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Rehabilitation and reintegration of traffic offenders

Thematic File Road Safety N°18



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Executive summary

Rehabilitation of road offenders in Europe

European countries are becoming increasingly involved in implementing policies that will help to reduce the number of road deaths and injuries.

Driver behaviour on the road is reflected in risk-taking (e. g., intentional acts against traffic laws or courtesy principles among traffic users) or attitudes that may lead to incidents in traffic (e. g., intentional or unconscious driving errors; Kluppels, 2015).

These awareness programmes and repressive measures aim to encourage drivers to adopt a safe attitude on the road and are part of repressive measures. They are either imposed or proposed to traffic offenders to encourage them changing their behaviour. These programmes operate in 5 areas: education, punishment, monitoring, evaluation and treatment.

Several kinds of programmes coexist and are organised, depending on the country, in either an administrative or judicial framework, or both. There are a number of training measures, including screening, assessment, treatment and finally, alcohol ignition interlock measures. These measures can also be combined.

Several European projects have been carried out on a regular basis and have made it possible to draw up general recommendations to guarantee and reinforce this effectiveness. Some of these practices have served as examples for other countries.

Driver Improvement (DI) trainings

Some countries have long experience in the organisation of DI training courses. For example, in Germany and Austria, these training courses exist in different forms and are generally aimed at offenders who have committed traffic offences. They occur within the framework of a penal measure. In Europe, training costs are borne by the participants with the exception of Belgium.

In the countries which have implemented the demerit point driving license system, attending this training can enable the offenders to regain a few points on their license. Such trainings vary according to the type and seriousness of the offence. Adapted trainings have been created for persistent offenders and young drivers.

Every methodologies are adapted to the candidates profile, they promote behavioural change and raise awareness of risky behaviours. The overall purpose is to deal with the flaws in driver attitudes and personality. The training takes place in groups of 6 to 12 participants and can be preceded and closed by an individual interview. If the candidate has difficulties in working in a group, individual sessions may be offered.

The training duration varies according to country and to type of training. The training mostly consists of several sessions, usually spread over several weeks.

Effectiveness of DI training has been evaluated by several researchers. The conclusions regarding DI training effectiveness concern training for drivers under the influence of alcohol and drugs but not for other offences. Hence, very few studies have examined the effectiveness of training for other offences. Nonetheless, most studies point to the greater positive impact when training is combined with a driving licence suspension (not as a replacement).

Screening, assessment and treatment measures

The majority of the programmes concern drivers convicted of driving under the influence of alcohol or drugs. However, persistent drivers of serious offences may be required to take these types of measures.

Screening is the detection of a problem or inability to drive. Evaluation, on the other hand, consists of determining to what extent or severity the problem exist and what are available individual resources or potential resistance to change.

In general, screening and assessment are part of the same process. This is a diagnostic assessment process also called reintegration testing. The diagnostic evaluation can detect the driver's dangerousness. In some countries, the evaluation results in DI training.

Treatment, on the other hand, generally concerns drivers who have been assessed as having an alcohol or drug addiction problem. Depending on the candidate profile, measures can combine assessment, treatment and training.

Breath Alcohol Ignition Interlock Device (BAIID)

Breath Alcohol Ignition Interlock Device (BAIID) are designed to prevent the recurrence of drinking and driving. These devices appeared in Europe in the 1990s. The use of BAIID in the fight against drink-driving has become a recommendation of the European Commission to the Member States.

The effectiveness of the BAIID has been proven, particularly for drivers with a first drinking and driving offence. The results of studies in this area recognize the value of using the BAIID rather than a licence suspension measure, although less effective than expected for repeat drivers. The best option is thus to combine the BAIID with a training programme (Assailly and Cestac, 2014).

The Belgian's experience: DI training, reintegration exams, BAIID.

DI trainings

Belgium has a long experience in rehabilitation measures such as DI training. For more than 20 years now, the Vias Institute (until 2017 the Belgian Institute for Road Safety (IBSR) has been approved by the Ministry of Justice to organise training courses for road traffic offenders. These training courses take place within the framework of alternative judicial measures, before or after the judgment. The majority of courses are attended under duress and participants are not charged any attendance fees. The number and diversity of these training courses has increased considerably since then. For example, from 2006 to 2016, the number of drivers taking this type of training increased from 1162 to 3687 (Activity Report 2016).

Reintegration examinations

In Belgium, reinstatement examinations for drivers who have lost their right to drive are organised by private bodies recognised and approved by the Ministry of Mobility. These examinations are the result of a judicial decision following a criminal judgment. The costs of reinstatement examinations shall be borne by the convicted person. The amount of these fees (defined by the competent minister) is indexed annually and is linked to the health index. In 2017, these fees are 95€ for the medical examination and 321€ for the psychological examination.

