

**Guidelines for Assessing  
Substance Dependence  
and Risk of Re-offending of  
People Sentenced under  
Section 65 of the Land  
Transport Act 1998**

This document is a revision of *The Assessment of Alcohol Dependence: A guide for health professionals assessing persons convicted of driving while intoxicated* (Department of Health 1993). It builds on work undertaken by Tim Harding of AEDIS Consultancy.

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# Executive Summary

These guidelines set out the approved process and forms to be used for the assessment of people sentenced under section 65 of the Land Transport Act 1998, who, after serving the mandatory minimum disqualification period, wish to have their disqualification removed (as per section 100 of the Act), and to re-apply for their driver licence.

The guidelines were originally published as *The Assessment of Alcohol Dependence: A guide for health professionals assessing persons convicted of driving while intoxicated* (Department of Health 1993). They have been updated to reflect current best practice for assessing people with alcohol and other drug problems, worker competencies, and service standards.

The guidelines clarify the responsibilities of assessment centres and standardise the processes that need to be followed when carrying out section 65 assessments. They also outline the criteria and process for approval as an assessment centre and the criteria assessment centres need to apply to assessors. Finally, the guidelines make the accountability for providing reports to Land Transport New Zealand<sup>1</sup> more transparent.

<sup>1</sup> Formerly the Land Transport Safety Authority.

# 1 Introduction

## 1.1 Background

These guidelines provide a framework for effectively assessing a person's alcohol and other drug problems and their risk of driving-related re-offending. They will replace previous guidelines and local protocols from publication.

New Zealand, like many other countries, has strict legislation covering people who drink alcohol and drive a vehicle. The effects of other drug use on people's driving are not well documented, but an increased risk of road accidents is acknowledged. Overall, the road safety risks of alcohol and other drug use include:

- impairment due to sedation effects
- impaired motor function
- exacerbation of other medically related risks.

The process outlined in these guidelines has been developed to minimise these road safety risks. It has three key objectives:

- to promote community safety by assessing the 'fitness to drive' of repeat offenders sentenced for offences involving alcohol and other drugs and who have a history of such offending
- to use section 65 of the Land Transport Act 1998 (the Act) to maximise the opportunity to create a change of thinking and behaviour in identified repeat offenders convicted of offences involving alcohol and other drug use
- to identify, in a timely and effective way, a framework that will support the process of removing a person's disqualification from holding or obtaining a driver licence (section 100 of the Act) to allow people sentenced under section 65 to re-apply for their driver licence.

The likelihood of achieving these objectives is maximised by utilising the following key components of the guidelines:

- a comprehensive alcohol and other drug assessment
- supporting medical evidence.

## 1.2 Penalties for repeat offences (s 65 Land Transport Act 1998)

Section 65 of the Act relates to the mandatory penalties for repeat offences involving the use of alcohol or drugs. A person sentenced under section 65 of the Act will be ordered to attend an assessment centre<sup>2</sup> and will be disqualified from holding or obtaining a driver licence until the Director of Land Transport (the Director) removes that disqualification under section 100 of the Act.

<sup>2</sup> The Act defines an 'assessment centre' as an establishment approved for the purposes of the Act by the Chief Executive of the Ministry of Health.

### **1.3 Removal of disqualification (s 100 Land Transport Act 1998)**

Section 100(1) of the Act requires that where an order for disqualification has been made under section 65, the Director must make an order removing the disqualification, if satisfied that the person is fit to hold a driver licence. Under section 100(3), no order for removal of disqualification can be made under section 100(1) if an order under section 65 has been in force less than one year and one day.

The Director's decision to remove a disqualification is based on an alcohol and other drug assessment carried out and reported on by an approved assessment centre. The Director must also consider any other evidence the applicant (ie, the person sentenced under section 65) provides, or is otherwise available, relating to the applicant's medical condition. All offenders sentenced under section 65 seeking removal of disqualification must go through this assessment process.

The Director-General of Health and the Director of Land Transport have approved the assessment components outlined in these guidelines. They include:

- the identification of current alcohol and other drug use
- Individual issues that result in an assessment as per the criteria in the *Diagnostic and Statistical Manual of Mental Disorders* (4th edition) (American Psychiatric Association 1994)
- relevant historical information relating to substance use (including previous episodes of treatment)
- medical advice (including results of liver function tests)
- an assessment of motivation and readiness to change substance use and driving behaviour.

