’s going to happen to you. You’re trying to weigh it up when you’re sober, you go, ah, that was stupid the other night, but it’s always retrospective. I don’t think you go when you get drunk and get in your car, you don’t think back to those advertisements and go ‘oh, Darren look out’, or whatever they carry on about, and go ‘oh, I’d better not drive’, it’s more ‘oh, how many main roads do I go down and will I run into the cops or not. And then probably still drive away and hope for the best.*

This issue highlights the fact that advertising in itself is of little assistance once a motorist is drunk and still in a position to drive (i.e. has access to a car). While advertising can aim to convince community members to leave their cars at home, once the cars are on the road advertising can do little. Therefore, perhaps options that
involve other aspects of road safety initiatives need to be considered. This includes alcohol ignition interlocks, whose detriments and attributes will be debated in the Discussion chapter.

**Drink, Drive, Bloody Idiot: The TAC Campaign**

In late 1989 the Transport Accident Commission hired Grey Advertising Melbourne to develop an advertising campaign that would bring road safety to the forefront of the community’s social agenda. The goal was a campaign that would make motorists, regardless of age or sex, reconsider their attitudes towards drink driving and speeding. Moreover, advertisements were needed to promote the two new initiatives, random breath testing ‘booze buses’ and speed cameras.

The resulting drink driving campaign was a theme that would remain unchanged and in use from December 1989 through to November 2003. Under the banner, ‘If you drink, then drive, you’re a bloody idiot’, 25 advertisements were produced between 1989 and 2000. A majority of these advertisements were emotive, graphic, shock style threat appeal advertisements. Some of the advertisements were enforcement-related, utilising an informative style. One was humorous, and it was specifically related to the TAC’s sponsorship of a sporting team. A majority of the ads remained on-air for a few years (3-5), and were rotated between enforcement and emotive style ads, and alternated with other road safety messages (speed, fatigue).

Research prior to the campaign recommended that the key messages had to be ‘acceptable’ to the target audiences, the advertising style had to be ‘attention grabbing’ and confronting, the ads should be localised to the communities to increase their salience, and the campaign should be resourced to a high degree which ensured that key target groups received high levels of the campaign messages (Healy and Forsyth, 1996). While the attitudinal research conducted for the TAC was confidential and therefore inaccessible to the researcher, other studies have been undertaken which had access to this information. One such study (Harrison & Senserrick, 2000) reported that the general attitude towards the TAC advertising was generally positive, despite the perception that the tactics used were emotional, tough, and frightening. Figure 7 on pg 94 illustrates responses from participants from the abovementioned study when asked to finish the statement “TAC advertisements are generally…”
Figure 7: Audience opinions of TAC advertisements

TARPs (Target Audience Ratings Points) are used to measure audience reach. The percentage of people in the viewing area that are estimated to be watching the specific television channel at the time the advertisement is played are summarised through Rating Points (Cameron and Newstead, 1996). TARPS estimate only the number of viewers from the specific Target Audience for each advertisement. An example of the TAC advertising penetration is illustrated in Figure 8 below, and shows the TARPS achieved for both drink drive and other road safety stream advertisements from January 1989-December 1992.
In addition to the shock of the content of the advertisements, which featured realistic crashes, bodies, and the emotional aftermath, there was some shock around the slogan theme itself. In the late 1980s, the use of the word ‘bloody’ was akin to swearing. The use of such a word in primetime television, large billboards, and radio was compounded by the fact that the proponent of the slogan was a government agency. The TAC used the media attention to its advantage (through media advocacy), as described by TAC General Manager of Road Safety David Healy:

...when ‘drink, drive, bloody idiot’ was introduced, clearly the use of the word bloody at that time was a bit controversial, so that raised some discussion in the media and to that extent that debate could be harnessed, and used to say, ‘we make no excuses for that, because drink driving is such a criminal activity, use of the bloody idiot was minor...take the moral high ground in the media, and hence provide debate and controversy on the issue...and that was deemed to be part of the total approach...(pers comm., 2003)

This is important to the development and implementation of a drink drive campaign because it shows the need to get the community’s attention in whatever ways possible. Being shocking can be efficient if there is evidence to back up its claims, as the TAC was able to do with the large road toll caused by drinking drivers. In addition, it addresses the need for multiple styles of advertisements (emotive,
informational, emotive-enforcement), which can be used to address different aspects of the same problem. As discussed above, emotive advertisements can attract the attention of community members, and bring an issue to the forefront of their social agenda. It can also aid in motivating some community members to change their attitudes and/or their behaviours, which will be addressed in detail below. For other community members, it is the threat of enforcement, and therefore enforcement-related informational advertisements that will affect them.

One stream of road safety

The TAC ‘bloody idiot’ campaign was one stream of an overall road safety campaign implemented and managed by the TAC. Initially, the road safety campaign was launched with a focus on drink driving and speed, although the emphasis was on drink driving. Over the course of the ten years of this case study, the issues of concentration, seat belts, fatigue, motorcycles and young drivers were introduced, each with an accompanying advertising campaigns (see Table 7 on p89). Each theme had its own graphic threat appeals and its own slogan (eg ‘Concentrate or Kill, ‘A 15 minute powernap could save your life’- see Appendix: 1 H to view examples of these TAC road safety advertisements). However the speed, seat belt, and drink drive themes were the only campaigns that had strong supporting legislation and enforcement initiatives. This is important to note because it should be identified that road safety as a general issue was brought to the forefront of the Victorian community’s mind, not simply drink driving. Therefore desirable road safety behaviours were constantly being proposed and enforced to the community. As the overall campaign continued, the central focus shifted from drink driving to speed, as occurrences and accidents related to drink driving were dramatically reducing and accidents related to speed were not. However it is posited by this researcher that the drink driving campaign could have been run independently, and would have achieved successful results in doing so. This is contingent upon the fact the campaign would have utilised the tripartite model and therefore would have been a completely integrated campaign. In this situation while the overall road toll may not decrease to the same degree as it did in Victoria, as other factors impacting drink drive accidents would not be addressed (eg seat belt use) in drink drive advertisements, the campaign is not dependent on an overall road safety strategy to succeed. This contention was
supported by the General Manager of Road Safety at the TAC, the TAC’s Manager of Road Safety, and the Manager of Marketing and Innovation at the TAC. It should be noted that while an overall road safety campaign may be beneficial for reducing the road toll in any jurisdiction, it is not a necessity when the aim is to target a specific behaviour/issue (in this case drink driving).
### Table 7: TAC advertisement themes and slogan

<table>
<thead>
<tr>
<th>Theme</th>
<th>Slogan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drink-Drivers</td>
<td>“If you drink, then drive, you’re a bloody idiot”</td>
</tr>
<tr>
<td>Speeding</td>
<td>“Don’t fool yourself, speed kills”</td>
</tr>
<tr>
<td>Fatigue</td>
<td>“Wake up to yourself, fatigue kills”</td>
</tr>
<tr>
<td>Seatbelts</td>
<td>“Belt up, or suffer the pain”</td>
</tr>
<tr>
<td>Concentration</td>
<td>“It’s in your hands, concentrate or kill”</td>
</tr>
<tr>
<td>Motorcycles</td>
<td>“Look bike. Hard to see, easy to kill”</td>
</tr>
<tr>
<td>Country People</td>
<td>“Country people die on country roads”</td>
</tr>
<tr>
<td>Passengers</td>
<td>“If you don’t trust the driver, don’t get in”</td>
</tr>
<tr>
<td>Youth</td>
<td>“Ask yourself, are you roadworthy?”</td>
</tr>
<tr>
<td>Older drivers</td>
<td>“Make sure you’re right to drive”</td>
</tr>
<tr>
<td>Speeding</td>
<td>“10 km/h will save lives”</td>
</tr>
<tr>
<td>Speeding</td>
<td>“Wipe off 5 (or wipe out lives)”</td>
</tr>
<tr>
<td>Drink Driving</td>
<td>“Drink, Drive, Kill, Jail. If you drink, then drive, you’re a bloody idiot.”</td>
</tr>
<tr>
<td>Learners</td>
<td>“Ask yourself. Are you roadworthy.”</td>
</tr>
<tr>
<td>Learners</td>
<td>“You never stop working”</td>
</tr>
<tr>
<td>Speeding</td>
<td>You speed, you pay. Speed Kills”</td>
</tr>
<tr>
<td>Drink Driving</td>
<td>“Stop yourself here, or we’ll stop you here. If you drink, then drive, you’re a bloody idiot.”</td>
</tr>
<tr>
<td>Speed</td>
<td>“For every 5 ks over the limit, your risk of crashing doubles. It’s never safe to speed.”</td>
</tr>
<tr>
<td>Fatigue</td>
<td>A 15 minute powernap could save your life. Fatigue Kills”</td>
</tr>
</tbody>
</table>

**Outside influences**

It should be noted that the economy did play a role in the reduction of the overall road toll in Victoria. Due to a recession, the distances and frequency travelled by Victorians for commercial and recreation travel were minimised. Quantitative studies debate the amount of effect the economy had, and it is not within the scope of this research to comment on the perceived amount. However while the economy did impact on the road toll numbers, it is unlikely that it played a role in influencing community member’s attitudes and behaviours towards drinking and driving. The qualitative research that was conducted during this research has determined that

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23 Source: adapted from Cameron et al, 2004
community attitudes and behaviours have changed over the course of this case study, and that it is these changes that are responsible for a large reduction in the drink driving road toll.

