

# Drug Driver Program

## Participant Handbook

Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

May 2018

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## Program Overview

*The VicRoads Drug Driver Program aims to help you avoid drug driving in the future.*

*The Program involves:*

- *sharing your experience*
- *sharing some drug driving stories*
- *thinking about your drug use*
- *participating in group activities*
- *looking at some of the reasons behind drug driving*
- *identifying actions to avoid drug driving in the future.*

*The Program runs over two sessions and participants need to complete both sessions to complete the program.*

*Session One is about looking at why people use drugs and drive.*

*Session Two is about reducing the risks to you and to others.*

*To complete the Program and receive your Certificate of Completion you must participate in discussions and activities as well as complete exercises in this handbook.*

## This or That activity

*Working on your own, tick which one of each pair you prefer in the list below.*

- |                          |         |    |                          |          |
|--------------------------|---------|----|--------------------------|----------|
| <input type="checkbox"/> | Cat     | OR | <input type="checkbox"/> | Dog      |
| <input type="checkbox"/> | City    | OR | <input type="checkbox"/> | Country  |
| <input type="checkbox"/> | Winter  | OR | <input type="checkbox"/> | Summer   |
| <input type="checkbox"/> | Ford    | OR | <input type="checkbox"/> | Holden   |
| <input type="checkbox"/> | Apple   | OR | <input type="checkbox"/> | Android  |
| <input type="checkbox"/> | AFL     | OR | <input type="checkbox"/> | Rugby    |
| <input type="checkbox"/> | Indoors | OR | <input type="checkbox"/> | Outdoors |
| <input type="checkbox"/> | Sweet   | OR | <input type="checkbox"/> | Savoury  |
| <input type="checkbox"/> | Morning | OR | <input type="checkbox"/> | Evening  |
| <input type="checkbox"/> | Coffee  | OR | <input type="checkbox"/> | Tea      |

*In pairs, compare what you and your partner have in common.*

## Mark's story



### **Mark's Story:**

He doesn't believe drug driving puts him or others at risk.

He doesn't think he needs to comply with road laws.

*Self-comparison - Please rate how much "like you" Mark's Story is*

Not at all like me	A little bit like me	Quite like me	A lot like me

## Liam and Kim's stories



**Liam's story:** He wanted to help mates or friends.

**Self-comparison - Please rate how much "like you" Liam's Story is**

Not at all like me	A little bit like me	Quite like me	A lot like me



**Kim's story:** She felt obligated and even a bit pressured

**Self-comparison - Please rate how much "like you" Kim's Story is**

Not at all like me	A little bit like me	Quite like me	A lot like me

## Refusal Skills

Think of a situation when it might be difficult to say “no” if asked to drive when you may test positive.

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What are three things you could realistically say or do?

1.....

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2.....

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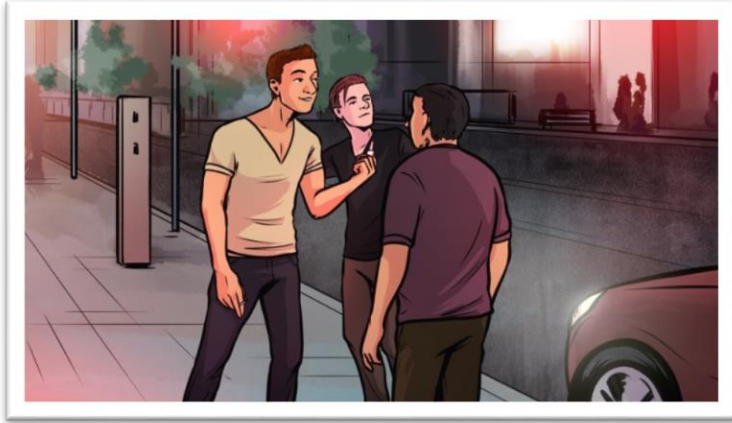
3.....

.....

.....

.....