If an assessor finds that the person being screened and assessed has a current alcohol and other drug problem, it is in the interests of the offender and others that the assessor informs the offender and offers information about possible intervention options.

## **2 Assessment Process**

An assessment for the purposes of sections 65 and 100 of the Act is conducted to determine whether a person meets the criteria for substance abuse or dependence, and to indicate the likelihood they will continue to drive under the influence of alcohol and/or other drugs in the future.

If a person is assessed as suffering from substance abuse or substance dependence, they are at greater risk of having road accidents if they drive. This risk is particularly escalated if they have a history of relapse and a history of driving after or during substance use.

The process for removing disqualification requires the assessor to bring objective and subjective elements together to make the best possible recommendation as to the person's 'fitness to drive'.

### **2.1 Timeframes and sequence**

Although the Director cannot remove a disqualification until the mandatory disqualification period has been served, an offender may be assessed at any time within the disqualification period. For the assessment to be most relevant it is best done as late into the period as possible.

### **2.2 Funding**

The assessment fee paid by Land Transport New Zealand is a regulated fee. It is paid to an assessment centre specifically for the provision of a report to Land Transport New Zealand that informs the Director about the current health status of the offender and the 'fitness' of the offender to obtain or hold a driver licence.

This fee will be paid only once in each case of an order being made under section 65 of the Act. In accordance with section 212 of the Act, this payment will be for the 'first attendance' at an assessment centre (ie, the first time the offender engages in the assessment process). The assessment fee is not intended to cover the cost of interventions such as education or treatment.

Assessment centres are recommended to contact the Transport Registry Centre, prior to commencing assessments, to enquire whether the once-only fee has already been paid for attendees.

## 3 Steps 1 and 2: Conviction and Contact with the Assessment Centre

### 3.1 At court

After an offender is sentenced under section 65 of the Act, the offender is ordered to attend an assessment centre.

### 3.2 At the assessment centre

When an offender contacts the assessment centre, a client file is opened specifically for the Land Transport New Zealand process. The assessment centre may be required to make several appointments for the offender during the assessment process, including:

- an appointment with an approved assessor for the alcohol and other drug assessment
- a referral to the local laboratory (unless in-house testing is available) for a blood test to determine liver function levels, and a urine test to detect cannabinoids, opioids or benzodiazepines
- an appointment with a doctor to undertake a medical examination and to review the tests.

**Note:** The offender may arrange the necessary tests and doctor's appointment themselves.



## **4 Steps 3 and 4: Laboratory Tests and Doctor's Appointment**

The assessment centre's final report to Land Transport New Zealand must include the results of blood and urine tests (interpreted by a medical doctor) and the results of a medical examination. The offender is referred to a laboratory for these tests, and must undertake a medical examination, including conjunctival injection, abnormal skin vascularisation, tongue tremor, hand tremor and hepatomegaly.

The key element of the offender's visit to the doctor is to have the liver function test interpreted, with particular attention to the gamma-glutamyl transferase (GGT) results. These results can be evidence of heavy drinking, but are not definitive and must be interpreted in the context of other possible reasons for raised liver function levels. A medical doctor must interpret this evidence.

If the doctor is not an approved assessor, then the tests are forwarded to the person who is to complete the report to Land Transport New Zealand.

## 5 Step 5: Alcohol and Other Drug Screening and Assessment

The assessor will identify whether the person has a substance use problem and whether issues need to be addressed to minimise the likelihood of the person's re-offending. Screening, assessing and diagnosing alcohol and other drug problems are related, but are not the same. Generally, all offenders should first be screened for substance abuse. The result may suggest whether a brief intervention is appropriate.

If the alcohol and/or other drug problem appears more severe or complex (eg, a history of medical or mental health problems is identified), the offender will require a more comprehensive assessment.<sup>3</sup> A practitioner who has had supervised alcohol and other drug training or sufficient supervised experience in assessing addictive behaviours will undertake the assessment. They will also use an accepted diagnostic system to do the assessment.

Many offenders will try to minimise the extent of their current or past substance use, so assessors should err on the side of caution in interpreting responses. The results of the medical examination and tests, as well as a review of previous convictions and any pre-sentence reports, would be useful when discussing the results of the screening and assessment processes with the offender.

