

## **Drink and drug driving education in the Northern Territory: A qualitative study illustrating issues of access and inequities**

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**Introduction:** Alcohol-related accidents cost the NT \$58 million annually. Individuals in the NT who commit a medium or high range drink driving offence, or repeated drink driving offences, are required to undertake the Back on Track drink and drug driver education program in order to be eligible for a driver's license. Only 60% of people required to complete the course do so and no research or evaluation to date has been conducted to understand this issue.

**Design and Methods:** We aimed to investigate barriers to uptake of the program and provide recommendations for improving access and equity in the delivery of the program. We undertook semi-structured interviews with 24 course providers, program attendees and government stakeholders.

**Results:** Course location and availability were critical factors determining uptake. Program attendees in urban areas discussed that poor public transport and low social support led to people illegally driving to attend the course. Where there were gaps in delivery in remote areas, people had little other option than to travel to urban areas to complete the course with significant associated costs with doing so, including travel costs, accommodation, and the course fee. The high course fee was also discussed as exacerbating financial disadvantage that many attendees faced.

**Discussions and Conclusions:** Significant issues related to access were identified in this study, stemming from the user-pays model and challenges regarding geographical access. The data from this study demonstrates how the current delivery model for drink and drug driving education increases inequities for those in remote areas.

**Implications for Practice or Policy:** There are significant opportunities to improve the delivery of the drink and drug driving program in the NT. Moving away from a user-pays model of delivery could reduce the financial burden of participation. Public delivery of the program may reduce inequities in the program delivery and outcomes.

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