## Jay and Kayla's stories



### ***Jay's story:***

He knew there were risks and still drove but tried to avoid detection

Self-comparison - Please rate how much "like you" Jay's Story is

Not at all like me	A little bit like me	Quite like me	A lot like me



### ***Kayla's story:***

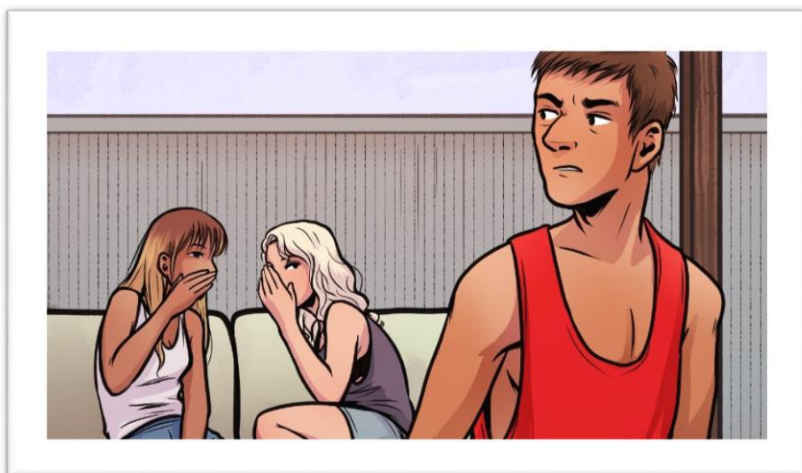
She knew there were risks and tried to manage them. She thought she would be okay

Self-comparison - Please rate how much "like you" Kayla's Story is

Not at all like me	A little bit like me	Quite like me	A lot like me



## Dylan and Alex's stories



**Dylan's story:** He wouldn't normally drug drive but was feeling paranoid

**Self-comparison - Please rate how much "like you" Dylan's Story is**

Not at all like me	A little bit like me	Quite like me	A lot like me

**Alex's story:** She didn't intend to drive but was very intoxicated



**Self-comparison - Please rate how much "like you" Alex's Story is**

Not at all like me	A little bit like me	Quite like me	A lot like me

## Things I can do

*What situation would be more likely to see me drug drive in the future?*

.....  
.....  
.....

*What can I put in place now to prevent drug driving in the future?*

.....  
.....  
.....  
.....

*What can I put in place to prevent drug driving once I have my licence back?*

.....  
.....  
.....  
.....

*Who can I rely on or involve that will support me to not drug drive again in the future?*

.....  
.....  
.....

## Drug Use Questionnaire

This questionnaire asks questions about your use of drugs. Your answers are confidential so please be honest. Place an "X" in one box that best describes your answer to each question.

	0	1	2	3	4	
1. How often do you use drugs other than alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week	
2. Do you use more than one type of drug on the same occasion?	Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week	
3. How many times do you take drugs on a typical day when you are using?	Never	1-2	3-4	5-6	7 or more	
4. How often are you influenced heavily by drugs?	Never	Less than once a month	Every month	Every week	Daily or almost daily	
5. Over the past year, have you felt that your longing for drugs was so strong that you could not resist it?	Never	Less than once a month	Every month	Every week	Daily or almost daily	
6. Has it happened, over the past year, that you have not been able to stop taking drugs once you started?	Never	Less than once a month	Every month	Every week	Daily or almost daily	
7. How often during the last year have you taken drugs and then neglected to do something you should have done?	Never	Less than once a month	Every month	Every week	Daily or almost daily	
8. How often during the last year have you needed to take a drug the morning after heavy drug use the day before?	Never	Less than once a month	Every month	Every week	Daily or almost daily	
9. How often over the past year have you had guilty feelings or a bad conscience because you used drugs	No	Less than once a month	Every month	Every week	Daily or almost daily	
10. Have you or anyone else been hurt (mentally or physically) because you used drugs	No		Yes, but not in the last year		Yes, during the last year	
11. Has a relative, friend, doctor or other health care worker been concerned about your drug use or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					<b>TOTAL</b>	

## Values activity

*What value cards did you choose?*

.....  
.....  
.....

*Why did you choose these values?*

.....  
.....  
.....  
.....