In addition, other road safety initiatives were undertaken throughout the timeframe of this work that also may have influenced the drink driving road toll: initiatives such as a campaign to reduce speed, red-light cameras that are used to deter motorists from speeding through red lights, and Accident Blackspot programs (the identification of streets/intersections with abnormally high levels of accidents; than features such as roundabouts are introduced to try and minimise the number of accidents) All of these factors may have played a role in influencing drink drive related accidents and should be noted.

**Variety of advertisements in public communication campaigns**

Donovan et al (1995) recommends that a pool of advertisements should be used with any one campaign, with a variation in message style and executional style of the advertisements. This recommendation is to try and minimise or avoid advertising wear-out. Advertising wear-out occurs when the effect of an advertisement lessens due to over-use of the ad, or over-exposure to the target audience. A report by Fry (1996) detected weak evidence that the television aspect of the TAC advertising campaign was suffering from wear-out at the end of 1993. Fry concluded that the strategy of rotating the advertisements through the use of different styles and the large impact of the individual advertisements made it harder to detect strong statistical evidence of wear-out (Cameron et al, 2004).

One interviewee commented that the advertisements were run too frequently for too long and therefore began to lose their impact on him:

*I think it’s one of those things where you sometimes see the ad too often that’s part of a campaign, that you only see it once a week, once a fortnight...but when you see it repeated time after time in the middle of a movie or something like that...you just become a bit blasé to the message, which you shouldn’t. They should move around the messages a bit...[the enforcement advertisements] It’s a reminder of a fact. Would it make me decide to do something or not to? No, not really.*

However this interviewee was in the minority as no other mentioned that the advertisements had lost their effect on them.
In addition to rotating the style to avoid wear-out, it is important to utilise different styles of advertising to target different audiences and for different messages (Atkin, 2001). For instance highly emotive threat appeals are beneficial for changing a community’s attitude, while low-fear informational campaigns may work better for deterring behaviours (see Appendix: 1 I to view information advertisements).

The Manager of Marketing and Innovation of the TAC (at the time of the interview) illuminated the different reasons a variety of messages are needed:

- \textit{I think the fact is that you need to have a variety of different messages because different messages reach people in different ways. But sometimes different messages will affect the same person or add value in a different way to their perception of the issue. There’s no doubt that the confrontational, emotive advertising has an effect for a certain number of people...Everybody tends to be affected by the enforcement advertising, to some extent, and you have to make sure that people’s perception of the likelihood of them being caught by enforcement is quite a lot greater that it actually is. Victoria police have about 12 booze buses in the whole state. Well the reality of getting caught by one isn’t that high, but we have to give people the perception that that’s going to happen, that there’s a very good chance they’re going to get caught. So a lot of that advertising, I think a lot of what we need therefore is really a mixture of both. The emotive stuff is important, it affects everybody to some extent, it actively affects 20-30%, we actively get them to change their behaviour, but the enforcement advertising definitely needs to be there too, to increase people’s perception of the risk of their being caught. I think that...you need different approaches so it doesn’t get stale, so you press different triggers with people (pers comm., 2003).}

The TAC mixed their advertising strategy throughout the ‘bloody idiot’ campaign, incorporating highly threatening emotive appeals with informative enforcement appeals. This integration of ad styles was beneficial in their goals of changing driver attitudes and behaviours, by keeping the message reasonably fresh and constantly relevant to the target audience.

\textbf{Attitude and behaviour change and the objectives of the TAC Campaign}

Donovan et al (1995) contends that in regards to the issue of attitude and behaviour change related to advertising goals, there is sufficient evidence that indicates that forced behaviour change often leads to long term changes in attitude. In addition to attempts to change community attitudes through high-fear, threatening advertising, forced behaviour was simultaneously changed through booze bus enforcement and deterrence theory. According to cognitive dissonance theory, if a person holds two contradictory beliefs they will be in an uncomfortable mental state and will try to reduce it. Cognitive dissonance studies have shown that if a behaviour is changed first, then it is more likely that an attitude change will follow (Statt, 1997).
Thus, behaviours were forced to change through enforcement techniques, while attitudes may still have been in favour of drink driving. A conflict would have resulted, and it is likely that attitudes would have been the resulting change (drink driving was no longer considered an acceptable thing to do). Once this attitude change occurred, the emotive advertising that was in place would have supported the new attitude. In fact, studies have shown that people are more receptive to positive virtues about the new attitude after they have made a decision (Statt, 1997).

Although there is a debate on the use of fear and threats to try and change attitudes and behaviour, a majority of public health campaigns do utilise some degree of fear appeals. According to research by Boster & Mongeau (1984), Mongeau (1996), Sutton (1982), Witte & Allen (2000) as cited in Stephenson & Witte (2001), there are positive associations between perceived threat and increased fear arousals and recommended attitude and behaviour changes.

Studies have been completed to determine which attitude and behaviour change theories are the most appropriate for application in various health and communication campaigns: (Cameron et al, 2004; (Cappella, Fishbein, Hornik, Ahern, & Sayeed, 2001); (Wooley, 2001) (Slater, 1999). Theories often analysed for health and communication campaigns are the Health Belief Model, Social Cognitive theory, the Theory of Reasoned Action, the Theory of Planned Behaviour, the Extended Parallel Process Model (EPPM), and Roger’s Protection Motivation Theory. However road safety differs from many other types of health campaigns as enforcement is often a component of road safety campaigns. Thus the attitude-behaviour relationship is more complex as it must also take into account the effect the enforcement component when determining the efficacy of a campaign (Cameron et al, 2004).

To address this consideration when evaluating behavioural change theory for road safety, Cameron et al (2004) conducted a review of the behaviour change theories pertinent to road safety mass media campaigns. Cameron examined all of the above theories in addition to others; one specifically pertinent to road safety was General Deterrence Theory. Cameron contends that ‘different theories are more applicable to particular behaviours’ (p16), and that these theories were developed across a breadth of fields. After a thorough review, Cameron concluded that Roger’s Protection Motivation theory (see Figure 7 below) and EPPM (see Figure 8 p95) are
the most suitable for road safety. He also concluded that although specific to enforcement aspects of behaviour change (instead of psychological aspects), General Deterrence theory is valuable as well.

![Figure 9: Rogers Protection Motivation Theory](image)

![Figure 10: Extended Parallel Process Model](image)

24 Source: (Cameron et al, 2004)

25 Source: (Cameron et al, 2004)
Community members views on the TAC advertising

A goal of this research was to interview both professionals and community members to see if the thoughts of the professionals were an accurate reflection of the Victorian community. Community members did agree that their attitudes and behaviours had changed over the course of the 1989-2000 period, especially for those that were driving before that timeframe began.

Attitudes of Victorian community members have changed over the past few decades according to those interviewed for this case study. Older community members seem to have changed their attitudes the most, while younger community members seem to have adopted less tolerant views of drink driving than their parents and grandparents would have held at their age.

One middle-aged interviewee responded that both his friends as well as his own attitudes have changed:

*they have definitely changed to the extent to where my immediate peer group, they just don’t do it anymore. 15 years ago, yes there were some people who would openly do it, knowingly drive home, not all the time but on certain occasions, they would drive home whilst under the influence. Where as now, those same people will not do it, full stop.*

His comments were echoed by another middle-aged interviewee regarding riding with a drink driver:

*I was a passenger with a drink driver, because we all used to drink {and drive} when we were young. Didn’t worry us in the slightest.*

But perhaps more important than their changes in attitudes are their reported changes in behaviour. Many of the interviewees reported not only changes in their own behaviours, but also changes in those that they observed around them: their parents, their children, their close friends. Giving the keys to a partner and taking a cab were the new behaviours that were reported the most frequently. Parents most often noted that when their children went out they used designated drivers. A few interviewees noted that they tried to leave their cars at home, due to the temptation of driving it if it is there. Said one interviewee:

*We take cabs, for me anyway, if my car is there I’ll probably drive it, so that’s why I deliberately leave it at home, but if I walk out of a place drunk and my car is there, there’s a 99% chance I would drive. I know that about myself, so that’s why I leave the car at home.*
This desirable behaviour of leaving the car at home was modelled in advertisements that were produced in the latter stages of the TAC campaign (see Appendix: 1 J to view *The Pub*).

