

Responsible Driver Program Client Survey: Summary Statistics February 2016

SUMMARY

This report presents the final results of the Responsible Driver Program (RDP) Client Survey, and is inclusive of all surveys received by RoadSafetyBC from RDP session facilitators between July 15th and January 26th, 2016. The sample size consists of 2701 RDP session participants, who finished the program during this time period and completed the survey during their last session. The survey's participants consisted of drivers who were referred to complete the RDP to satisfy a condition of holding their BC driver's licence.

The survey was designed by RoadSafetyBC and distributed by the program service provider Stroh Health Care. The written survey consisted of 25 questions relating to program satisfaction, program impact, satisfaction with the overall process, and demographics (see Appendix A). The participants remained anonymous. The survey is now closed.

Limitations

The greatest limitation of the survey was that it was provided during the last program session, meaning that participants could only be asked about intended future behaviour. As a result, it is not possible to track participant behaviour after the program and recidivism rates

Key participant characteristics

Program history	A total of 14% of counselling and 1% of education participants took RDP previously.
Gender	The majority of participants are men (79%) and a minority (20%) are women
Age	The largest proportion of participants fall within the 26-35 age range (31%).
Region	The majority of participants are from the Lower Mainland & Southwest British Columbia (44%).

Central research question

Do most participants report that the RDP is effective in British Columbia?

“Effective” is defined as:

1. Participants report receiving quality information and/or support that may help them separate substance use (alcohol and drugs) and driving in the future, and;
2. Clients report that they intend to change substance use and driving behaviour in the future.

Key Findings: Quality of information/support and behavioural intentions

1. The majority of participants report receiving quality information and support that may help them separate substance use and driving.

<ul style="list-style-type: none"> The most beneficial component of the program reported by participants is the instructor (47%), closely followed by the group discussion (38%).
<ul style="list-style-type: none"> 93% of participants indicate that the program is valuable or very valuable.
<ul style="list-style-type: none"> 98% of participants claim that the information is new to them.
<ul style="list-style-type: none"> 94% of participants report feeling comfortable engaging in group discussion.
<ul style="list-style-type: none"> 91% of participants state that the program meets their needs well.

2. The majority of participants report that they intend to change substance use and driving behaviour.

<ul style="list-style-type: none"> 94% of participants are satisfied with the program, and 51% claim that the top reason for satisfaction is the ability to make better decisions in the future.
<ul style="list-style-type: none"> 96% of participants report that they changed their mind on at least one issue/topic, and 64% changed their mind on multiple issues.
<ul style="list-style-type: none"> The top factor participants changed their mind on is the financial/social cost of substance use and driving (31%), followed by substance use styles (29%).
<ul style="list-style-type: none"> Before taking the program, 50% reported their likelihood to separate substance use and driving as not likely at all, not very likely, or only somewhat likely.
<ul style="list-style-type: none"> After taking the program, 94% indicate that they are now very likely to separate substance use and driving.
<ul style="list-style-type: none"> The top reason selected for changing future behaviour are the tools and

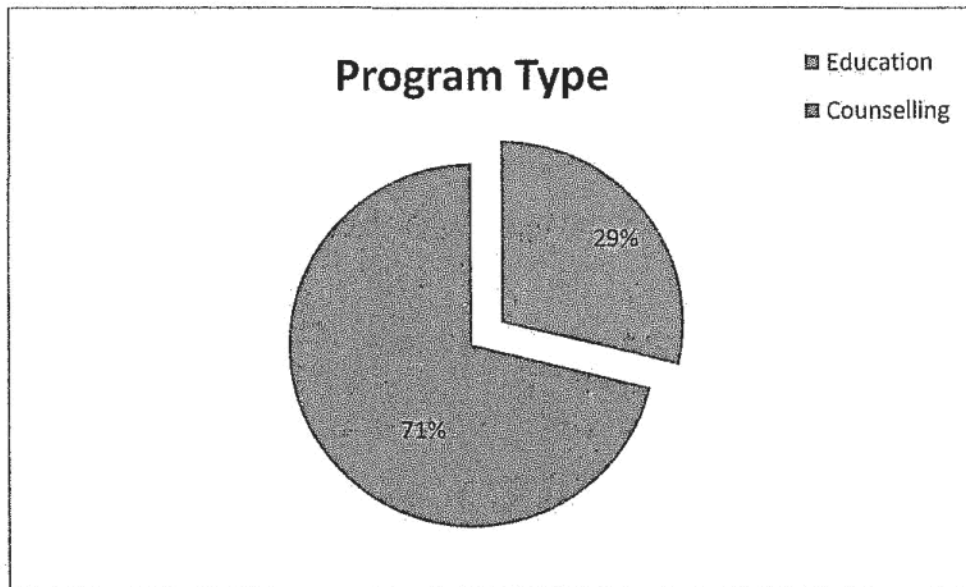
information learned in the program (75%).

3. Additional findings:

- 93% indicate that they found the overall process excellent or good.
- 69% state that they found the initial screening process fair.
- 78% report that they felt comfortable speaking during the initial screening.
- 81% believe that they were referred to the right program.

ANALYSIS

Figure #1. Reported RDP Program Type



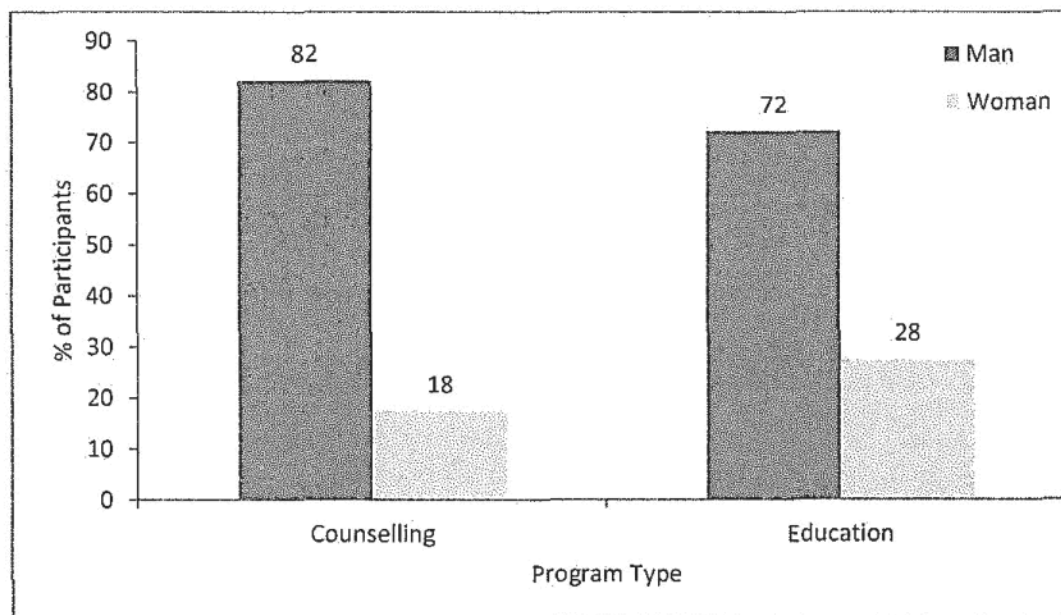
A total of 2701 responses were received by RoadSafetyBC between July 15th and January 26th 2016. The results indicated that 29% of participants reported attending the education program, while the remaining 71% attended the counselling program. Given the different length and curriculum required for the two program types, it is useful to note this distribution. Depending on the session type, participants may report different experiences with the program.

Figure #2. Reported RDP and IIP Program History

	Counselling	Education
Taken RDP Before		
No	1619 (86%)	764 (99%)
Yes	276 (14%)	6 (1%)
Have Ignition Interlock		
No	1485 (78%)	760 (98%)
Yes	368 (19)	10 (1%)
Previously	43 (2%)	1 (0.13%)

A total of 282 participants reported having taken the RDP before in previous years, and of this number 276 were counselling participants and 6 were education participants. A total of 378 participants are currently part of the Ignition Interlock Program (IIP), including 368 counselling participants and 10 education participants. In addition, 43 counselling participants reported having ignition interlock previously. Participants who have taken RDP before may respond differently to the program than those who are first time participants.