*Is your behaviour at the moment in line with these values?*

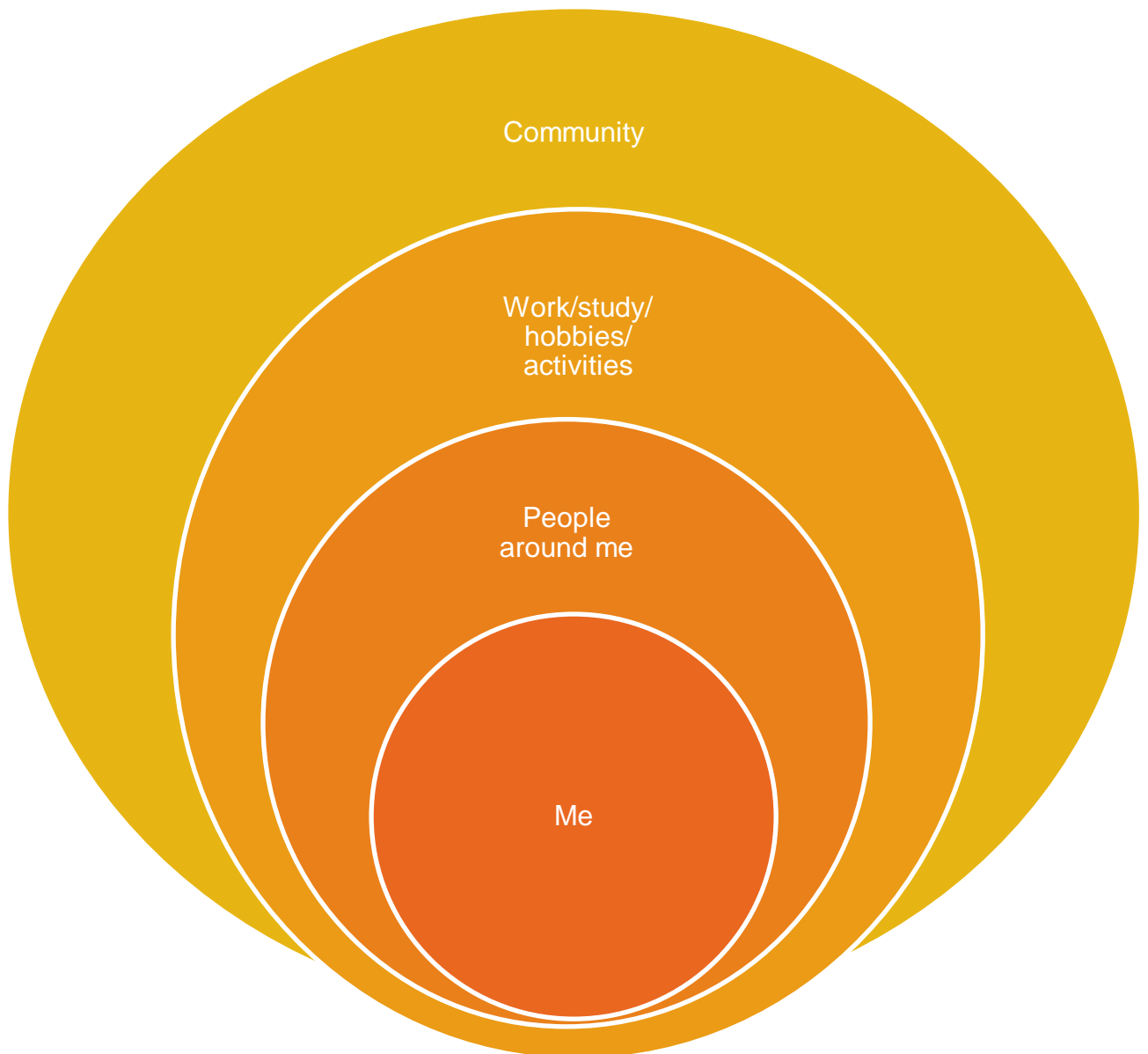
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*How might keeping drugs apart from driving help you be true to this value?*