### 5.1 Screening

Screening for alcohol and other drug use is generally carried out to identify people who may have a current alcohol and other drug related problem, or who are at risk of alcohol and other drug problems. The screening tools are also used to identify the appropriate treatment level required (minimal intervention or referral for more intensive assessment and possible intervention).

The Alcohol Use Disorder Identification Test (AUDIT) and Leeds Dependence Questionnaire (LDQ) are the accepted screening tools to be used in this process, and are included in Appendix A.

**Note:** Approved assessors should be trained in the use of these screening tools, so no instructions for their use are included in these guidelines.

The AUDIT screening tool, specific to alcohol, should be used first, with the modified LDQ used second, unless the offender indicates they do not use alcohol. If dependency is indicated (ie, results reach the accepted threshold level), a more comprehensive assessment should be undertaken.

<sup>3</sup> Circumstances that require comprehensive assessments will not be limited only to severe and complex cases.

The LDQ has been adapted to be applied to alcohol and other drugs. Because the threshold for impairment as a consequence of substance use is not clear and the purpose of the assessment is not necessarily therapeutic, the LDQ is considered a reasonable screening tool for deciding whether more intensive assessment and intervention are needed.

**Note:** These screening tools indicate whether the person concerned may have an alcohol and other drug problem, but, like the liver function and other tests, they are not definitive.

## 5.2 Comprehensive alcohol and other drug assessment

A diagnostic assessment evaluates whether a person meets the criteria for substance use disorders (abuse or dependence) as described in the DSM-IV (American Psychiatric Association 1994). The DSM-IV describes substance dependence as a maladaptive pattern of substance use leading to clinically significant impairment or distress. The diagnosis is just one part of the assessment that underpins any recommendation for intervention and, in this case, determines a person's ongoing fitness to retain or hold a licence.

Identifying and understanding the factors and processes that precipitate and maintain particular attitudes and behaviours (in this case, driving associated with alcohol and other drug use), as well as factors that may effect change (eg, motivation, support systems), are central to developing effective and relevant management or treatment plans. A comprehensive alcohol and other drug assessment should typically address both shared and individual aspects of presentation, include an examination of mental health problems, and include corroborative reports from a person's significant others.

Assessment tools should be subsidiary to the assessor's interviewing skills. Although a standardised assessment (eg, the Addiction Severity Index, or ASI) can be useful in confirming the severity of the problem, the assessor will still need to take this information and use it to build a management plan, negotiate treatment goals with an offender, and give any prognoses. The assessor will, in this case, need to be able to transfer the information gained during the assessment to the final report format to be sent to Land Transport New Zealand.

Approved assessors are assumed to have had specialist training or supervised experience in the assessment of addictive disorders (specifically substance use), so no instructions or models are included in these guidelines. For people who, for whatever reason, may not have had relevant alcohol and other drug assessment training, a period of supervised practice is required.

The minimum assessment information that needs to be gathered at interview includes:

- demographic details (eg, name, age, current address, living arrangements, relationship status, gender, self-identified ethnicity and current employment status)
- alcohol and other drug history, including previous treatments
- current alcohol and other drug use in the last six months (including tobacco)

- collaboration (eg, validation from 'significant others' of the self-report)
- referral information (eg, date of conviction, date of presentation for assessment and dates of blood and urine tests)
- personal history, including psychiatric history, relevant medical history, current medications, and family, developmental, forensic and legal history).

**Note:** The assessor should sight the offender's previous conviction list and any pre-sentence reports, and refer to them. If unable to do so, the assessor must state in their report that they were unable to do so.

The assessor should explore the information in the list above to achieve a comprehensive picture of the offender. They can also identify issues and concerns to help develop a potential treatment management plan to maximise change.

The assessor will also have to take into consideration information from:

- screening tools (eg, AUDIT, LDQ, raised liver function (GGT with level))
- the assessment (eg, substance abuse/dependence and other mental health or problem-gambling-related issues)
- reports about motivation (eg, compelling evidence of motivation and readiness to change, which may include, but is not limited to, 12 months' abstinence or an offender-initiated initial assessment that compares favourably with the final assessment)
- the medical assessment (eg, results of tests and a brief medical examination).

The assessor will determine the status of the offender's substance abuse/dependence using DSM-IV (American Psychiatric Association 1994) criteria.