Many of the respondents said they plan ahead now, something they would never have done previously. They take public transportation, or walk, designate a driver, or leave their car at home. One interviewee who was caught and penalised for drinking and driving now carries a personal breathalyser with him. His family does as well. It is something he says he never would have thought of before he was caught, but now even his friends use it if he has it with him when they are all out. Behaviours have also changed in individuals’ responses to others drinking and driving. This is evidence that the advertising worked in making drink driving a social issue. Almost all of those interviewees said they would try to stop someone from drink driving, or have in the past. Modelling of this and other alternative behaviours to drink driving were present in some of the TAC advertisements (see Appendix: 1 K to view *Stop Bus*); this modelling could have functioned both to make it socially acceptable for someone else to drive for you and also to give people examples of desirable behaviours. Hesitations arose both when the person driving was not someone the interviewee knew well, and if the passenger was drunk; interviewees mentioned that they did not really think about the driver in that case. People who said they had tried to stop others have had mixed results—that sometimes people simply would not yield. A story was told about a mate who actually got into a fistfight with a friend of his because the drunken friend did not want to give up his keys. A lot of the other interviewees mentioned how they never would have tried to stop someone from drinking driving years ago, because drink driving was not an issue. It has only been in the last decade that their behaviour has changed.

In addition to asking if they would try to stop others, interviewees were questioned about whether or not they would be a passenger in a car with a drinking driver. Responses varied, again dependent on the situation. Some interviewees said they would never get in a car with a drinking driver. This behaviour was also modelled in a TAC ad—the results of getting into a car with a drinking driver showed it to be an undesirable behaviour as the consequence was death (see ‘Joey’ in Appendix: 1 L). If the interviewee was drunk, they said they would not give the issue any attention and would often ride with drinking drivers. Again, older interviewees
cited that when they were younger it was never a concern (and thus the behaviour would occur), but now they would not ride with drinking drivers.

All drink driving behaviours have not been stopped however. It appears that some community members have modified their actions where they have not completely abandoned the undesirable behaviour. One interviewee illustrated how her drink driving behaviours have been modified over the years:

*Many years ago I would have driven over .05, probably well over .05, and today, I might drive 3 blocks which I won’t excuse, tiddly [tipsy].*

This interviewee was somewhat affected by the advertising campaign, in that she is more threatened now when drink driving than she used to be. As the deterrent effect is dependent upon advertising support in addition to the effects of the booze buses, it can be concluded that the enforcement advertising was effective to a degree in the case of this individual.

Convincing people to change their attitudes and behaviours in regards to consumer goods is not easy—getting individuals to change their attitudes and behaviours in regards to their health seems to be an entirely different issue. However one type of marketing theory, social marketing, implies that the tactics used do not have to be mutually exclusive.

**Road Safety as a Product: Social Marketing Theory**

Social marketing was defined by Kotler & Zaltman in 1971 as:

> the design, implementation, and control of programs calculated to influence the acceptability of social ideas, and involving considerations of product, planning, pricing, communication, distribution and marketing research [as cited in (Chapman Walsh, Rudd, Moeykens, & Moloney, 1993)].

The premise of social marketing is to identify successful aspects from commercial marketing theory and apply them to social issues. See Figure 9 below for a diagram of social marketing.
Social marketing is pertinent to this case study as the TAC appears to have utilised this theory when planning and implementing the ‘bloody idiot’ campaign. The following aspects addressed below, which are successful in commercial advertising campaigns, cited in Chapman Walsh et al (1993), are some of the facets the TAC appears to have adopted in their ‘bloody idiot’ campaign.

Persistence and a long time frame are essential. The ‘If you drink, then drive, you’re a bloody idiot’ slogan ran unchanged from December 1989 until October 2003 in Victoria, and was present in any aspect of advertising the TAC produced related to drink driving. The campaign lasted 14 years, which is a long time in advertising terms. Therefore, a long time frame and persistence were both achieved.

Segmentation of the audience is critical. The ‘bloody idiot’ campaign contained advertisements that were targeted at families (*The Twelve Days of Christmas*), at younger drivers (*Joey*) and at rural drivers (*The Pub*). While the ‘drink, drive bloody idiot’ slogan was targeted at the entire Victorian community, individual advertisements were themed to segments of that greater audience. As evidence throughout the interviews has shown, older drivers and younger drivers have different viewpoints on drink drivers, and thus need different advertisements targeting their concerns (e.g. taking care of their family vs. peer acceptance).

Understanding target groups is a key program strategy. As mentioned above, the Victorian community is comprised of many segments, including but not limited to men, women, older drivers and younger drivers. Each of these segments may respond to different cues in advertisements they feel are relevant to their lives. Therefore an

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Figure 11: Social Marketing

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26 (adopted from Kotler and Roberto, 1989): www.marketing.strath.ac.uk/csm-olde/synopsis.htm via Google, accessed 08/06/04
understanding of what is relevant to each group is important. The TAC commissioned Sweeney Research to conduct market research both before and after all of their advertisements were run, and therefore was able to design various advertisements specifically for the various segments of their target audience.

Teaching consumers skills supports behavior change. In addition to their messages about the effects of drink driving (with images of death, injury, and grief), the advertisements also advocated alternative, desirable behaviors such as designating a driver or handing over keys to a mate. When these desirable behaviours were not followed, negative consequences often ensued. And lastly, the integration of feedback improves program effectiveness. With over 600 phone interviews conducted after every advertisement was run, a website and telephone numbers for comments, feedback would have been attained regarding the campaign as a whole as well as each individual advertisement (Grey Advertising Melbourne, 1995).

Through the above-mentioned examples, it can be deduced that social marketing theory was an integral part of the TAC’s success with its ‘bloody idiot’ campaign. Social marketing theory guided the development, implementation, and development of the campaign. By adopting techniques that are successful for commercial advertisers, the TAC was able to make their road safety messages tangible to the Victorian community, and therefore was able to gain the audience’s attention. The use of variable message strategies kept the consumer, or in this case community member, interested in the product. With a 92% unaided recall rate (ibid), the TAC has a product that the Victorian community is extremely aware of and familiar with. By utilising an IMC campaign, the TAC was able to truly integrate road safety into the Victorian mindset.

The importance of the integration of marketing communications

According to Rossiter & Percy (1997), an Integrated Marketing Communications (IMC) campaign is one that utilises multiple media to promote a single ‘macroposition’ for a brand, and integrates over time with regards to its customers. IMC campaigns are utilised when a brand wants to have all of its ‘marketing and promotional activities project a consistent and unified image to the marketplace’ (Belch & Belch, 2001, p11). This is done so there is a common theme and positioning from all of the brand’s communications (ibid) (see Figure 10 on p101.
for an example of the IMC process). Therefore regardless of what medium delivers a message to an audience member from the brand (e.g. if they see a television advertisement or see a billboard), the audience receives the same message. Although some researchers say IMC as a theoretical concept is not robust (Cornelissen & Lock, 2000), the TAC serves as an example that supports Rossiter and Percy’s contention that it is. In this case, the TAC used the following media mix at the campaign’s inception: television: 70%, press: 14%, radio: 7%, outdoor: 5%, Sky Channel: 2%, cinema advertising: 2%. Expanding from the main media, promotional products were distributed ranging from t-shirts to coasters, bike lights to mini footballs (see Appendix: 1 N for pictures of various items). These media and promotional tools were used to promote the TAC’s position as a road safety organisation committed to the Victorian community. Specifically for its ‘bloody idiot’ campaign, the TAC positioned drink driving as socially unacceptable, by showing the tremendous amount of both pain and suffering it caused the multitude of people involved (victim, the victim’s family, the offender).
In addition to its advertising and PR aspects of its IMC campaign, the TAC invested in many sponsorships to further convey its ‘bloody idiot’ message to the Victorian community. The TAC’s sponsorship policy was to sponsor significant Victorian events where there was increased exposure to and increased opportunity for community members to drink and drive. The Spring Racing Carnival (horse racing) and the Wangaratta Jazz Festival were two vehicles used to promote the TAC’s message. This sponsorship policy was an important component of the overall IMC

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27 Model by Tom Duncan, founder of the CU IMC program: http://www.colorado.edu/Journalism/sjmugrad/imc/Site_Pages/more.html: accessed via Google 8/06/04
campaign as it expanded the message and variety of media that were used to portray the message.

Possibly the TAC’s most widely-known component of the ‘bloody idiot’ campaign was the sponsorship of the Richmond Tigers Australian Rules Football (AFL) team. As sports, and particularly Australian Rules Football, or ‘footy’, are gospel in Victoria, this integration of the organisation into Victorian’s lives proved to be an excellent marketing move. The TAC began their Richmond sponsorship in the early 1990s, when drink driving was the major road safety issue in the public eyes. At the time the sponsorship began, the new booze buses had just been introduced and the ‘bloody idiot’ advertising campaign had just been launched. Richmond was chosen due to the fact that it contained a significant amount of one of the larger target audience segments (working males between 18-25). As the team’s major sponsor, the TAC was able to put their logo and the ‘drink, drive, bloody idiot’ slogan on the front and back of the players’ jumpers (see Appendix: 1 O for photos of the jumper). In addition, the TAC received press backdrops and extensive signage both at Richmond’s home training ground and the two major sporting grounds in Melbourne at televised matches. Also, a certain amount of corporate hospitality, use of the players/coach for appearances (eg in hospitals), and assorted media rights (eg the website) were exchanged for the sponsorship.