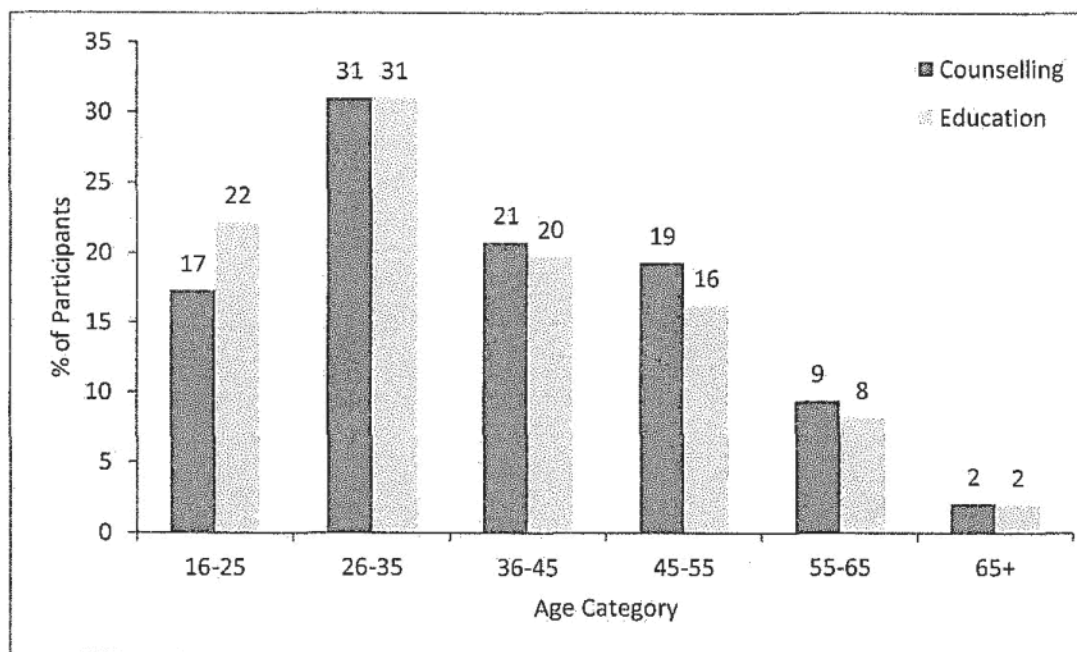
Figure #3. Demographics: Reported Gender



The survey indicated that 79% of all participants are men and 20% are women. This gender skew is particularly prevalent for counselling participants, where 82% are men, and only 18% are women. Among education participants there is less of a skew, with a total of 72% men and 28% women.

The results of the survey indicated that the majority of individuals who participate in both the counselling and education programs are men. Gender differences are important, since participants may experience the program differently depending on gender. For example, women may feel uncomfortable speaking in a session where all the other participants are men.

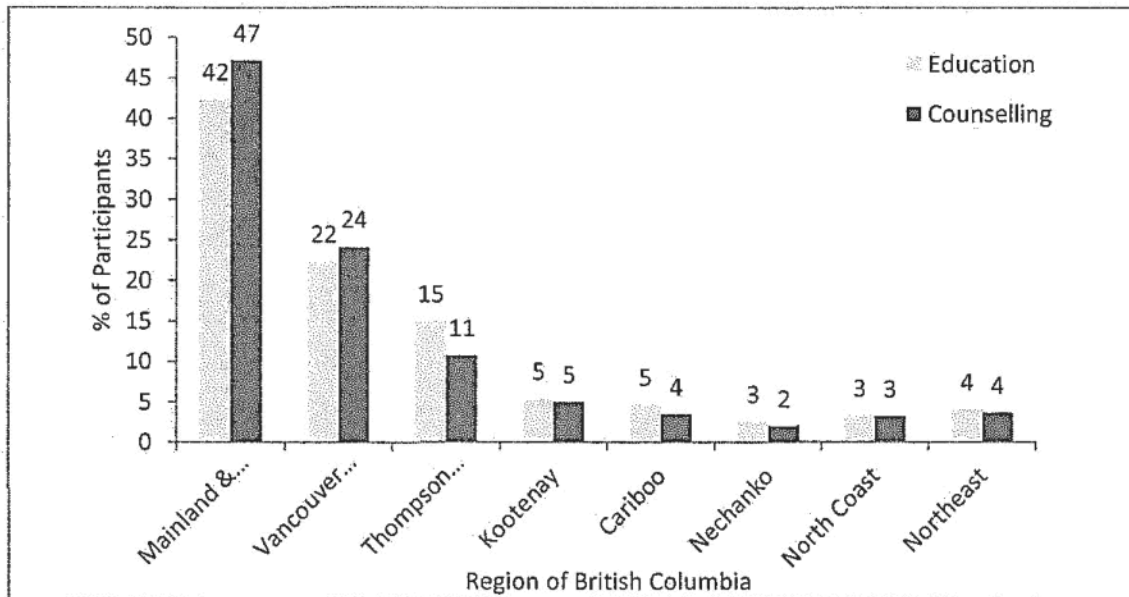
Figure #4. Demographics: Reported Age



The largest proportion of participants was situated within the 26-35 age groups at 31% of all participants. The second largest group was those aged 36-45 with a total of 20% of all participants. Those aged 16-25 represented 19% of all participants and those aged 45-55 represented 18% of all participants. The two oldest groups had relatively few participants with only 9% for those aged 55-65 and 2% for those 65 and older.

Age is noteworthy since it is possible that participants experienced the program differently depending on their age. For example, younger participants may find the material less fresh and eye-opening than older participants due to having taken driver education more recently.

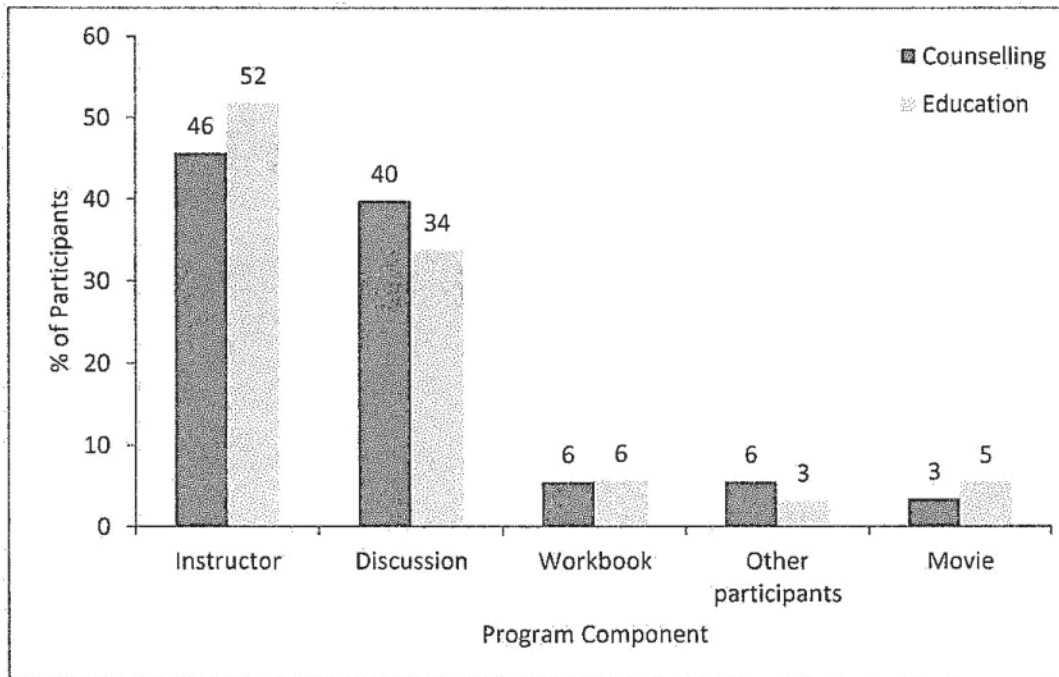
Figure #5. Demographics: Reported Region of Residence



The results indicated that 44% of participants from both session types resided in the Lower Mainland and Southwest British Columbian region including 47% of all counselling participants and 42% of education participants. The second largest regional group, at 23% of all participants, reside in Vancouver Island and Coast, including 24% of counselling participants and 22% of education participants. Participants from the Thompson Okanagan region represented the third largest group with a total of 14% of participants including 15% of all education participants and 11% of all counselling participants. Smaller proportions of participants reside in the Kootenay, Cariboo, Nechako, North Coast and Northeast regions of British Columbia. There were 12 participants from outside BC – four in education and eight in counselling – but due to rounding, they constitute too small of a proportion of participants to be included on the graph.

This regional distribution, skewed towards the Lower Mainland and Vancouver Island, is due to the large number of licensed drivers in that region.ⁱ The region from which a participant originates may be an important aspect of participant experiences with the program – for example, concerning program accessibility and comfort speaking in the group.

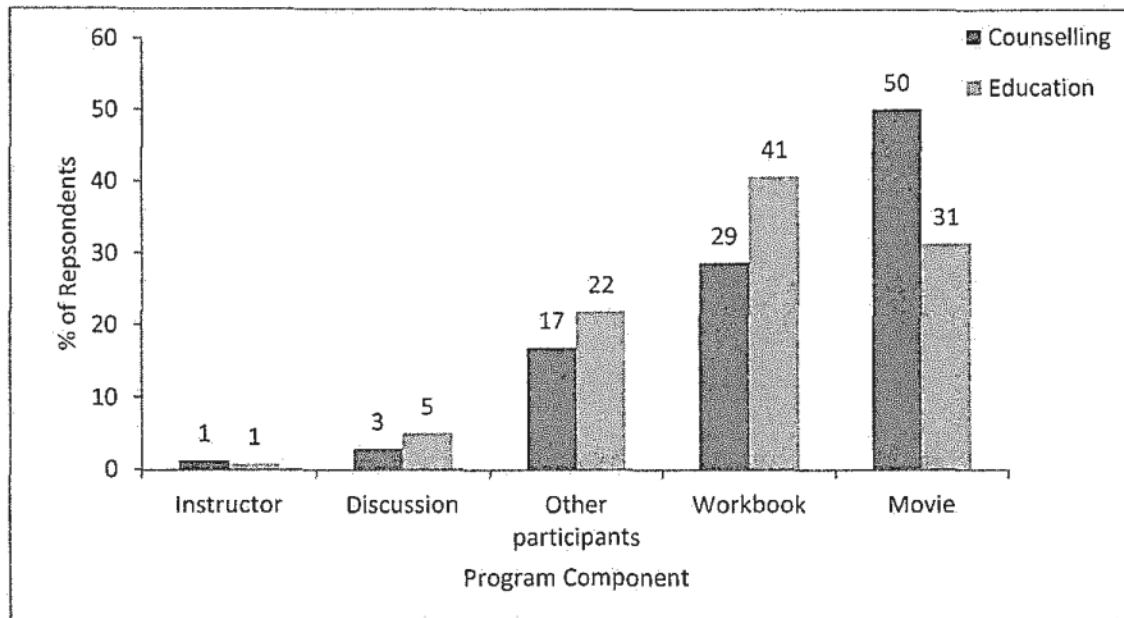
Figure #6. Most Beneficial Program Component