## 6 Step 6: Intervention

### 6.1 Brief intervention

During screening it is in the interests of the offender and others that the assessor explain the screening results to the person and, if appropriate, offer them further information and a brief intervention.

Brief interventions, such as FRAMES<sup>4</sup> (Baker 1998), are typically time limited, promote self-efficacy, promote self-help and utilise preventive strategies to promote reductions in substance use in non-dependent people.

### 6.2 Education or treatment

After completing a comprehensive assessment, the assessor will explain to the offender what their assessment means, and offer them information and options for intervention.

Some offenders will be assessed with substance abuse rather than dependence, but will still require some form of intervention. People assessed as substance dependent will need more involved treatment. One option for intervention could be a treatment/intervention plan that, after discussion with the offender, includes agreed goals and (ideally) a timeframe.

The specific intervention included in the treatment plan will depend on several things, such as whether the person meets the criteria for substance abuse or dependence, their level of motivation, the available treatment options, and other individual factors.

It is recommended that an education element, such as may be offered during a brief intervention (eg, FRAMES), be included in all management plans.

**Note:** Although the development of an intervention plan may be included in a comprehensive assessment process, interventions undertaken by the offender are not considered to be part of the assessment (so are not covered by the assessment fee).

<sup>4</sup> Refer to Glossary.

## **7 Step 7: Review and Final Report**

### **7.1 Review**

A treatment review will be undertaken only if an offender who comes to the assessment centre is assessed and chooses to act on the advice given by the assessor in terms of a treatment/intervention plan.

After undertaking some form of intervention, the offender may come back for review and the completion of a report to Land Transport New Zealand. This would involve re-examining the goals in the treatment plan and the prognosis, and discussing with the offender the report that will be sent to Land Transport New Zealand.

### **7.2 Final report to Land Transport New Zealand**

The report to Land Transport New Zealand must be in the form given in Appendix B. It is a summary of the screening and assessment process. The actual assessment needs to be kept on file in case of appeal.

For people assessed as subject to substance abuse or dependence, and who undertook any education or intervention, the report will consider any changes since the first interview and any evidence (ie, more than self-reported information) of a commitment to change, such as the completion of any interventions.

When the assessor reviews the case, some of the key elements for deciding whether to recommend that the offender regain their licence will include:

- assessment (current diagnoses using DSM-IV criteria)
- results of the liver function test (including GGT) and other tests
- motivation to change their substance use and driving behaviour
- previous offending (the greater the frequency of similar offending, the greater the risk of relapse)
- treatment completion/outcome (the assessor should ask for comment and confirmation from the treatment provider)
- other factors (eg, changes in job, relationship and support systems).

It is important that the assessor seeks objective corroboration from the person's whānau or significant others as to the progress of the offender.

Despite the presence of encouraging evidence for motivation to change, there is no way to be certain that this reflects a genuine desire to change. The stages of change model (Prochaska and DiClemente 1983) can be used to provide a basis for clinical judgement about motivation to change.

The report to Land Transport New Zealand will make a recommendation about the offender's suitability for having the driver licence disqualification removed, based on the alcohol and other drug assessment and evidence of motivation to change. However, the Director will make the final decision as to whether the disqualification is removed.

An assessor's recommendation should take into account an offender's attitude towards driving, and in particular those situations in which driving appears desirable or necessary. Questions relating to the perceived necessity for driving, social roles and recreation may be appropriate in determining the potential risk of re-offending.<sup>5</sup> Other factors to consider in making a recommendation include an offender's pattern of drinking and their motivation for change. Where other medical conditions affect a person's fitness to drive, a recommendation can be made for further specialist assessment.

The assessor needs to send the completed form (Appendix B) to Land Transport New Zealand before payment for the assessment process will be made (this may be after the first assessment or after a review of treatment). If an offender chooses not to complete an assessment or treatment process, this will not disadvantage the provider as long as the final report is completed appropriately and submitted to Land Transport New Zealand on the appropriate form.

Assessments are reviewed by the Medical Review Advisor in the Medical section of the Transport Registry Centre, Land Transport New Zealand, prior to the Director of Land Transport determining whether to make an order removing the disqualification imposed, pursuant to section 100 of the Act.

<sup>5</sup> For further reading on risk of re-offending see Bakker 1999.