Ben Holgate, Manager of Marketing and Innovation (at the time of the interview) described the importance and benefits of this aspect of the ‘bloody idiot’ IMC campaign:

...in order to get very widespread, vernacular acceptance of the bloody idiot message among our core target audience market, sponsoring Richmond footy club seemed like a very good thing to do. And certainly it has assisted in getting almost iconic status for the drink drive bloody idiot message (pers comm., 2003).

One major benefit of targeting sports fans is that in the Australian culture there is a strong emphasis on the mixing of alcohol and sport (Pettigrew, 2003); (Munro, 1998). Therefore, a large target audience of drinkers (and potential drivers) can be reached by targeting sports fans. There were multiple benefits reaped by the TAC from the influence a footy sponsorship had on the TAC’s identity, in addition to the increased exposure to the target audience. Holgate explained:

Football in Victoria... only once you live here do you understand how absolutely ingrained football is in this society. Being connected to football almost seems to give
you by association almost a certain amount of credibility, and we would have credibility as a government organisation anyway, but it gives us a certain kind of realism, and a connection to the grassroots of how society works here. What I think makes us more believable here, people see the TAC as one of them, rather than an ivy-tower organisation that nags them about road safety issues. I think we are seen as much more connected with the man on the street, because of our football connection (pers comm., 2003).

In addition to the regular shock advertisements and enforcement advertisements, the TAC created a humour ad specifically related to their footy sponsorship. That was the only positively framed ad the TAC produced for the ‘bloody idiot’ campaign. As the Richmond footy club’s mascot is a tiger, and this image is automatically associated with the club, the tiger was incorporated in the ad. The ad involved two inebriated fans walking to their car in the sporting ground’s parking lot with the intention of driving home. As one tries to put the key in the door, they hear a tiger roar. They look around confused, not sure where the noise is coming from. After a few more attempts at unlocking the door they realise the tiger that is roaring is on a Richmond ‘drink drive bloody idiot’ sticker on the car. They walk away, deciding to find other transport home (see Appendix: 1 P to view Angry Tiger).

This ad was successful because in addition to using a different tactic then the other TAC advertisements (which helps to keep the message fresh), it also resonated with some of the younger community members, who are not often targeted by the other advertisements. According to one father:

Certainly makes me more aware of the consequences, but the one with the roaring tiger, the Richmond footy one, that’s good with kids, when the lion roars and doesn’t let him in he asks questions, why’s he doing that dad? So I explain to him, when you drink beer or wine, you can get so sick you’re not allowed to drive home, and as he grows older, that message will stick, hopefully.

However it was not just the tiger advertisements that the parents thought were relevant to children. It is interesting to note that half of the parents interviewed specifically mentioned that the TAC advertisements were good for kids, or should be targeted more at children to get the message across. One parent, whose children were teenagers throughout the timeframe of the advertisements said: “I think it’s necessary for the young ones. It doesn’t affect me too much, but when the kids see it, they get up and they walk.” This illustrates that different types of appeals are beneficial for different target audiences, as described by Donovan et al (1995) earlier in the section.
Dollars and sense and effective public communication

One of the major contentions about the TAC advertising campaign was its cost. The TAC spent millions of dollars annually (approximately $16 million)28 both on creating the television advertisements and on media spend to place them, in addition to the creation and placement of for radio advertisements, billboards, and the other aspects of their IMC campaign. Critics of the TAC’s advertising campaigns argue that the massive advertising spend and highly dramatic tactics may not have been necessary to secure similar results, if the amount of enforcement and media spend were equal to that of Victoria. Donovan et al (1999) concluded that although the TAC advertising was successful in the reduction of casualty crashes, the use of less costly and perhaps less dramatic advertisements could be more cost beneficial. Donovan et al. conducted research comparing high-cost, graphic TAC advertisements to other Australian states’ and New Zealand’s low emotion or talking heads advertisements. In addition, the TAC advertisements are often 60 or 90 second spots compared to 30 or 45 second spots, so the media spend can be much higher. When taking this factor into account, Donovan et al contests that ‘big budgets are clearly not a prerequisite for effectiveness’ (p250).

Thus, while the TAC advertisements did serve their purpose in Victoria, it may not be necessary for other jurisdictions to spend the same amount of money on their advertisements. For example a similar style of advertisements produced on a smaller budget may be able to produce comparable results, provided the advertising is supported by legislation and enforcement.

The TAC defends its high advertising budget through cost-effectiveness it says is achieved by saving money on having to pay claims for accidents and deaths. This defence is echoed by Salmon & Murray-Johnson (2001):

...the cost-effectiveness of a health intervention can be calculated to include savings in health care resources, diminished opportunity costs, and prolonged life, all of which most campaign evaluations do not address (p175)

Thus while high costs can be justified, the question of whether or not the costs need to be as high as the TAC’s is an important distinction to be made for other jurisdictions contemplating a similar drink drive campaign.

28 Information from TAC Marketing Department (pers comm. 2004)
TAC General Manager of Road Safety David Healy, while responding to a question about what, if anything, he would change about the TAC’s path addressed this issue of the organisation’s high media spend:

*I suspect that probably there was maybe an overkill in terms of advertising expenditure...I would probably, early on, redirect the balance away more from the emotive advertising and have much more of a balance between enforcement, educative, and emotive. The educating being like, modelling leaving the keys at home, which started later rather than earlier...but also options for you to avoid the drink driving, rather than just the pain of you drink and drive and you crash. Or, you drink and drive and you’re caught. Rather than saying, how do we get around that, what options do we have...how do we feel empowered, what options do we have to avoid that. And also giving permission for people to say no, in early settings...public education can play that role in a social context, to say no (pers comm., 2003).*

From the literature presented above, and the support of Healy’s comments, it has been concluded in this research that while the TAC’s advertising spend may have been justified by their return investment and the reduction in road toll, in hindsight this large budget may not have been necessary. Thus other jurisdictions that are looking to create a drink driving campaign may want to utilise the TAC’s tactics on a smaller, less expensive scale. It may be that an initial burst of spending similar to the TAC’s may be beneficial when launching the issue into a community, which would immediately be followed by a reduction in spending once the message has been received. It is noteworthy that the TAC now addresses a larger range of road safety issues on a budget slightly reduced from that of the early 1990s.
Synopsis of advertising in the social marketing context

The combination of theoretical and research-based literature, practical experience in Victoria and the success of alternative methods in New South Wales that was presented in this chapter demonstrate that these highly graphic, highly emotional, high expense advertisements are not a requirement for successful road safety advertising. This type of advertising does serve its purpose, as is evident from this research to a degree. However these advertisements do not necessarily need to be the major focus of a campaign, and instead could be used more in the earlier stages of the campaign than in the later. They appear to be highly successful in getting community member’s attention, and making drink driving a social issue, both which are important factors in the early steps of an integrated drink drive campaign. However evidence demonstrated through the experience of New South Wales illustrates that low fear advertising is more effective in changing behaviours and attitudes providing the enforcement that is advertised is in place and threatening. Therefore, a combination of low fear, enforcement based advertising mixed with some high fear, emotional advertising may be the most successful.
6: Advertising, policies and the pillars of enforcement:

A discussion

This case study has reviewed the anti-drink driving initiatives implemented and run in the state of Victoria, Australia from 1989-2000. This research involved literature, direct and participant observation, and interviews with both professionals in the road safety field and Victorian community members, in an effort to gain a wider perspective of the successes, shortcomings, and issues raised from these initiatives than was previously unavailable through quantitative data.

This case study identified changes in Victorian attitudes and behaviours over the course of the initiatives and identified some factors that led to the occurrence of these changes. Furthermore, the research supports the importance of resources necessary to undertake a large-scale anti-drink driving campaign. In the Victorian case this is exemplified through a unique model that which is applied by the Transport Accident Commission. Moreover, this research has illustrated the importance of and advocates the use of a tripartite model for behavioural compliance for drink driving campaigns.

Furthermore, while not falling under one of the main objectives of this research, this work uncovered a major issue facing the anti-drink driving cause, which to this point has remained largely absent from the drink driving literature. This issue involves a motorist’s ability to determine their blood alcohol concentration (BAC) while they are in the process of, or after drinking, and therefore gauge whether or not they should be driving. Various options were put to the community members interviewed to get their insight on these ideas, including a .00 BAC, coin-operated breathalysers, and alcohol ignition interlocks. Their comments will be discussed below.

There is also be a brief discussion of other factors that played a role in the reduction in road toll in Victoria, such as the economy and other road safety programs such as Accident Blackspot areas.