The most beneficial component of the program reported by participants is the instructor (47%), closely followed by the group discussion component (38%). This holds true when looking at the results from each group of participants separately. Participants from the counselling program reported that the session instructor was the most beneficial part of the program (46%) and that group discussion was the second most beneficial aspect of the program (40%). Education participants reported a stronger inclination to the instructor than their counselling counterparts (50%) and a weaker inclination to the group discussion (36%). In comparison, the workbook, other participants, and the movie screened in class, are not considered most beneficial by the majority of the participants.

Group discussion is provided in both education and counselling sessions, but likely to a greater degree in the counselling program due to larger amount of class hours (16 hours vs 8 hours for education). It is encouraging that both groups of participants find group discussion to be beneficial, as this hopefully allows participants to learn from their peers. Due to the large amount of participants from the education group indicating that group discussion was the most beneficial aspect of the program, it may be beneficial to consider adding a greater emphasis on discussion in the future of the education program.

Figure #7. Least Beneficial Program Component

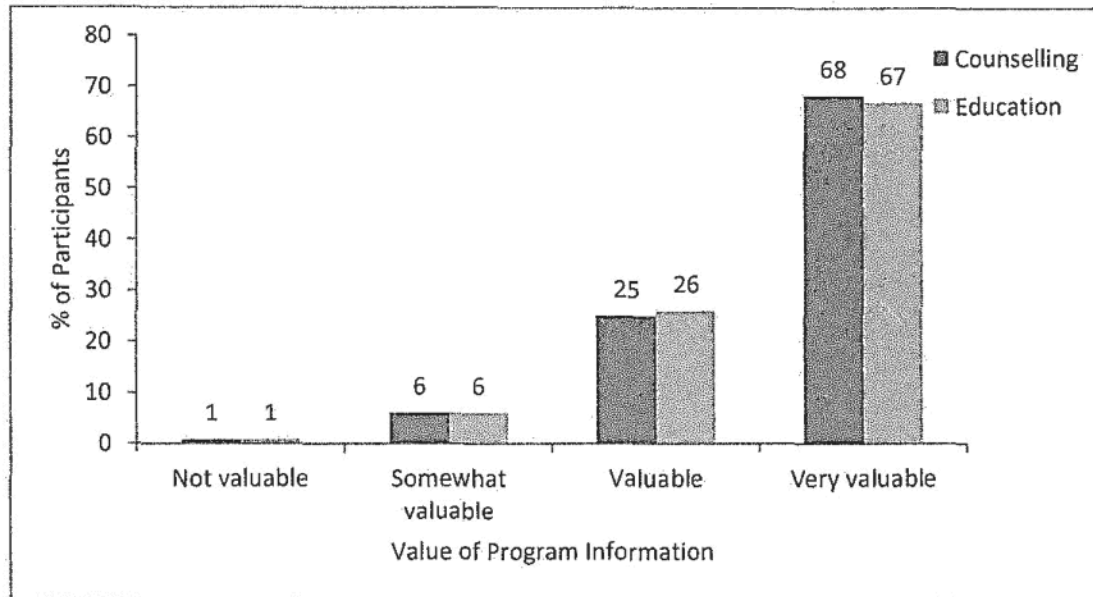


Overall, the least beneficial components of the program reported are the movie (45%) and the workbook (32%). The least beneficial part of the program reported by 50% of counselling participants is the movie screened in class, followed by the workbook (29%). The least beneficial part of the program reported by 41% of education participants is the workbook, followed by the movie (31%).

The movie was created by Mothers Against Drunk Driving (MADD) specifically for the RDP program and contains family victim impact statements related to motor vehicle crashes and alcohol use.ⁱⁱ The film may not have been updated since the program started in 2004, and as a result may appear dated. The data indicated that participants aged 65+ comprised the greatest proportion of the sample to select the movie as the least beneficial program component (68%).

The workbook is a booklet containing 8 learning and counselling modules which guide the sessions. Participants may dislike the textual material, the individual written exercises they are required to complete, or the presentation of the workbook. There did not appear to be a demographical explanation for this choice. The film and workbook are two components which may be beneficial to examine in the future.

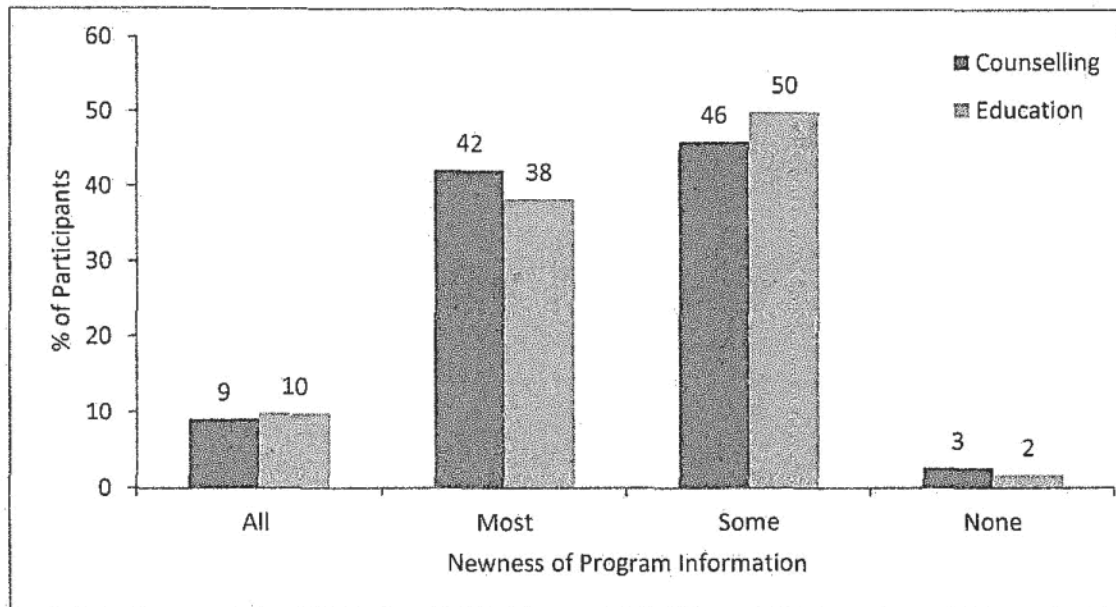
Figure #8. Value of Information Presented



Overall, 93% of participants indicate that the program is valuable or very valuable. The majority of counselling participants and education participants rate the value of information presented as either valuable or very valuable (93%).

It is encouraging that the majority of participants consider the information valuable, as hopefully it will guide more informed choices related to substance use and driving in the future. Program information is provided in the participant workbook, and also delivered by facilitators who follow the format of the workbook. This information has largely been static since the program started in 2004, although information on British Columbian laws and the Criminal Code is updated as needed.ⁱⁱⁱ

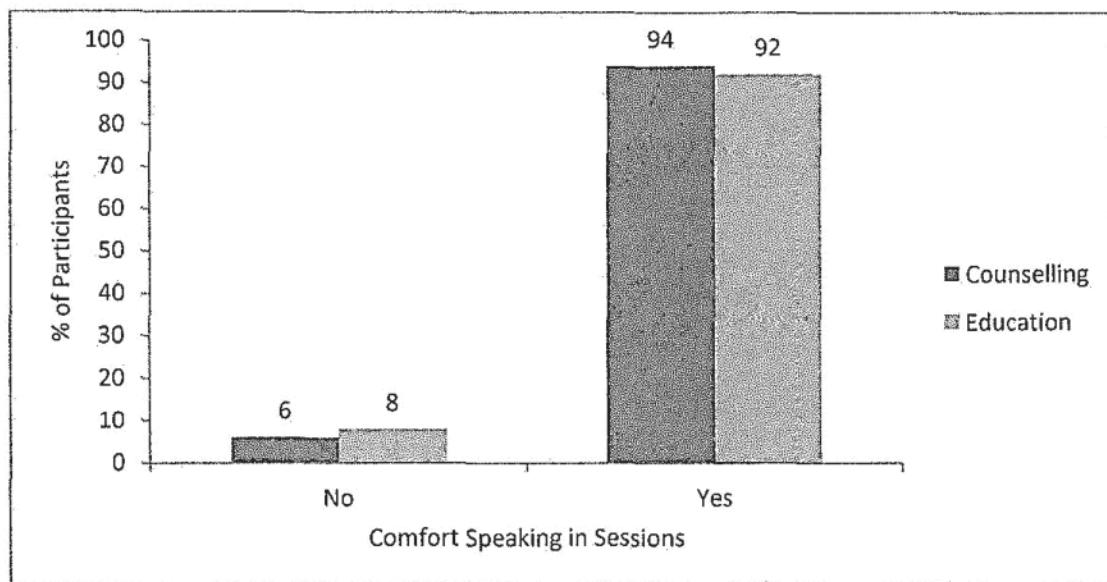
Figure #9. Newness of Information Presented



Overall 98% of participants claim that at least some of the program information is new to them. The majority (51%) of counselling participants rate the newness of information presented as “all” or “most,” and 46% rate “some” information as new. Similarly, 48% of education participants rate the newness of information presented as “all” or “most,” and 50% rate “some” of the information as new.