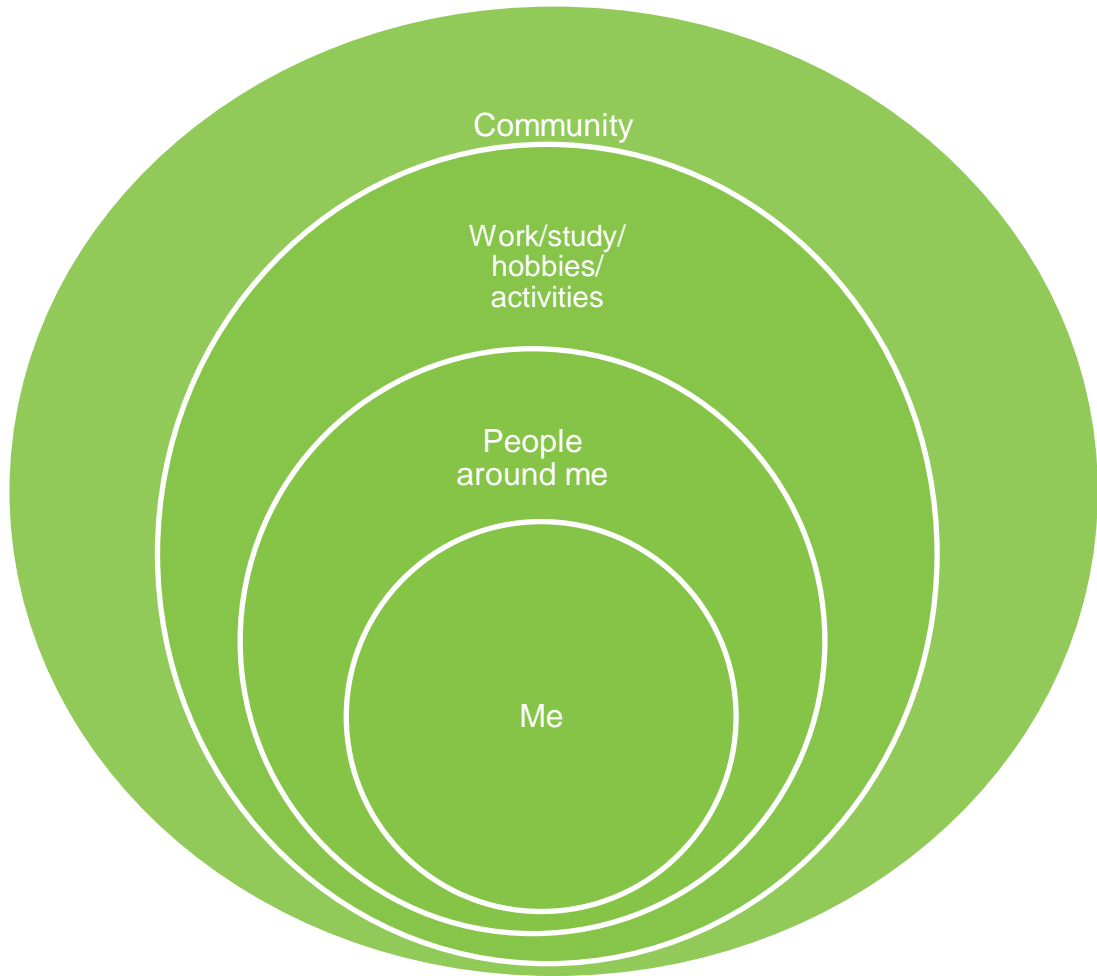
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.....

## Effects of my drug driving on:

*List all the consequences drug driving has had on you and those around you.*



**Benefits if I don't drug drive again for:**



## Effects of drugs on driving

Drug categories		Effect on Driver
Depressants	Cannabis, Ketamine, Benzos, Heroin, GHB	<ul style="list-style-type: none"> <li>• Reduces attention and concentration</li> <li>• Slows reaction time</li> <li>• Increases sleepiness, fatigue</li> <li>• Reduces co-ordination</li> </ul>
Stimulants	Methamphetamine (ice, speed), MDMA (Ecstasy, Cocaine)	<ul style="list-style-type: none"> <li>• Reduces co-ordination</li> <li>• Impairs ability to judge speed and distance</li> <li>• Increases confidence and risk-taking</li> <li>• Increases distractibility</li> </ul>
Hallucinogens	LSD, magic mushrooms	<ul style="list-style-type: none"> <li>• Impairs concentration</li> <li>• Confusion and blurred vision</li> <li>• See or hear things that are not there</li> <li>• Reduces ability to judge space or time</li> </ul>

## To have fun

List a 2-3 things that you are looking forward to doing this week?