The following research questions underpinned this research, and a discussion of the resulting answers will be presented below:
• How has the attitude toward drink driving changed among Victorians since 1989?
• What has changed in drink driving behaviours since 1989?
• What factors may have led to a reduction in incidences of drink driving in Victoria?
• What types of advertising tactics are effective in changing people’s attitudes/behaviours regarding drink driving?
• What direction could future anti-drink driving campaigns take to continue forward from the success of their predecessors?

**Attitude changes in Victoria in relation to drink driving**

**Successful changes in attitudes as a result of initiatives**

It has been documented through a decline in the road toll and quantitative studies that Victorian attitudes regarding drink driving have changed over the past decade and a half. This researched aimed to do more in-depth work, to find out not only how attitudes have changed, but why. The response to the former question was more easily answered: 15 years ago drivers did not think about ‘drink driving’, because it was not an issue. If you went out and drank, you drove home. If the police stopped you, they would generally give you a warning and let you go. No one condemned the behaviour, so no one gave it much thought. Drinking and drinking was simply something that happened. Now, attitudes have shifted on two different levels. Drinking and driving is considered a socially unacceptable thing to do—those who do drink and drive are often condemned by their family and peers. Many community members will not drink and drive because they believe the behaviour is wrong. When asked, a majority of the interviewees said they would condemn a family member or friend if they were caught drink driving. This demonstrates that it is not socially acceptable to drink and drive. The other new attitude that has developed is one that the consequences of the behaviour are not worth the risk. For some community members the consequence would be death or injury of another, caused by their doing. For others, a more plausible consequence would be a loss of license and a fine when caught by the police.
The latter question, as to why these attitudes shifts have occurred, is a more difficult one to answer. The literature and the interviews point to a variety of possible reasons; this research concludes that it is one of a few. A major reason for a shift in attitude would have been cognitive dissonance, as was explained in the communications chapter—when behaviour changes were forced due to enforcement, attitudes had to be changed to avoid a mental state of discomfort. The advertising at the time would have reinforced and sealed these newly acquired attitudes. Another reason for change would have been the advertising itself—for some community members, drink driving becoming a socially immoral issue with the potential for irrevocable and painful consequences would have been enough to change their attitudes of the behaviour. Alternatively, individuals who have had intimate knowledge of someone involved in a serious drink drive accident would have been scared into changing their attitudes, based on the consequences relating to someone very close to them.

It is important to note however that while a majority of attitudes have changed in the Victorian community, there is still a minority of the population that believes drinking and driving is not wrong under any circumstances, and also that there are those that believe that drink driving is okay under certain conditions. Some interviewees said they would be more likely to chastise others for being stupid enough to get caught, which illustrates that there are some community members who believe that driving a bit over the limit is not a serious offence. This is important because it indicates not only that social pressure can act in a beneficial way when trying to change a community’s attitudes and behaviours, but also that a new problem has evolved: the community needs to be reminded and convinced that drinking even a bit over the limit is dangerous and an undesirable behaviour.

Where the TAC campaign was unsuccessful

There is little doubt following this research that Victoria was a highly successful jurisdiction in minimising drink driving through many of the avenues that it could control (aspects such as community member attitudes and behaviours, legislation, and enforcement). It is also noted that other avenues that influenced the road toll were outside the control of Victorian policy makers and road safety professionals, such as the economy. However in addition to all of the successes, there
are some shortcomings that are important to note. These failings are noted so that Victoria can improve upon them, and so that other jurisdictions are watchful of them when they are preparing and executing their own campaigns. These weaknesses are mostly attitudinal, and thus will be discussed in this section.

The attitudinal shortcomings stem from a distinction the Victorian community makes between ‘drink driving’ and ‘drunk driving’. Although the grey area between the two varies by community member, a strong distinction is drawn. Drink driving seems to occur after someone has had an amount of alcohol that does not necessarily seem to impair them—they are not slurring their words, or falling over, however they do have alcohol in their system. Some community members would identify drink driving as driving after drinking any amount of alcohol over the legal limit of .05; others believe they can drink more than .05 and not be impaired at all. Conversely all community members identify drunk driving as driving when an individual is critically affected by alcohol—through visible behaviours such as the slurring of words or stumbling when trying to walk. This distinction between drink driving and drunk driving has led to the growth of a few undesirable attitudes: that driving a little bit over the legal limit is not a problem, that driving short distances is an acceptable behaviour, and that there is no any harm driving at BAC levels below the legal limit.

Problems arise when behaviours are matched to these attitudes. Individuals think that driving ‘a little bit over’ the limit is not dangerous, so if they think they can drive without being caught they will drink past the .05 limit and drive. This puts drinking drivers on the road. Other individuals think that driving short distances is acceptable, both because they will not get caught over such a short distance and also because there is a small likelihood of getting in an accident. Again, drink drivers are on the road. Lastly, community members do not believe that driving with amounts of alcohol under the legal limit is a concern. This is in fact not the case. As was examined in-depth in the legislation section, some skills utilised when driving are affected at BAC levels of .02, even if they are not visibly apparent. Thus there are drivers on the road who may not be performing at their best levels and are unaware of their skill deficiencies.

All of the abovementioned attitudes can be dangerous, as they result in more drink drivers on the road, as well as drivers unaware that they are not performing at their full capacity. In Victoria, the first of these attitudinal shortcomings is currently
being addressed, as a new campaign entitled ‘little bit over? You bloody idiot’ was launched in November 2003. However the other two issues still remain largely unaddressed, and it may be beneficial if both advertising campaigns (and enforcement were applicable) are developed to speak to and ultimately change these undesirable attitudes and resulting behaviours.

When developing a long-term campaign strategy in other jurisdictions, these issues needs to be considered. While targeting these discretions needs not be the primary concern, they will need to be addressed once drink driving has been made a social behaviour and the major behaviours of drink driving have been minimised.

**Behaviour changes in Victoria as a result of initiatives**

Similarly to the change noted in regards to attitudes in question one, behaviours have distinctly changed over the past 15 years in Victoria as well. Where 15 years ago community members would drink and drive, regardless of the distance that had to travel, who was in the car with them, or how close they were to the legal limit, these behaviours have all but been abandoned by the greater Victorian community. Instead, the different age groups have adopted more desirable behaviours. The younger community members leave their car at home, take taxis sometimes, and generally try to plan their transportation ahead of time. The older respondents take taxis a majority of the time, and walk and take public transport at other times. Alternately, they will drink and have their partners drive home. The older respondents also noted that their observations of younger community members included them often designating a driver. The use of personal breathalysers and BAC calculations based on body weight and number of drinks are new behaviours that have been adopted.

In addition to adjusting their personal behaviour, community members have also changed their behaviours in relation to others drinking and driving. Hesitations over trying to stop a family member or close friend from drinking and driving seems non-existent, whereas 15 years ago stopping someone from drink driving was not even a thought. In addition to discouraging others from drink driving, there is a general sense of reluctance (when they are sober) to get into a car with a drink driver. 15 years ago, riding with drink drivers was simply the way to get home, and it was not given a second thought.
As was the case with community attitudes, there are some undesirable behaviours that have not yet been eradicated. There are still some drivers who have minimised their drink driving but will drive when they feel they are only slightly over the limit, or when they are driving short distances. There are of course also those who drink drive intentionally when they are well over the legal limit, however these recidivists (repeat offenders) are a very small percent of the community and often pose different issues, including but not limited to alcoholism. Additionally, when an individual is drunk their judgement is impaired and they will often be a passenger with a drink driver. Lastly, some passengers will get into a car with a driver they are comfortable with that person and if they feel that the person is not impaired (which often is assessed by visual cues). As was discussed in regards to the previous question, a lack of visual impairment does not mean the driver is operating at their full capacity and therefore could be a danger on the road.

In Victoria, the issue of driving slightly over the limit again is currently being addressed by the ‘little bit over? You bloody idiot campaign’. However driving short distances and allowing people to drive or riding with drivers who may be over the limit but do not appear intoxicated are all issues that could be addressed with advertising (and enforcement where applicable) campaigns to try and change behaviours.

These issues are also those that public policy makers and road safety professionals in other jurisdictions need to be wary of. Although not a primary concern with launching a campaign, they are issues that need to be addressed in due course once the larger problems are contained.

**Factors contributing to the Campaign’s success**

**The tripartite model of effective social marketing campaigns**

The tripartite model for behavioural compliance for drink driving campaigns is comprised of a legislative element, an enforcement element, and an advertising element.
Figure 13: the tripartite model of behavioural compliance for effective social marketing campaigns

It has been illustrated throughout this thesis that none of these components are strong enough on their own to change behaviours. It is only through the support of the other elements that change can be achieved and maintained. Although .05 legislation was in place in Victoria as early as 1966, this legislation was not strictly enforced until 1990, and therefore was relatively ineffective until this time. The random breath testing by itself would not have been accepted as quickly and easily as it was had it not been for the advertising that positioned drink driving as a social threat and socially immoral act, therefore triggering a community expectation of protection against this threat. The advertising itself, while bringing the issue to the forefront of community concern and even affecting the attitudes of some, was not strong enough to motivate a large number of community members to alter their behaviour. It was only when the legislation was enforced and the issue was made a concern and the threat made a viable one that behaviours, and therefore attitudes, were changed.