It is promising that the majority of participants considered at least some of the information provided in the program to be new. Some information, such as the effects of alcohol and drugs on driving ability, is included in the Learn to Drive Smart guide provided by ICBC online and in printed copy to learning drivers.^{iv} It may be the case that some drivers were not exposed to this information when learning to drive, or have forgotten. According to the data, greater proportions of drivers in the 45-55 age groups and 65 and older age groups indicate that “all” of the information is new (14% and 13% respectively), while 7% of drivers in the 16-25 category claim that all of the information presented in the RDP is new to them.

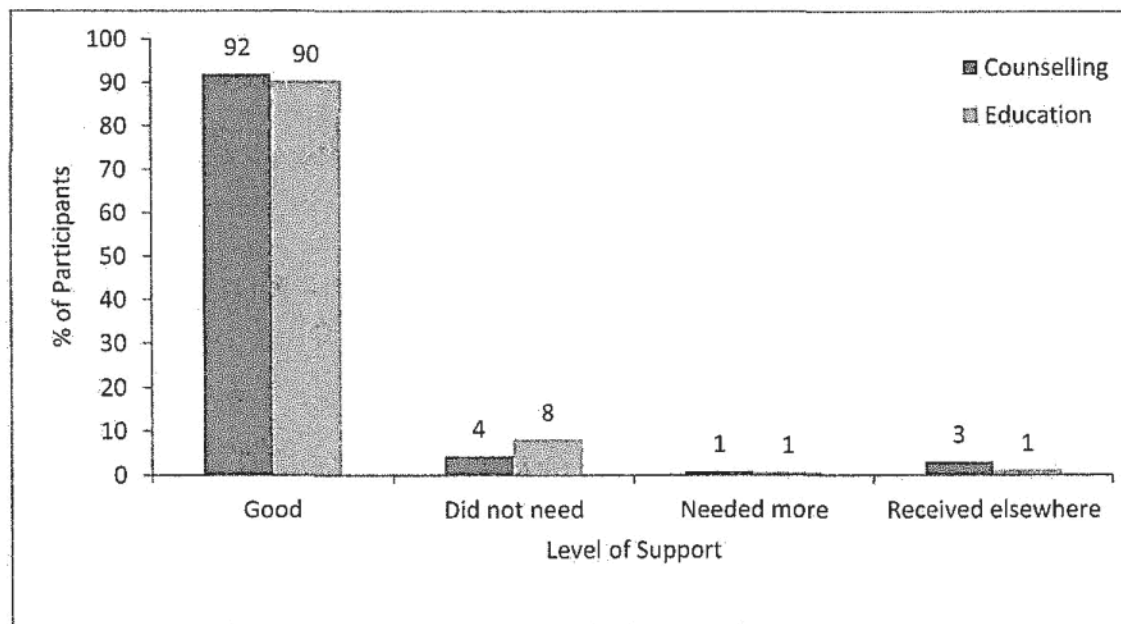
Figure #10. Comfort Speaking in Group Sessions



The majority of participants, in both education and counselling sessions, reported that they felt comfortable speaking in the group session format (94% and 92% respectively, or 93% overall). A slightly lower amount of counselling participants (6%), over education participants (8%), reported that they did not feel comfortable speaking in group sessions.

Both education and counselling sessions feature group discussion components. Counselling sessions also include a substance-use check-in each session. It is favourable that the majority of participants feel comfortable speaking during sessions. Prior to the survey it was hypothesized that some participants may feel less comfortable engaging, for example women, young participants, or rural participants that may know others in the room.^v There does not appear to be such a trend present in this data set.

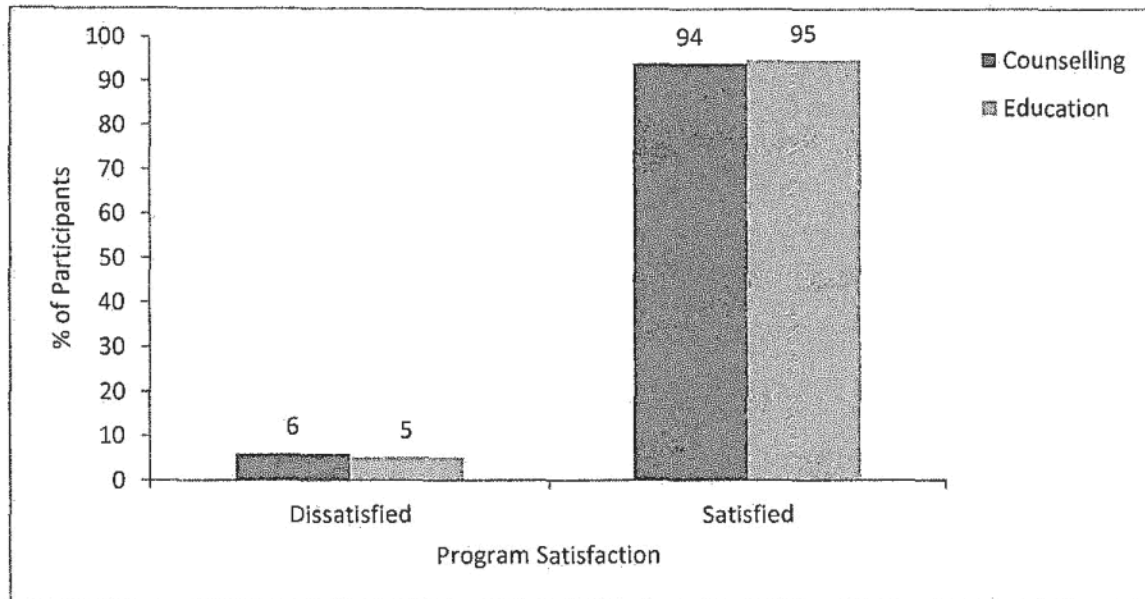
Figure #11. Extent Program Meets Participant Needs for Support



A majority (91%) of all participants reported that the program provided a good level of education and group support regarding substance use and driving. Only a total of 5% reported that they did not need the program. In addition, 7 participants stated that they needed more assistance, and 63 participants reported that they received additional assistance elsewhere.

One question arising from a RDP staff focus group prior to the development of the survey is whether the sessions are able to meet the needs of participants with substance addiction.^{vi} According to the service provider, up to 20-25% of all program participants have a clinical addiction.^{vii} The self-reported survey results indicate that the great majority of participants are satisfied that their needs are met in this program, which is a promising finding. This may indicate that the program is able to meet the varying, perhaps diverse, needs of participants, or some participants may not recognise that they have an addiction and may require further assistance.

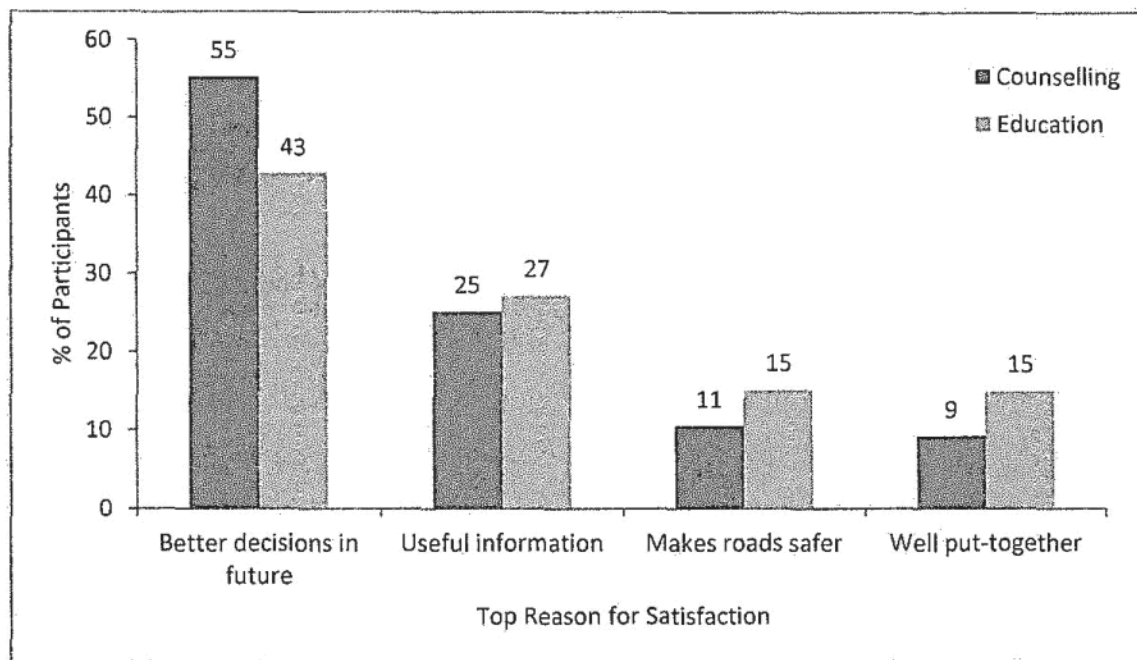
Figure #12. Satisfaction with Taking the Program



A majority (94%) of all participants reported that they are satisfied that they took the program, and only 6% overall report that they are dissatisfied they took the program. Satisfaction rates are almost identical in both the education and counselling groups.