1.

.....  
.....

2.

.....  
.....

3.

.....  
.....

How much do these activities involve using drugs?

Activity	Not about drugs	A bit about drugs	All about drugs
1.			
2.			
3.			

List a 2-3 things that don't involve using drugs or alcohol that you could do or at least try that are fun?

1.

.....  
.....

2.

.....  
.....

3.

.....  
.....



## To feel better

Thinking about when you use drugs, how often does it occur to when you are feeling certain ways?

**Mark in the table how often you use drugs when you are experiencing these feelings.....**

I use drugs when I am feeling....	Often	Not often
Depressed		
Angry		
Anxious (fearful)		
Stressed		
Lonely/bored – Other ..		

*If you have answered "often" to any of these items, you may want to look at the resources listed at the back of this handbook and consider seeking some support to help you cope.*

List a 2-3 things that you could do or at least try to do that help cope without using drugs or alcohol?

1.

.....  
.....

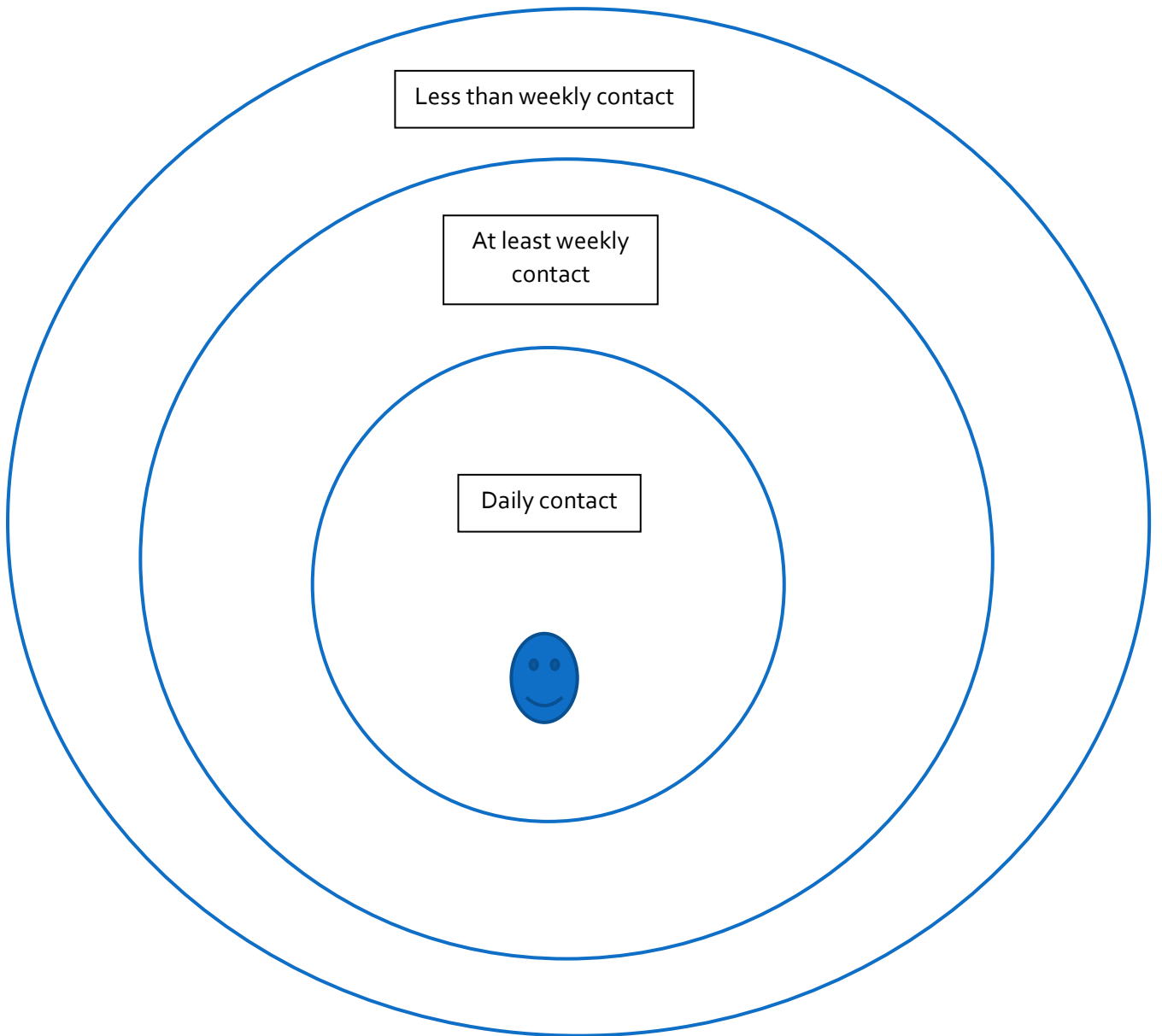
2.