Conversely, the lack of this tripartite model can be seen in the United States. The United States lacks strong legislative, enforcement, and advertising components. Moreover, none of the weak components support one another—the legislation is rarely enforced, and the advertising is minimal and does not support either the legislation or the enforcement. As a result, the US drink driving situation is not one that is improving a great deal. For example, in 2000, 17,380 people were killed in alcohol-related crashes in the US. These deaths constituted approximately 42 percent of America’s 41,945 total traffic fatalities (Tyson, 2001); (National Center for Statistics and Analysis, 2001).

However in the case of Victoria, all three aspects were present and integrated. Legislation was implemented, enforced, and advertised. Enforcement was advertised. Advertising turned drink driving into a socially immoral act. Accordingly, the number of deaths on Victorian roads related to alcohol dropped from over one hundred to approximately 50 (Transport Accident Commission, 2004) (see Figure 12 below).
While other factors such as the economy are noted as having an effect on the road toll, this work has clearly demonstrated the tripartite model played an integral role in the reduction of drink driving in Victoria.

**Importance of resource allocation to social marketing campaigns**

Having an organisation like the Transport Accident Commission was one of the major factors that aided Victoria’s success in minimising road toll numbers. As explained in *Chapter 1: Background to the Study*, the TAC is a monopolistic third-party government organisation that is responsible for both compensating Victorian motorists involved in accidents and trying to minimise the road toll. Due to this unique situation, the TAC is willing to spend millions of dollars to try and minimise deaths and serious casualties on the road, to save money on the pay-out of those accidents. According to Inspector Cairns of the Victoria Police, each road death costs the Victorian community approximately one million dollars, in terms of lost earning production, family and community losses, vehicle damage, and insurance administration. Each serious injury costs the community about $700,000, and lesser injuries costs the community in terms of tying up medical resources, doctors, and hospitals.

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Applying numbers like these, the TAC justifies the amount they spend on road safety mass media advertising per year (approximately $16 million, according to the TAC marketing department) based on the amount they are saving per year with fewer lives lost and fewer serious injuries. In other words, the TAC has a vested interest in lowering the road toll: money they put into lowering the road toll through initiatives is multiplied in returns by the amount of money they do not have to spend on death and injury compensation payouts.

As the TAC has millions of dollars to spend on road safety initiatives, it was able to finance assist initiatives such as random breath testing. In 1989 and 1990 the TAC providing the Victoria Police with 13 custom-designed booze buses. The new, larger booze buses each cost half a million dollars, and are unique to Victoria.

Another instrumental factor in Victoria’s success is the working partnership between all the road safety organisations in the jurisdiction. The TAC does not handle road safety alone; it is in a 3-organisation cluster with VicRoads and the Victoria Police. The TAC focus on road user attitudes and road safety behaviours, the Victoria Police concentrate on enforcement, investigation, and crash reporting, and VicRoads focus on the roads themselves, vehicles, traffic management, driver licenses, and regulation. In addition to their individual goals, the three organisations share responsibility for the areas of research and evaluation, information, and traffic safety education. Through the structure of this coordinated attack on road safety, suitable forums and processes for focusing on the priority issues, accomplishing tasks, and monitoring progress in meeting the goals of the strategy is achieved (Ungers, 1997).

The structure of coordination and support described above is an important element that could be beneficial if it was seriously considered by jurisdictions looking to undertake a full-scale anti-drink driving campaign. The vested interest of an organisation like the TAC guarantees that it will make efforts to minimise the road toll instead of simply talking about potential solutions. In addition, an organisation with a vested interest would look for cost-effective and well-researched measures so as not to waste its own resources. This type of organisation also provides for itself financially, which is important as road safety measures such as random breath testing and advertising campaigns are expensive initiatives.
Successful advertising tactics used in the TAC campaign

Three types of successful advertising tactics were identified through this research. They are: the use of high-fear threat appeals which were successful in changing community members’ attitudes by making drink driving a socially moral issue, low-fear threat appeals which accomplished the task of changing community members’ behaviours, and informational appeals which also helped to change behaviours by promoting and informing the community about legislation and enforcement initiatives. As discussed in the Advertising chapter, each type of advertising was able to fulfil a different role as part of the overarching advertising component.

It was also noted that the high costs the TAC paid in regards to some of its advertising campaigns are not necessary for a successful campaign. This is important to note for jurisdictions that do not have the same amount of financial support as Victoria. While the intensity of the TAC campaign appears beneficial for the beginning of other campaigns, it is not necessary for that intensity to be continued throughout the duration of the campaign. However, a continual promotion is important to keep the message top-of-mind for community members. In addition, more low-fear and informational advertisements could be integrated into the campaign at an earlier stage than they were in the TAC campaign.

This chapter addressed the Victorian drink drive campaign from 1989-2000, based on results from the data collected throughout this research. In addition to issues related to this timeframe, information also emerged from the data regarding problems that may need to be addressed in the future. These issues will be attended to in the following chapter: A perspective on drink driving campaigns in the future.
7: A perspective on drink driving campaigns in the future

As noted in the previous chapter, one issue was uncovered that was not affiliated with the objectives of this work. However this issue of determining one’s BAC is considered to be important for the future of drink driving campaigns and therefore it will be addressed below. This chapter will explore the problem of determining one’s BAC and explore both potential technological and educational solutions. It concludes with future suggestions and a conclusion of the case study.

Determining BAC: a continuing issue for compliance campaigns

One issue stood out amongst the others in this research as an issue that needs to be addressed by the road safety community. Community members said that they have no accurate way of gauging their BAC, and they feel this is a serious concern, since they are expected to abide by a specific BAC or face legal ramifications. Some community members feel comfortable that they can estimate how much they can drink, while a majority do not.

While there has been some research conducted on ways to aid motorists in determining their BAC (such as coin-operated breathalysers) and inhibiting drinking drivers (such as alcohol ignition interlocks), there is an absence of literature on the actual problem of motorists determining their BACs. Coin-operated breathalysers are generally viewed as unreliable by community members, and alcohol ignition interlocks are currently only used for recidivist (repeat) drink drivers. Attention is being focused on a solution before there is a satisfactory understanding of the problem, and how the community would be most receptive to dealing with it.

This research was able to discern some of the issues facing community members; however more large-scale research could be undertaken both on the problem itself and potential solutions, to see if the ideas presented here are representative of the general Victorian community.

One problem interviewees mentioned was the confusion caused by a lack of standardised drinks. While a community member may try to follow the ATSB guide (see Appendix: 1 Q for pictures of the guide), many do not realise that one glass of wine or one glass of beer is usually more than one standard drink. And unless one sees the bottle, there is no way of knowing how many standard drinks have been
consumed. Thus while someone may presume they consumed four drinks, in reality they may have consumed the equivalent of five standard drinks of alcohol. This would be a very difficult and very expensive problem to rectify, as wineries, breweries, and mixed drink companies all produce different strength products, in different size bottles, and pubs across the country use different size glasses. Even if the problem was rectified, it would still leave unanswered the question as to how many drinks an individual should consume to stay under .05.

Another problem involves the simple act of guessing as to what an individual’s BAC is after they have commenced drinking. Taking the un-standardised drinks into the equation, and then trying to figure out over what time period one has been drinking, on top of issues of metabolism with fluctuating factors (less sleep, big meal beforehand) it can be very hard to gain an accurate and confident reading of one’s BAC. Community members voiced that they feel they need better guides or better aides in helping them determine where their BAC is, to avoid driving when they are a little bit over the legal limit.

The question that remains is which is the smarter option, to try and better educate the community members on ways to gauge their BAC, or to create technological options to gauge their BAC for them? Or, to create situations which stop individuals from driving once they have drank themselves over the limit? Or ultimately, to reduce the BAC to a limit where there is no uncertainty involved at all? While this research cannot answer this question, it can provide suggestions for measures that could be implemented and tested as possible solutions.

**Technology and BAC**

There are two technologies present at the moment that deal with gauging an individual’s BAC—breathalysers and alcohol ignition interlocks. Various types of breathalysers (coin-operated, disposable, police operated) are used to measure an individual’s BAC at this time; however they are either unreliable or unavailable to the public.
Coin-operated breathalysers

Coin-operated breathalysers (see Appendix: 1 T for photos) are machines placed in licensed venues such as casinos and pubs for a consumer’s use to gauge his BAC. A coin is deposited in the machine, and the user places a straw in a designated area and blows into it until the machine acknowledges the individual can stop. Then a BAC reading is given by the machine. Currently, a majority of coin-operated breathalysers are not constantly calibrated (so they are not accurate), and thus the community does not have high levels of confidence in them. Moreover, the machines give readings up to very high level BACs (.20, .30), which encourages drunk patrons to use the machine as a game, to see who is the drunkest by who records the highest BAC reading. A further limitation of the machines is that they are not widely available, so a majority of drinking community members do not have access to them.