Before the study, it was hypothesized that lower satisfaction rates would be reported; since participants are required to attend the sessions and pay a program fee (\$880) in order to satisfy a condition to hold a driver's licence.^{viii} The self-reported data indicated that participants are in fact satisfied that they took the program, which is an encouraging finding.

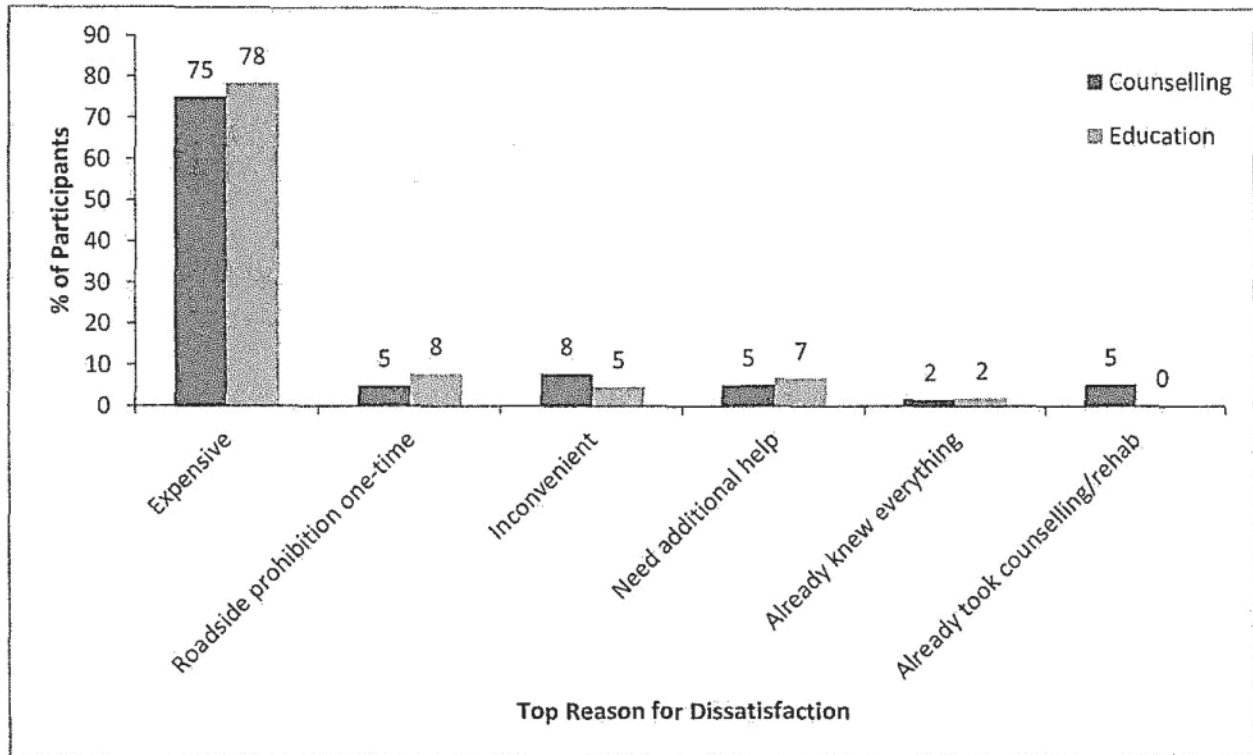
Figure #13. Satisfaction: Top Reason



The majority of participants in both counselling and education reported that making better decisions in the future is the top reason that they are satisfied with the program (51% overall). Among counselling participants the top two reasons selected are making better decisions in the future (55%) and that they received useful information (25%). Among education participants the top two reasons are making better decisions in the future (43%) and that the program provided them with useful information (27%). Of note in participants' answers to this question, counselling appeared to have a greater impact on participants' likelihood to be satisfied by the program because of its ability to help them make better decisions in the future.

These results are favourable, since the guiding purpose of the program is remediation; making the roads safer by producing safer drivers. The greatest proportion of participants report they are satisfied with the program because it will help them make better decisions in the future.

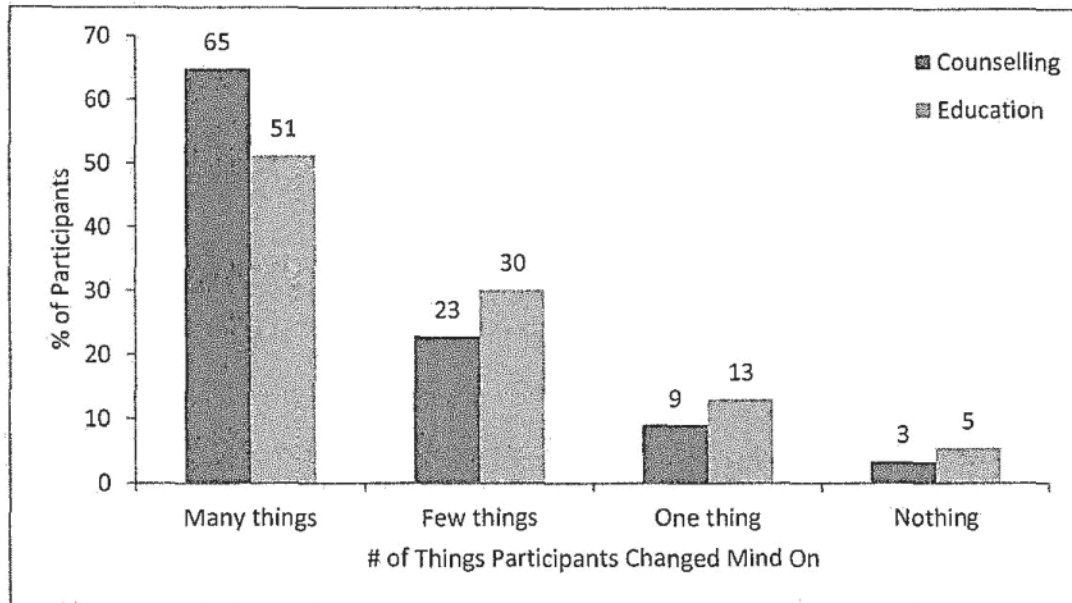
Figure #14. Dissatisfaction: Top Reason



The majority of participants in both counselling and education reported that the price is the top reason for dissatisfaction (75% and 78% respectively). Participants rated the expense above other choices including inconvenience, needing additional help, the nature of the prohibition, already knowing everything, and already having taken counselling/rehab.

Both the education and counselling program costs participants \$880 to complete. Therefore it is unsurprising that this is the factor the majority of participants have selected. It is noteworthy that this question was one of few to receive a high rate of non-response (60%). In this case, non-response may reflect that some participants are satisfied with the program and chose not to select an answer for this question. In either case, program cost may be a component to examine further in the future.

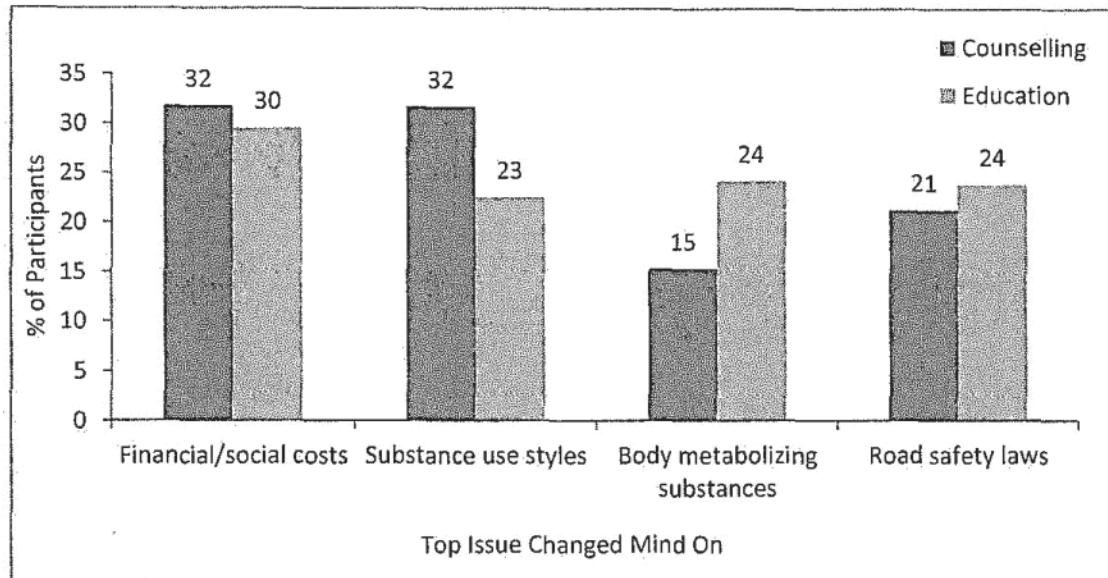
Figure #15. Extent of Participants Changed Mind on Issues



The majority of participants in both counselling and education reported that they changed their mind on many things (65% and 51% respectively). Overall 97% of counselling and 95% of education participants indicated that they changed their mind on at least one thing or more in the program. Very few participants indicated that their mind remained unchanged on any topic after completing the program (3% counselling, and 5% education). The results from the participants' answers to this question indicated that the counselling program has a greater impact on how many things participants change their minds on compared to the education program by 14 percentage points.