Initially imposed on drivers subject to driving disqualification while driving under the influence of alcohol, reinstatement examinations were extended to a series of other offences and, by the law of 9 March 2014, to persistent serious traffic offences.

The main offences targeted are:

- Drunk drinking and drunk driving;
- re-offending within three years;
- unintentionally causing the injury or death of a person, in combination with other facts (such as driving under influence, recidivism, etc.);
- hit and run with injured/killed (or in case of persistent hit and run with injured/killed);
- Driving under the influence of substances that influence driving ability.
- Recurrence of serious speeding violations and use of the radar detector;
- Recidivism of serious offences of the 4th degree.

Reintegration examinations are therefore designed to assess the driver's ability to drive and the ability of the driver to change behaviour.

At the end of the medical-psychological examination, the final decision is taken by the doctor in consultation with the psychologist. The candidate declared unfit (or fit for a fixed term) must take a new examination. The aptitude decision may be accompanied by certain conditions or restrictions. For example, restrictions on fitness over time, bans on alcohol consumption, etc.

According to a national study conducted in 2015, 91.8% of candidates were declared fit for employment, of which 22.3% were for a fixed term (generally 1 year). Persons declared unfit (8.2%) were disabled mainly because of excessive alcohol consumption (Meesmann et al., 2015).

Breath Alcohol Ignition Interlock Device (BAIID)

The BAIID has been part of the regulation since the end of 2010. The law allows the judge to impose BAIID on offenders who have driven with a blood alcohol content greater than 0.35 mg/l of breathable or intoxicated air and repeat offenders.

The BAIID is a device installed in the car and connected to the starter. It prevents the car from starting if the driver's blood alcohol level reaches or exceeds the legal limit (0.09 mg/l of breathable air).

Vias Institute, which is the only institution responsible for supervising candidates, is currently monitoring about 30 drivers who have been forced to install an BAIID for the legal period of 1 to 5 years. The coaching program includes individual coaching interviews and group or individual training. The costs of installation and supervision shall be borne entirely by the applicant. The cost of supervision varies from 1210 € to 2178 € depending on the duration of the program. These costs may, if the judge so decides, be deducted from any fine. The amount of the installation fee also depends on the length of the program and whether the candidate chooses to rent or purchase the device. For a duration of 1 year, the amount of these fees is at least 1512 € in case of rental or 2546 € in case of purchase.

Recommendations

Rehabilitating the offender with appropriate measures is undoubtedly necessary to reduce the rate of recidivism. A fine or even a prison sentence is not enough to change behaviour.

However, there are many methodological difficulties in implementing a reliable and valid study to measure the effectiveness of such rehabilitation programs. An empirical experimental model implies that participation in such a program is based on randomness. It is very difficult however, to organise such thing in a legal context. In addition, most studies are based on criminal or police records and there is no direct relationship between recidivism and the recording of offences, as the likelihood of being caught red-handed varies greatly from country to country. A simple comparison between an experimental and a control group over the same period of time could be very misleading. During a prison sentence and during the withdrawal period, people do not drive and therefore cannot be arrested for impaired driving. Studies should therefore only compare individual participants when they are allowed to drive. The findings of this report indicate that in recent studies, the effect of reintegration programs is mostly positive. However, there are older studies with poorer results that have led to course revisions in a number of teams. Recent good results may indicate the importance of course evaluation and continuous improvement.

Belgium has a lot of experience in rehabilitation. However, as in other countries, improvements can be made in the framework and organisation of rehabilitation measures. This thematic dossier highlights the following points of recommendation:

- 1. Selection criteria:** Better defining the criteria for selecting target audiences in order to propose appropriate programmes.
- 2. Standard framework:** Automating the procedure using standard formality when a traffic offence is registered.
- 3. Medical-psychosocial screening programme:** Providing the recidivists of any serious offence (not only driving under the influence) with a psycho-medical examination prior to a rehabilitation measure, in order to refer them to an appropriate programme.
- 4. Programs specificity:** Creating rehabilitation programs adapted to the specificities of offenders.
- 5. Programs diversity:** Including a therapeutic dimension and/or complement reinsertion with therapeutic follow-up for offenders subject to addiction problems.
- 6. External evaluation:** Create an external evaluation system for rehabilitation training (DI training).
- 7. Empirically based rehabilitation:** Conducting empirically based studies on the effectiveness and utility of rehabilitation programmes.
- 8. Facilitator Qualifications:** Using experienced and trained facilitators and evidence-based methods.
- 9. Participation fees:** Determining participation fees by law and make the offender responsible for these fees.
- 10. Course delivery method:** Offering courses consisting of several sessions, spread over several weeks.