Discussions with Inspector Cairns of the Victoria Police included possible future amendments to and improvements of the machines that could make them more user-friendly and widely-used. Results of this discussion were then put to the community members, and their feedback was integrated into the following recommendations for machines community members said they would utilise: new machines need to be constantly calibrated, of a technological level even with the machines the Police use, and the government should subsidise the cost to help place them in licensed venues. The highest reading the machine should produce (in Australia) is .08—therefore an individual would have a clear idea of how close to the limit they were while knowing if they can legally drive, or not. Additionally, a maximum reading of .08 would eliminate the use of the machines for drunken games.

Community members were mixed on their beliefs of whether or not they would use it—younger drivers (under 30) said they would, especially if they thought they were close to the limit, with the exception being if they were very drunk, then they claimed they would not. Older drivers gave mixed responses, highlighted by the

30 Two hotel managers were interviewed who worked at a small neighbourhood pub. Both supported the idea of coin-operated breathalysers, but said for small venues such as theirs the cost would need to be subsidised.

31 While a maximum reading of .05 was the original recommendation, it was noted that if someone received a reading of .05 they would not know how close to the limit they were and therefore may risk driving under the assumption that their level would soon drop below .05. At .08, an individual would know that they were significantly above the limit.
fact that many do not frequent pubs (although some replied they would use it in a restaurant) and many feel they are confident with how much they can drink to stay under .05.

There are potential problems with the use of coin-operated breathalysers as well, as noted by one of the road safety professionals interviewed. The major concern would be the liability aspect of such a machine. While a reading given could be accurate at the time of testing BAC levels can fluctuate due to factors such as if the individual had consumed a large meal and the alcohol had taken extra time to get into the blood. If a motorist was pulled over 15 minutes after using a coin-operated breathalyser and was given a different reading, they may have cause for complaint. A second issue is that some professionals believe that individuals tend to overestimate their BAC, and therefore would often drive when they were significantly under .05, instead of when they were .048. He believes that these machines may cause people to drink more then they normally would. These issues are important ones to be taken under consideration, and potential solutions could be discussed before a large-scale implementation of coin-operated breathalysers was undertaken.

The qualitative data illustrates that this is an issue that needs further study. While studies have been done on coin-operated breathalysers, they did not include research on the type of model conceived here: a constantly calibrated, subsided machine that gave readings up to .08. It could be researched whether this type of machine could be created, and whether large numbers of community members would utilise them. The money for subsidising these machines could be supplied by fines for offenders caught drink driving.

**Personal breathalysers**

A personal breathalyser is a handheld device that measures an individual’s BAC level (see Appendix: 1 R for photos of two breathalysers). The distribution of personal reusable breathalysers to each motorist in Victoria is another potential solution to the BAC problem. Either a mandatory or optional program could be implemented. Through a mandatory program, an additional fee could be added to license registration costs of all new drivers, and all renewed licenses for the next ten years (the length of a license in Victoria). Therefore when a motorist paid their registration fees, they would receive a personal breathalyser. Alternatively, there an
optional fee could be added to license registration that would make breathalysers available for motorists if they wanted to purchase one. Taking into consideration the massive bulk buying power the government would have, they would most likely be able to offer the breathalysers at a much cheaper rate than if an individual bought one themselves. For this program to be implemented the breathalysers would have to be highly accurate, and would also be faced with similar issues as the coin-operated breathalysers—the chance of increasing drinking for people who miscalculate, and litigious issues if the machines are faulty or not accurate. This is also a project that could be subsidised by fines from drink driving offenders. This idea was not put to the community members interviewed, so it is suggested research be undertaken both on the community’s viewpoint and on the possibility of creating technology that is accurate enough to be used.

Alcohol Ignition Interlocks

Breathalysers can inform individuals of their BAC and if they are above or below the legal limit, however they do nothing to actually stop someone from driving once they have decided to do so. This is especially relevant to alcoholics and recidivist drink drivers, who would not use a breathalyser. Therefore, technology was developed to inhibit these individuals from driving when they should not be—alcohol ignition interlocks (see Appendix: 1 S for photos of an interlock). Alcohol ignition interlocks are devices that are installed in a car and require a breath test before a car is started—if the reading is above the legal limit, the car will not start. Many of these machines also require the driver to blow into it at constant (or sporadic) intervals while driving; if the test is not performed or the result is positive, the car will shut itself off. Alcohol ignition interlocks are expensive to install and can be a hassle for the driver—therefore, they are currently only used by recidivists, who can chose to install one at their own expense in exchange for not serving time in jail.

The potential use of alcohol interlocks in all vehicles was also discussed with Inspector Cairns. While identified as an initiative that would be not be ready for implementation in the near future (due to insufficient current technology), once interlocks were installed in a majority of vehicles these devices would immediately and drastically reduce the number of drink drivers, as people simply would not be able to drive if they were above the legal limit.
Community members interviewed overall seemed to accept the idea, provided the interlocks were easy to use and only took a few seconds to work.

Perhaps the largest issues facing this initiative are those of technology and cost. At the present time this technology is not in use, if it even exists. Thus time and resources would need to be spent developing a quick, easy, reliable interlock. In addition, the motor vehicle industry would most likely quote a very high figure as an add-on for each car these interlocks were placed in, and this would be a cost the community might not be willing to bear. Research needs to be done to find an accurate cost for the mass production and installation of these interlocks into cars. Research also needs to be conducted to determine if the community would support an initiative such as this, which could be seen as penalising the majority for offences committed by the minority. While comparable to random breath testing, RBT occurs to the average motorist a couple of times a year, where this would be an action necessary every time a motorist used their car. Therefore, as was the case with the introduction of RBT, a new advertising campaign would be required to prepare the community for this initiative and gain their support.

One alternative that is being investigated by the TAC is an ‘alcohol sniffer’ device. This device would determine if there was an alcohol in the air inside the car. If not, the alcohol ignition interlock would be bypassed and the car could be started immediately. If there was any alcohol detected, than the driver would have to use the interlock.

**Educational options for self evaluating BAC**

Both breathalysers and interlocks are engineering solutions for behavioural problems, and some professionals and community members do not think this is the correct way to attack the problem. They are proponents of educational tactics; prepare community members with information before they start to drink, so they can make better decisions during the drinking process and immediately after. Unfortunately there are no set educational options available that the researcher is aware of, besides informing people about alternative actions to drink driving (for example: taking a taxi or using public transport, and Designating a driver).

One idea that could be explored would involve helping people gauge their approximate limit as to how many drinks they could consume and remain under .05.
This would be used as a **guide only**, but would give individuals at least some idea of their limitation. The initiative would be geared towards younger people, at 18, the age when they legally start to drink in Australia. The scenario would involve a volunteer lock-down situation run at individual schools. All year-12 students over the age of 18 would be invited to participate in a lock-down sleep-over where the purpose was to test their BAC level. The program would be designed like so: on a weekend evening all the students involved would come into the gym area, where they will remain for the rest of the night. They would all be fed dinner (pizza, for instance) and encouraged to eat an amount they would normally eat before a night out. Then each student would consume a drink, and half an hour later, would have their BAC tested. If they were under the .05 limit, they would consume another drink. The process would go on, with testing after every drink, and one drink an hour after the first hour. As soon as a student recording a reading of .050 or above, they would be cut off for the night and not be given any more alcohol. While this process was being run, there would be other activities to keep the students entertained, such as a mock casino night, or a movie night; and as it is a lock-down situation, all the students are required to spend the night as a precautionary measure. The goal would be to give the students a guide as to how many drinks they could safely drink while staying under the limit, based upon having a meal and drinking over a period of time. The incentive would be that the kids would have an idea of their limit, and the parents would have peace of mind knowing their children were being informed and educated while in a structured environment.

Research would have to be undertaken to see if there would be community support for the program (from the students, parents, and school administrators) and police support (in providing officers and the breathalysers to test the students). It may be beneficial to consider programs that would be available to help those who are concerned determine their BAC limits, as this is an issue the community feels strongly about and does not feel confident in any of their current options.

* .00 BAC

The only other option this research discussed in regards to the BAC issue was that of lowering the legal BAC to .00. This argument was presented in the Legislation chapter, as one that the Victorian community currently would not support. It was
claimed by community members that this legislation would sharply contrast with the Australian social culture and would be more damaging than beneficial. Community members, while agreeing that the legislation may help the problem, professed that it was not a solution they would currently support. Conversely, a majority of the professionals were strong proponents of the idea, although they also had reservations about community support.