The ability of the program to change minds and behaviour is important. This self-reported data indicates that most participants are changing their mind on at least one thing due to the program. This may indicate that the material, information and support of the program have at least a short-term (immediate) impact on participants.

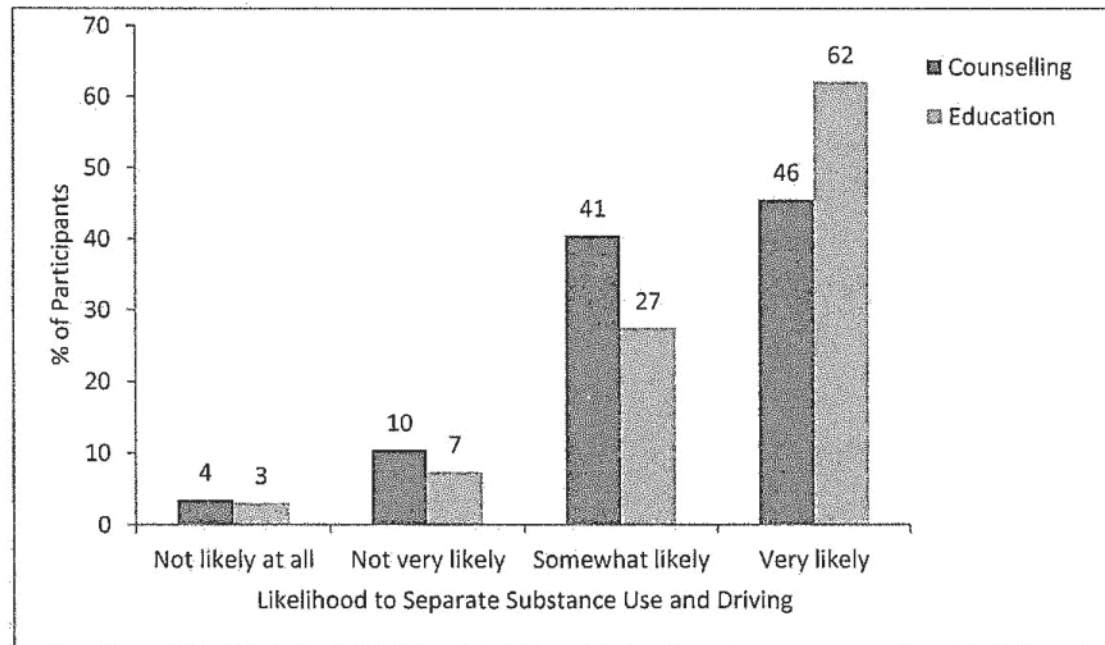
Figure #16. Changed Mind: Top Issue



There is variation among participants regarding the top issue they changed their mind on. The majority of counselling participants indicated that financial/social cost and substance abuse style were the top factors on which they changed their minds (32%). The results from the participants' answers to this question provided greater insight to the individual impacts of each of the programs on the participants. For instance, participants from the counselling program were 9% likelier to indicate that substance use styles were the top issue on which they changed their mind than those in the education program. Meanwhile, participants from the education program were more likely (by 9%) to indicate that the body's ability to metabolize substances was the top issue on which to change their mind as a result of their participation in the program.

The survey question choices were designed to reflect major topics covered in both the education and counselling sessions. This may indicate that the variety of topics and issues covered are beneficial, since it may best meet the needs of different participants with varying life and educational experiences.

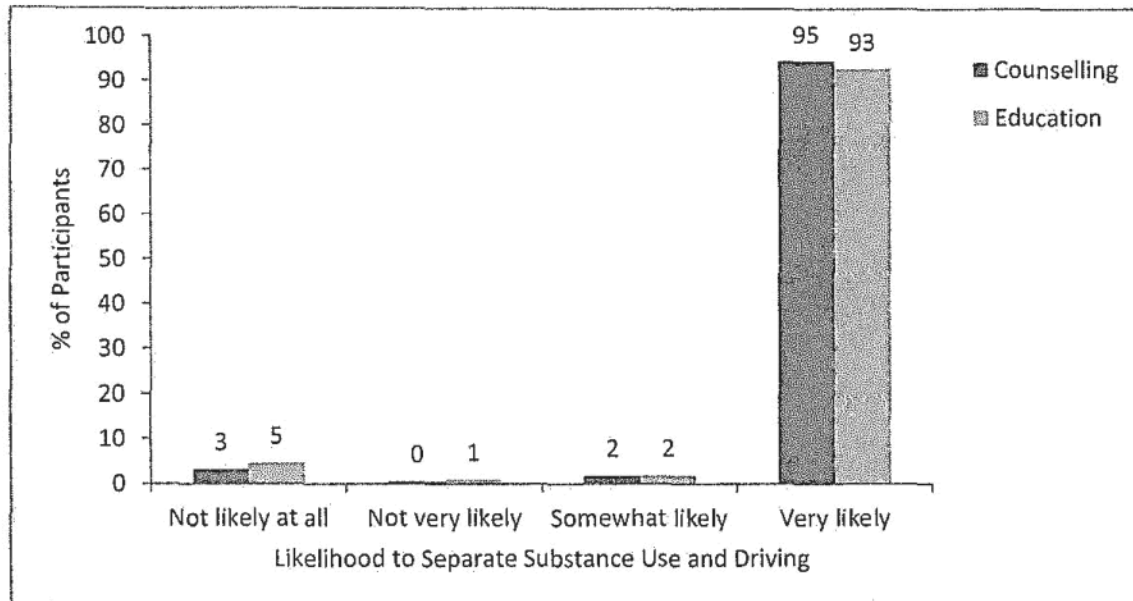
Figure #17. Before Program: Likelihood to Separate Substance Use and Driving



The majority of education participants reported that they were very likely to separate substance use (alcohol and/or drugs) and driving before the program (62%). A smaller percent of counselling participants indicated that they were very likely to do so prior to completing the program (46%). However, the data indicated that a sizable number of participants reported being only somewhat likely to separate substance use and driving (41% counselling, and 27% education). A modest number indicated that they were not very likely to separate substance use and driving (10% counselling and 7% education). Of concern, 4% of counselling participants and 3% education participants indicated that they were not likely at all to separate substance use and driving.

The results of the participants' answers to this question tend to indicate that a higher proportion of individuals who participate in the education program answer that they are very likely to separate substance use and driving prior to their participation in the program. In comparison, a higher proportion of those who participated in the counselling program answer that they are somewhat or not very likely to separate substance use and driving prior to participating in the program. This indicates to some degree that the screening procedures are effective at discerning which drivers are more likely to mix substance use and driving and which drivers need greater intervention.

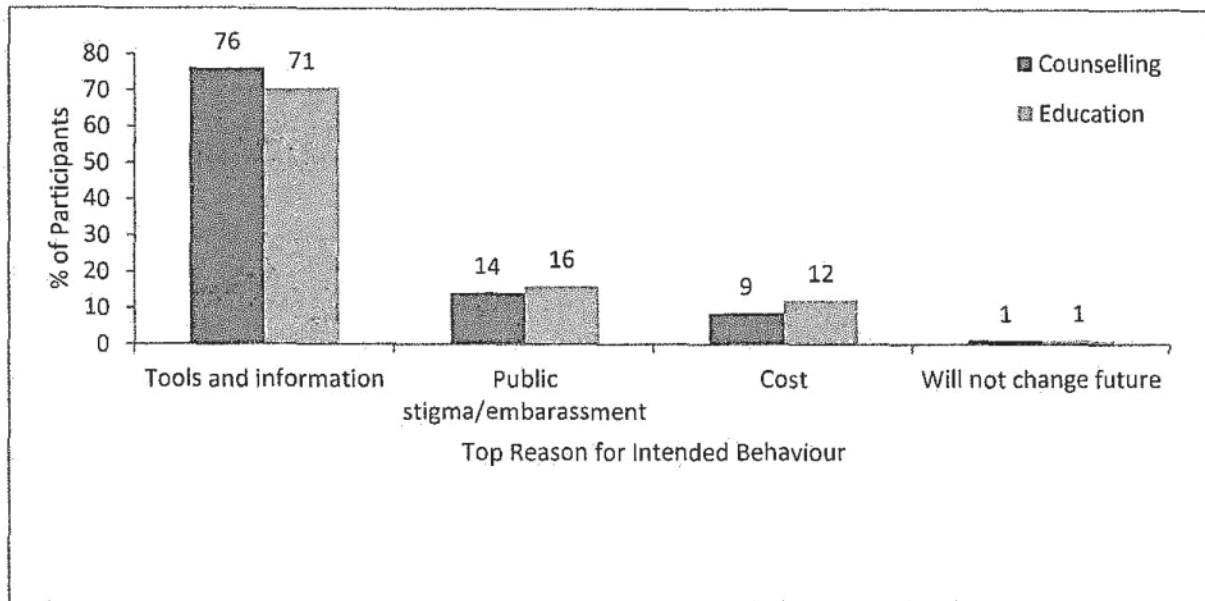
Figure #18. After Program: Likelihood to Separate Substance Use and Driving



The majority of participants' reported that now, after taking the program, they are very likely to separate substance use and driving (95% counselling, and 93% education). Small percentages of participants reported that they are only somewhat likely, not very likely, or not likely at all to separate substance use and driving after taking the program.