## **8 Selection of Approved Assessment Centres and Assessors**

### **8.1 Approval of assessment centre**

The Director-General of Health is responsible for deciding whether:

- to approve an alcohol and other drug treatment service as an assessment centre for the purpose of the Land Transport Act 1998
- an approved assessment centre is meeting the standards the Director-General of Health requires for the operation of such centres.

The Director-General of Health will accept submissions from organisations that wish to operate as approved assessment centres but do not meet the criteria (see below).

### **8.2 Criteria for assessment centre**

The three criteria an assessment centre must meet are as follows.

- The service is a legal entity and an established health service that complies with the required standards under the Health and Disability Services (Safety) Act 2001, and the Alcohol and Other Drug Treatment Standard (NZS 8157:2003) (Standards New Zealand 2003) or the National Mental Health Sector Standard (NZS 8143:2001) (Standards New Zealand 2001).<sup>6</sup>
- The centre has appropriately trained and clinically supervised staff competent to undertake alcohol and other drug assessments.
- On 1 December each year the assessment centre provides to the Ministry of Health an up-to-date list of the staff members they have approved to carry out the alcohol and other drug assessments for the purposes of the Act (failure to send in this list may result in approval being revoked).

If the centre is unable to meet any of these criteria (eg, staff do not have the requisite qualifications and experience), the service provider should inform the Ministry of Health and not undertake any further assessments. In such circumstances the Director-General of Health may suspend or revoke the centre's status as an approved assessment centre.

A centre may, during a suspension or on having been given notice of revocation, make representations about why its status as an approved centre should not be revoked. The Director-General of Health will not make a final decision on revocation of approval until after inviting representations within a reasonable notice period, and considering any representations provided within that period.

<sup>6</sup> Proof of compliance, or progress towards compliance, will be necessary. Those services contracted to provide assessment and treatment services by District Health Boards will contractually be required to comply with the standards, so a contract will be sufficient evidence.



**Note:** Applications to become an approved assessment centre must be submitted on the form in Appendix C.

### 8.3 Approved assessor

An assessment centre is responsible for approving its own assessors. Approved assessors must be able to:

- provide accurate clinical information
- report substance abuse and dependence
- develop a relevant individualised intervention management plan
- make a recommendation about a person's suitability or fitness to hold a driver licence.

Approved assessors must have experience and training in the assessment of alcohol and other drug problems to a level acceptable to the Director-General of Health. This involves, at a minimum:

- two years' supervised experience working as a practitioner in the assessment and treatment of addictive behaviours, and/or
- a qualification related to the assessment and/or treatment of addictive behaviours, particularly substance abuse/dependence.

If an approved assessment centre believes a potential assessor who does not meet one of the above criteria should be given special dispensation and approved, the service should write to the Deputy Director-General of Mental Health.

**Note:** An assessor's approval to undertake assessment is valid only while they work at an approved assessment centre.

As well as submitting the names of approved staff, the centre needs to include details relating to staff experience in assessment activities and relevant qualifications or credentials. A form for this purpose is provided in Appendix D.

Minimum practitioner qualification <sup>1</sup>	Requirement date
Certificate in Alcohol and Drug Counselling (CIT) or Advanced Certificate in Alcohol and Drug Studies	July 2006 (current)
Membership of DAPAANZ <sup>2</sup> or AchAM <sup>3</sup>	July 2007
Registered DAPAANZ <sup>2</sup> practitioner, member of AchAM <sup>3</sup> or having a relevant tertiary or postgraduate qualification related to assessment and/or treatment of addiction	July 2008

1 Similar courses (in terms of the topics covered and knowledge gained) could also be considered.

2 All approved assessors will be members of the Drug and Alcohol Practitioners Association of Aotearoa New Zealand (DAPAANZ).

3 The Australasian Chapter of Addiction Medicine (AchAM) of the Royal College of Physicians.

The levels of qualification outlined in the table above are not required for doctors interpreting tests or conducting medical examinations (ie, they do not need approval). However, it should not be assumed that all doctors are capable of undertaking any other part of the assessment process. Therefore, a doctor would be required to adhere to the criteria above in order to be an approved assessor.

# Appendix A: Screening Tools

## AUDIT screen

The following 10 questions are about your use of alcoholic beverages during the past year.

A 'drink' is equal to 300 ml of beer (half a pint), 100 ml of wine (a small glass), 30 ml of spirits (a single nip) or one alcopop.