.....  
.....

3.

.....  
.....

**What are three connections I can make to help me to not drug drive again?**

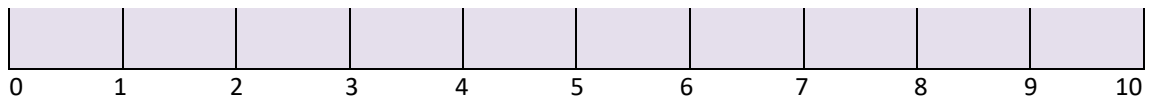


## Action Plan

	Goal: To not drug drive again
<b>1</b>	One thing that I learnt about my drug driving? ..... ..... .....
<b>2</b>	Apart from not losing my licence again, what is one benefit for me of not drug driving again? ..... ..... .....
<b>3</b>	One benefit for my family and close friends of me not drug driving again? ..... ..... .....
<b>4</b>	One thing I can do to make sure I don't drug drive again? ..... ..... .....
<b>5</b>	One person I can rely on for support? ..... ..... .....

## Thinking about change

Now that you have completed the Program, *mark on the scale below what your beliefs about drug driving are:*



There is nothing  
wrong with drug  
driving

Drug driving is  
never okay under  
any circumstances

## Important Information

### What to do next....

- Complete all requirements to get licensed
  - [magistratescourt.iapply.com.au/#/form/582282f5825e66a3980d6766/app/595872670831844064bdd2cf](https://magistratescourt.iapply.com.au/#/form/582282f5825e66a3980d6766/app/595872670831844064bdd2cf)
  - <https://www.vicroads.vic.gov.au/licences/demerit-points-and-offences/drug-driving-and-other-offences>
- Consider getting some support or help to manage your drug use if needed

If you have been recommended or want to access AOD treatment via the community-based system (no fees), you should contact Directline who will speak to you about your needs and can link you in with the most appropriate service. Following this, you will undergo a brief screening (often over the phone) which will determine your suitability for further assessment and treatment. Directline can answer any questions you have about this process

- [Directline.org.au](https://www.directline.org.au)
- 1800 888 236

Consider whether you need some professional support help to you cope

- [www.beyondblue.org.au/the-facts/anxiety-and-depression-checklist-k10](https://www.beyondblue.org.au/the-facts/anxiety-and-depression-checklist-k10)
- [www.mensline.org.au](https://www.mensline.org.au) or call 1300 78 99 78
- speak with your GP about getting some counselling

### General information....

**Victoria's road safety strategy and action plan**

[www.towardszero.vic.gov.au](https://www.towardszero.vic.gov.au)

**VicRoads**

[www.vicroads.vic.gov.au](https://www.vicroads.vic.gov.au)

**Department of Health and Human Services**

<https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/pathways-into-aod-treatment>

**Australian Drug Foundation** <https://adf.org.au/>

**Eastern Health Turning Point** <https://www.turningpoint.org.au/>

**Alcoholics Anonymous** <http://www.aavictoria.org.au/>

**Narcotics Anonymous** <http://www.navic.net.au/>

**Smart Recovery Australia** <https://smartrecoveryaustralia.com.au/>

**Self Help Addiction Recovery Centre** <http://www.sharc.org.au/>