The significance of the participants' answers to this question is difficult to interpret. While it could be helpful in projecting the effectiveness of the program in the prevention of future substance use and driving, it is not a concrete measure of long-term recidivism. Particularly concerning is the fact that 2% more education participants answered they were not at all likely to separate substance use and driving after the program, than they were before the program.

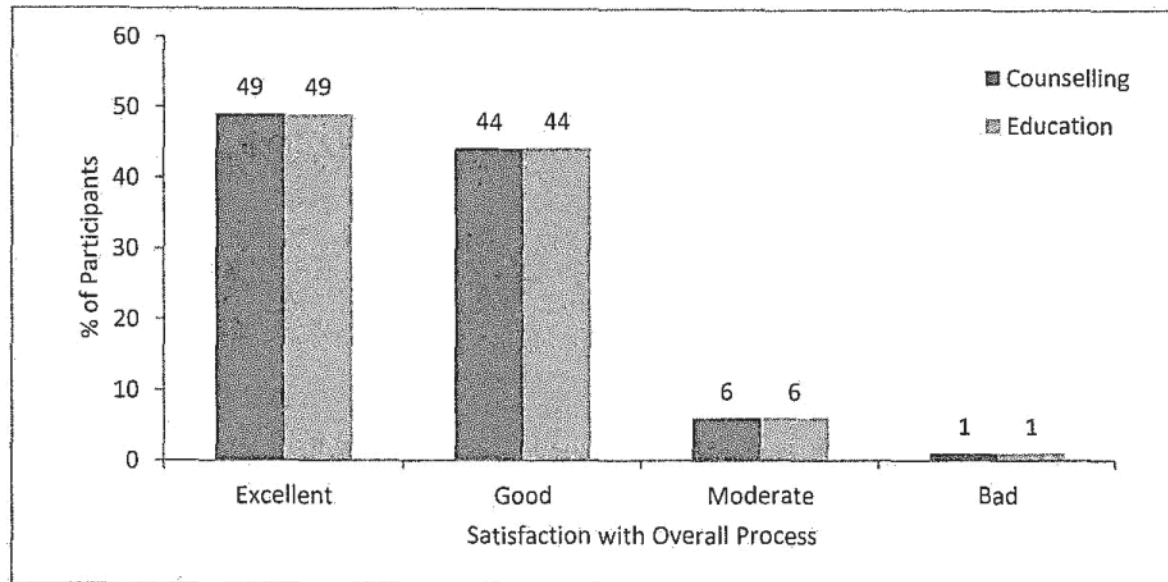
Figure #19. Top Reason for Changing Intended Behaviour



The majority of participants indicated that the tools and information gained in the program are the top reasons for why they will change future substance use and driving behaviour (76% counselling, 71% education). Smaller proportions of participants rated public stigma/embarrassment (total 15%) and cost (total 10%) as the top reason for changing future behaviour.

Prior to conducting the survey it was hypothesized that the cost of the program may be prohibitively high and acts as a deterrent for recidivism.^{ix} Public stigma and embarrassment was also hypothesized as being significant. It is interesting to see that the most highly selected response regarding intended behavioural change is the tools and information provided by the program. This is an encouraging result, since the material and techniques learned in the program (for example determining blood alcohol content are presumably a more effective means to influence future behaviour in the long-term than stigma and cost).

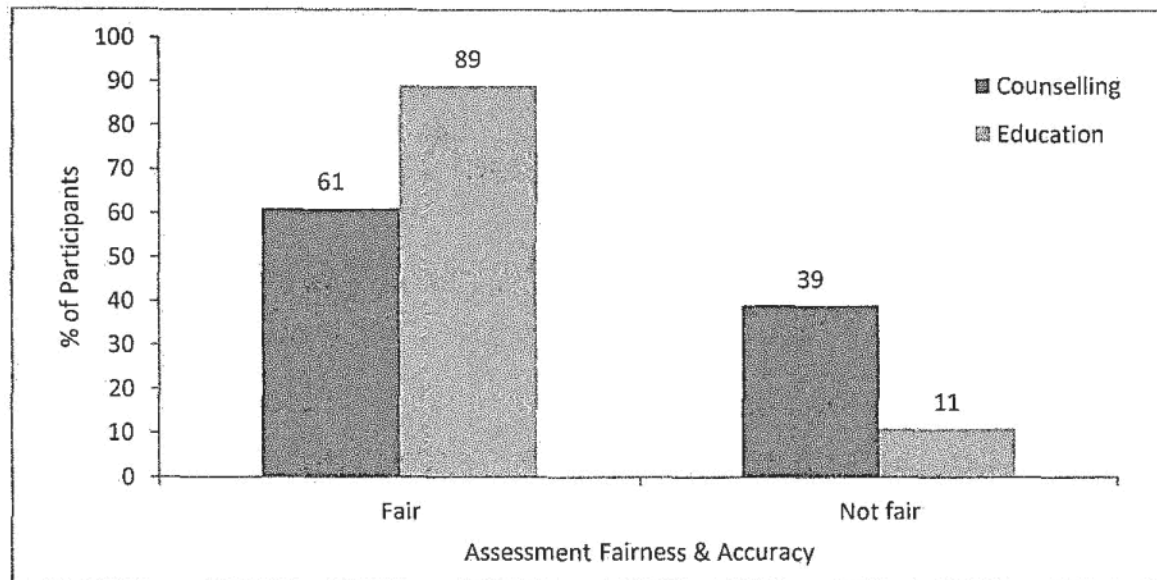
Figure #20. Satisfaction with the Overall Program Process



The majority of participants indicated that they are satisfied with the overall process of the program. A total of 93% indicated that they found the overall process either “excellent” or “good.” Only a total of 6% responded that they found the process to be “moderate” and only 1% stated they found the process “bad”. The survey data indicated that program participants in both the counselling and education components are equally satisfied or dissatisfied.

This question is significant as it helps captures experiential factors such as the time involved in the process, the staff, and the ability to book sessions. The data is encouraging as it illustrates that few participants are finding the overall process poor, and most are finding it good or excellent.

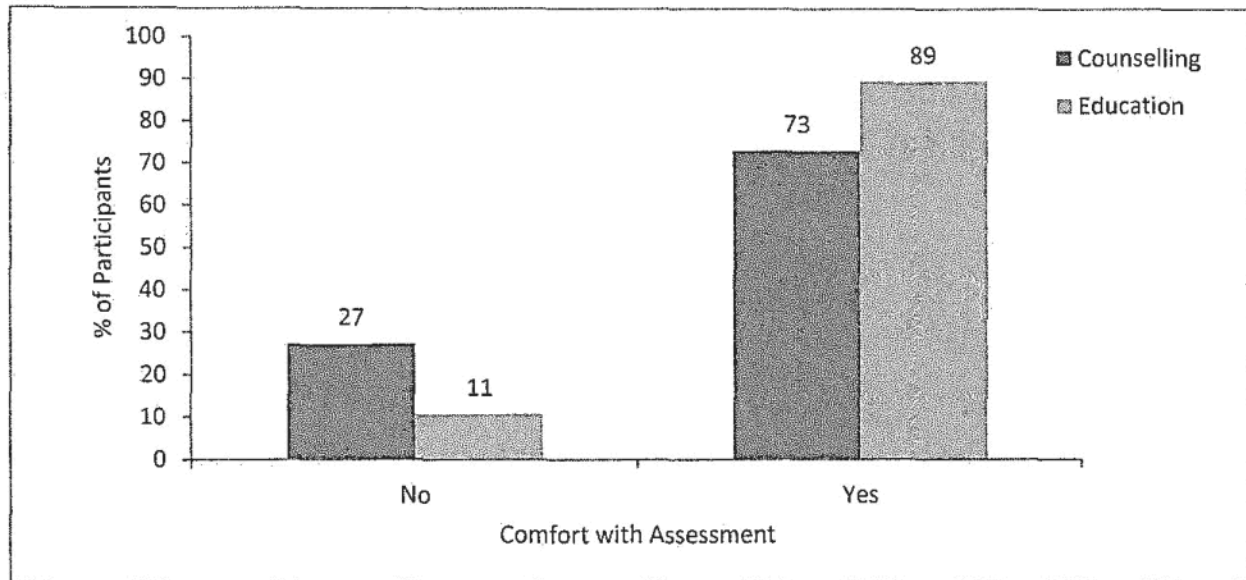
Figure #21. Perceptions on Initial Assessment Fairness & Accuracy



Most participants selected that they found the initial screening process to be fair and accurate (61% of counselling, and 89% of education). Conversely, 39% of counselling and 11% of education participants reported that they found the screening process unfair and inaccurate.