It is the opinion of this researcher, based on qualitative data gathered throughout this research that reducing the BAC to .00 would not be the most beneficial initiative to undertake at this time. Instead, educational and technological tactics discussed above appear as though they would be the most accepted courses of action (and would result in a less likely chance of community backlash and a boomerang effect). However it is not advisable to forget the initiative of reducing the BAC to .00, especially if the road toll were to drastically increase again. It would most likely require carefully consideration and research if it were to be implemented, and a very strong advertising campaign would have to precede it to try and win community support.
Conclusion

Road safety is an issue of international importance: it affects millions of lives and costs billions of dollars every year worldwide. Of this global burden, alcohol-related accidents make up a significant component of the overall road accident toll. The research presented in this thesis examined the drink driving initiatives of one jurisdiction that played a large role in reducing its alcohol-related road toll. In this case, a social marketing campaign proved effective in altering the attitudes and behaviours of the general Victorian community in relation to drink driving. One of the major reasons for this campaign’s success can be attributed to the tripartite model utilised that integrated legislation, enforcement and advertising initiatives. These initiatives resulted in drink driving becoming a socially unacceptable act in Victoria, and aided in the reduction of drink driving behaviours by some community members. In this case, deterrence theory proved a suitable and successful theoretical framework that supported enforcement initiatives. The use of both high and low fear threat appeals in addition to informational appeals appears to have been a successful mix in influencing the target audience. In Victoria, the implementation of an agency with vested interests in the road toll in addition to the cooperation of a number of road safety organisations appears to have played a role in the success of the initiatives. Despite the limitations of this study, the research has contributed to the knowledge regarding successful drink driving initiatives in Victoria, and potential successes for other jurisdictions.
**Limitations**

While this study provided insight into one jurisdiction’s initiatives that aided in reducing drink driving related attitudes and behaviours, there are limitations that need to be addressed. The number of community members interviewed was small, and therefore generalisations are not possible to the whole Victorian community. Additionally, Victoria is only one jurisdiction and therefore its successes cannot be generalised to every nation with drink driving problems.

The nature of a single case study is such that only one stream of Victoria’s overall road safety campaign was able to be evaluated: drink driving. The other streams (such as speeding) would have also impacted the overall road safety road toll reduction, and most likely also impacted Victorian’s attitudes and behaviours in relation to road safety.

**Recommendations for future research**

As a case study aims to provide a broad overview of the context rather than any specific detail, any future research could address the following areas:

- Future research could focus on initiatives that address the issue of helping individuals determine their BAC.
  - Alcohol ignition interlocks are another initiative that could be researched. These interlocks are wired to the engine to prevent motorists with a BAC above the legal limit to operate the vehicle. Research could examine if community members would support the interlocks in their cars.
  - Coin operated breathalysers, which could be placed in pubs and restaurants for patrons to use after they have consumed alcohol when they are unsure if they are above the legal limit are one initiative to study. Research could ascertain if patrons would utilise the machines if they were available, how much they would be willing to pay to use them, and if licensed premises would install them.
Educations programs could try to inform individuals of their average BAC levels per number of drinks. Research could develop different strategies for testing individual’s alcohol levels, such as the year 12 program presented earlier in this chapter. In addition, work could be done to examine the amount of support such a program would receive from the students, the parents, and the police (who would be conducting the breath testing).

- Research could also be conducted to determine if it is possible to reverse the attitudes held by community members that driving a little bit over the limit is acceptable, and also that driving short distances is not problematic. The objective of the research would be to determine if advertising campaigns or enforcement initiatives are more likely to have an effect.

- Tactics could be developed through research to educate the community that there are dangers when driving with any alcohol in the system, so that drinking right up to the .05 BAC limit is not a desirable behaviour. The question of what type of initiative (legislative, enforcement, or advertising) would be most effective could be examined.

All of these suggestions for future research, if undertaken, could potentially help inform policy makers about possibilities for the minimisation of the alcohol related road toll in the future for jurisdictions around the world. If this was to occur, it would aid in circumventing the World Health Organisation’s prediction that road traffic injuries will become the third leading contributor to the world’s disease and injury burden.


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Guide to the Appendices

Appendix 1: DVD

Appendix 2: A guide to Appendix 1

Appendix 3: Transcript for viewing of Appendix 1 C

Appendix 4: Transcript for viewing of Appendix 1D
Appendix 1

DVD with multimedia Appendices

The DVD is located on the inside-back cover of this thesis
Appendix 2: A guide to the contents of Appendix 1, the DVD

Appendix A: Picture of a Victorian booze bus
Appendix B: Video of random breath tested process in Victoria
Appendix C: Video from direct observation of the Booze Buses on the West Gate Freeway (19 minutes)
Appendix D: Virtual tour on a 2003 Victorian Booze Bus
Appendix E: Drive Right Sticker
Appendix F: Go Melbourne guide
Appendix G: TAC emotional and threat advertisements
  Appendix G1: Girlfriend (1st advertisement of the campaign)
  Appendix G2: Glasses
  Appendix G3: Bush Telegraph
  Appendix G4: Never
Appendix H: Other streams of TAC advertisements
  Appendix H1: 6’o clock news - speed
  Appendix H2: Consequences (informational)
  Appendix H3: Bones (seatbelt)
  Appendix H4: Pinball (seatbelt)
  Appendix H5: Country Kids (concentrate)
  Appendix H6: Motherless Child (concentrate)
  Appendix H7: Nightshift (fatigue)
  Appendix H8: Powernap (informational)
  Appendix H9: Country People Die (country drivers)
  Appendix H10: Crash Cause (younger drivers)
Appendix I: Informational advertisements
  Appendix I1: On the buses
  Appendix I2: Every car a booze bus
Appendix I3: Back Streets
Appendix I4: See the light
Appendix I5: Blue Squares
Appendix J: The Pub
Appendix K: Stop Bus
Appendix L: Joey
Appendix M: 12 Days of Christmas
Appendix N: TAC Promotional items
Appendix N1: Bloody Idiot bumper sticker
Appendix N2: Bike light
Appendix N3: T-shirt
Appendix N4: Plastic carry bag
Appendix N5: Tiger coaster
Appendix N6: Paper carry bag
Appendix N7: Tigerhead stick
Appendix O: A photo of a Richmond Tigers footy jumper
Appendix P: ‘Angry Tiger’
Appendix Q ATSB wallet-size BAC guide card
Appendix R1: Personal breathalyser model 1 photo
Appendix R2: Personal breathalyser model 2 photo
Appendix S1: Alcohol ignition interlock exterior photo
Appendix S2: Alcohol ignition interlock interior photo
Appendix T1: Coin-operated breathalyser photo
Appendix T2: Coin-operated breathalyser close-up photo
Appendix 3: Transcript for direct observation of the Booze Buses on the West Gate Freeway

(Duration 19 minutes)

• Buses arriving on the West Gate Freeway

• Watch the unloading of equipment from the bus:

• See the generator

• A chase car

• The set-up of the testing area

• Walk through a fully-fitted bus

• Note the forms, evidentiary machine, where they offenders and officers sit.

• An officer explains four forms are printed and a receipt: 1 for offender, 1 for informant, 1 for operator, one for Traffic Alcohol office

• Watch the randomness of the practice, as some cars get waved in and some keep going

• Line of officers

• First cars pulled in—count, takes 16 seconds from when pull in front of officer until they drive away

• Observe the process in action

• Officer waving cars in, see the strip where they park cars of people being tested

• Observations from the strip with the officers

• Bucket where they place used mouthpieces

• Next officer in line puts out hand with breathalyser to signal motorist where to stop

• Second bus on the other side of the road, two working at once

• Close-up of breathalyser

• More observations from the strip

• Drive in a car up freeway towards RBT stop
• Start to notice ‘slow down’ signs as you see flashing lights up ahead, as coming around the bend
• See a car cut across 3 lanes from the right to get off at the exit ramp when realises random breath testing is ahead
• Note that the car is greeted by a hidden booze bus
• View from the booze bus on the exit ramp
• Note road work from VicRoads, a Victorian organisation. Note that partnership between the organisation is important for the RBT process to run safely and smoothly
• Driving up to booze buses
• See the HSV car
• Pan the whole operation
• See license plate BBus 1
• Shot of cars parked off the road who failed first test
Appendix 4: Tour of Victorian booze buses given by Inspector Ian Cairns, Head of the Traffic Alcohol Section, Victoria Police.

(Duration 5 minutes)

- See the exterior of the booze bus; it’s unique size, shape and paint job.
- Watch the light generator set up
- Open the back and step inside for an intimate tour of the bus’s facilities
- A ‘police station on wheels’ – storage for safety vests, forms, etc…
- Offenders sits at one side of table, officer at other.
- Across from evidentiary breath testing machine
- Through to second station with similar set-up
- Technology: GPS equipment, police scanners and radios, mobile phones
- Driver’s compartment
- Push-button automatic shifting, video camera for backing up truck, coffee, tea, microwave, seating for 8
- Look up and see the generator through sky light
- Leave booze bus
- A view of new bus from outside, generator, pan bus
- Pan of older buses
- Back to new bus