A greater number of counselling participants may consider the process unfair due to the greater time commitment of the program stream that they were referred to. It was hypothesized prior to survey implementation that a larger number of participants would indicate that they find the screening process unfair, due to the closed nature of the process (i.e., screening questions not provided ahead of time).^x Improving participant perceptions of the process may be an area to explore in the future.

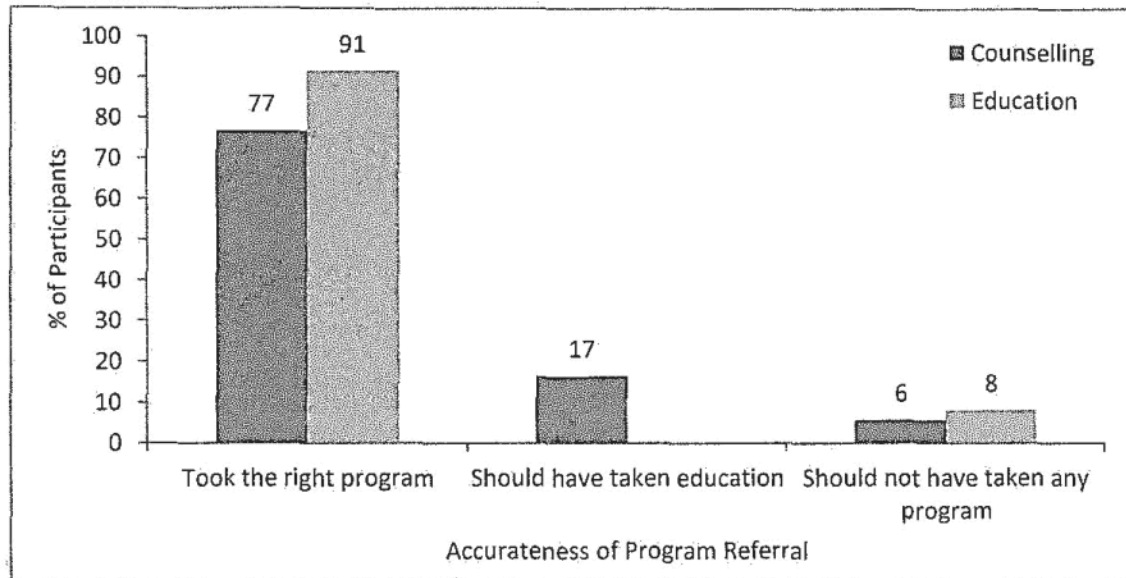
Figure #22. Comfort Speaking in the Initial Screening



The majority of participants indicated that they were comfortable speaking on the phone during the initial assessment (89% of education, 73% of counselling). Conversely, 27% of counselling and 11% of education participants selected that they did not feel comfortable during the assessment.

The initial screening is conducted by phone by staff at the service provider, using a series of questions to gauge participant risk level for substance use and driving. Based on this risk level participants are referred to a specific stream of the program. It was hypothesized prior to survey implementation that some participants, perhaps depending on demographics, may not feel comfortable during this assessment.^{xi} There does not appear to be a trend between a specific demographic and comfort during the screening call in the dataset. Examining how to improve participant comfort during this phase may be an area to examine in the future.

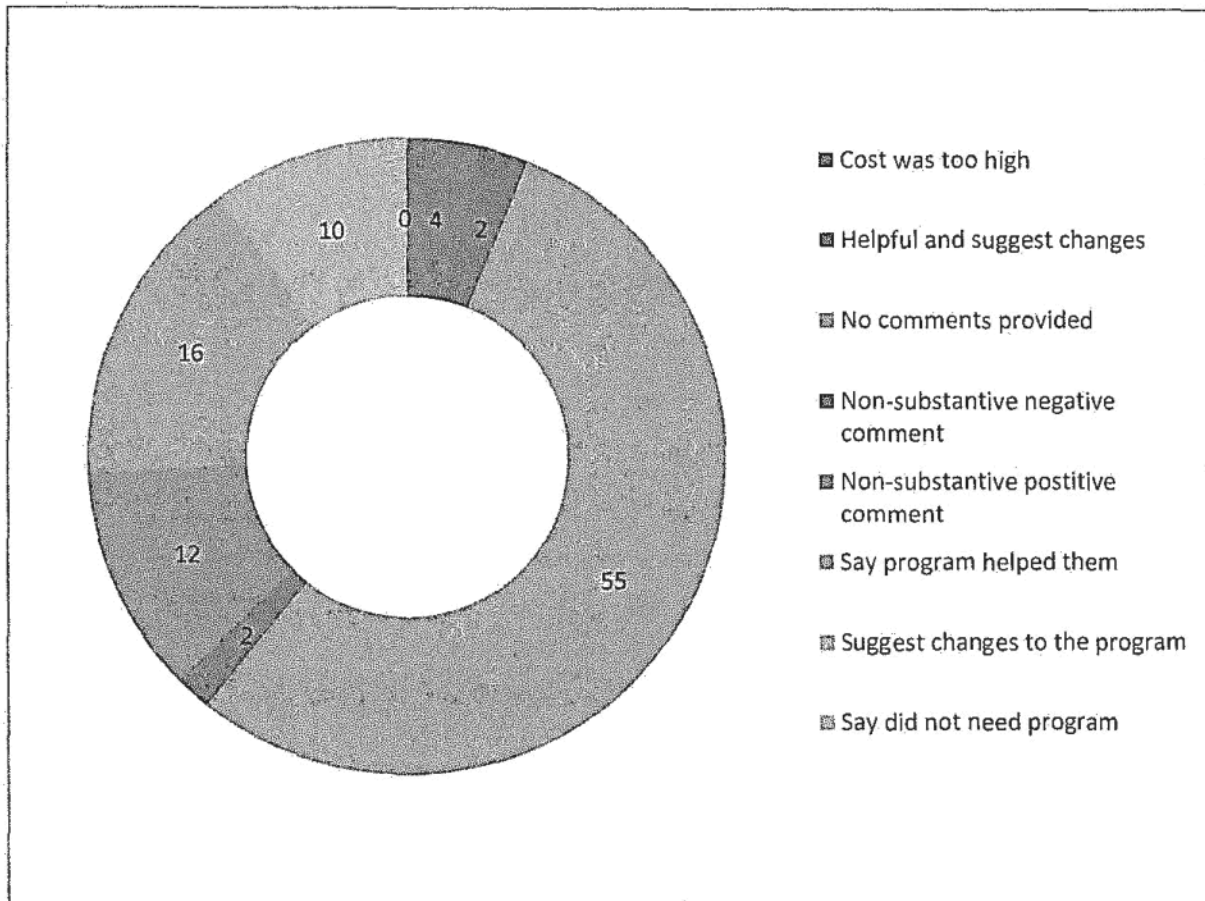
Figure #23. Accurateness of Program Referral



Most participants indicated that they were referred to the right program (77% of counselling and 91% of education). A total of 17% of counselling participants reported they should have taken education instead. A total of 6% of counselling and 8% of education participants reported that they feel they should not have taken any program.

It was hypothesized that the amount of participants stating that they should not have taken any program, or that they should have taken education, would be higher.^{xii} It is encouraging that most participants believe that they took the right program to meet their needs. This may suggest that the screening and referral process is effective. The amount of participants indicating that they should not have taken the program, or taken another program, may be a trend to examine in the future. It may not be an issue with the assessment instruments per se, but rather that some segment of participants will favour a shorter time commitment option.

Figure #24. Additional Comments



One open comment question was provided in the survey. Written comments were coded according to the typology provided in Figure 24. The majority of participants did not take the opportunity to provide additional comments (55%). Of note, 16% of comments indicated that the program helped them, and 10% suggested improvements to the program.

It may be beneficial to examine starting a mechanism to allow for participant feedback to RoadSafetyBC at the conclusion of sessions. For example, this could take the form of an exit survey to participants developed by RoadSafetyBC, or questions added to the pre-existing service provider exit survey.

References

ⁱ ICBC. (2015). Quick Statistics. Retrieved from <http://www.icbc.com/about-icbc/newsroom/Documents/quick-statistics.pdf>

ⁱⁱ Carl Stroh. Meeting, May 25, 2015.

ⁱⁱⁱ Carl Stroh. Meeting, May 25, 2015.

^{iv} ICBC. (2015). "Learn to Drive Smart." Retrieved from: <http://www.icbc.com/driver-licensing/driving-guides/Pages/Learn-to-Drive-Smart.aspx>

^v RDP Survey Focus Group. Brainstorming Meeting, May 20, 2015.

^{vi} RDP Survey Focus Group. Brainstorming Meeting, May 20, 2015.

^{vii} Carl Stroh. Meeting, May 25, 2015.

^{viii} RDP Survey Focus Group. Brainstorming Meeting, May 20, 2015.

^{ix} RDP Survey Focus Group. Brainstorming Meeting, May 20, 2015.

^x RDP Survey Focus Group. Brainstorming Meeting, May 20, 2015.

^{xi} RDP Survey Focus Group. Brainstorming Meeting, May 20, 2015.

^{xii} RDP Survey Focus Group. Brainstorming Meeting, May 20, 2015.