<p><b>1. How often do you have a drink containing alcohol?</b></p> <p><input type="checkbox"/> Never (0)</p> <p><input type="checkbox"/> Monthly or less (1)</p> <p><input type="checkbox"/> 2 to 4 times a month (2)</p> <p><input type="checkbox"/> 2 to 3 times a week (3)</p> <p><input type="checkbox"/> 4 or more times a week (4)</p>	<p><b>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</b></p> <p><input type="checkbox"/> 1 or 2 (0)</p> <p><input type="checkbox"/> 3 or 4 (1)</p> <p><input type="checkbox"/> 5 or 6 (2)</p> <p><input type="checkbox"/> 7 to 9 (3)</p> <p><input type="checkbox"/> 10 or more (4)</p>
<p><b>3. How often do you have six or more drinks on one occasion</b></p> <p><input type="checkbox"/> Never (0)</p> <p><input type="checkbox"/> Less than monthly (1)</p> <p><input type="checkbox"/> Monthly (2)</p> <p><input type="checkbox"/> Weekly (3)</p> <p><input type="checkbox"/> Daily or almost daily (4)</p>	<p><b>4. How often during the last year have you found that you were unable to stop drinking once you had started?</b></p> <p><input type="checkbox"/> Never (0)</p> <p><input type="checkbox"/> Less than monthly (1)</p> <p><input type="checkbox"/> Monthly (2)</p> <p><input type="checkbox"/> Weekly (3)</p> <p><input type="checkbox"/> Daily or almost daily (4)</p>
<p><b>5. How often during the last year have you failed to do what was normally expected from you because of drinking?</b></p> <p><input type="checkbox"/> Never (0)</p> <p><input type="checkbox"/> Less than monthly (1)</p> <p><input type="checkbox"/> Monthly (2)</p> <p><input type="checkbox"/> Weekly (3)</p> <p><input type="checkbox"/> Daily or almost daily (4)</p>	<p><b>6. How often during the last year have you needed a drink first thing to get going after a heavy drinking session?</b></p> <p><input type="checkbox"/> Never (0)</p> <p><input type="checkbox"/> Less than monthly (1)</p> <p><input type="checkbox"/> Monthly (2)</p> <p><input type="checkbox"/> Weekly (3)</p> <p><input type="checkbox"/> Daily or almost daily (4)</p>
<p><b>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</b></p> <p><input type="checkbox"/> Never (0)</p> <p><input type="checkbox"/> Less than monthly (1)</p> <p><input type="checkbox"/> Monthly (2)</p> <p><input type="checkbox"/> Weekly (3)</p> <p><input type="checkbox"/> Daily or almost daily (4)</p>	<p><b>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</b></p> <p><input type="checkbox"/> Never (0)</p> <p><input type="checkbox"/> Less than monthly (1)</p> <p><input type="checkbox"/> Monthly (2)</p> <p><input type="checkbox"/> Weekly (3)</p> <p><input type="checkbox"/> Daily or almost daily (4)</p>

<p><b>9. Have you or someone else been injured as the result of your drinking?</b></p> <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> Yes, but not in the last year (2)</p> <p><input type="checkbox"/> Yes, during the last year (4)</p>	<p><b>10. Has a relative, friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?</b></p> <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> Yes, but not in the last year (2)</p> <p><input type="checkbox"/> Yes, during the last year (4)</p>
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<p><b>Alcohol consumption</b></p> <p>Add items 1–3 <input style="width: 50px; height: 20px;" type="text"/></p> <p>(At risk of harm if men score 5 or more or women score 4 or more)</p>
<p><b>Symptoms of dependence</b></p> <p>Add items 4–6 <input style="width: 50px; height: 20px;" type="text"/></p> <p>(4 or more indicates you may be psychologically or physically dependent on alcohol)</p>
<p><b>Alcohol-related problems</b></p> <p>Add items 7–10 <input style="width: 50px; height: 20px;" type="text"/></p> <p>(4 or more indicates significant problems)</p>
<p><b>Interpreting total scores (to be considered with sub-scale scores where appropriate)</b></p> <p>Total audit score <input style="width: 50px; height: 20px;" type="text"/></p> <p>0–7            Low risk drinking</p> <p>8–12          Risky drinking</p> <p>13 or more   Problematic or dependent drinking</p>

## Leeds Dependence Questionnaire

The Leeds Dependence Questionnaire (LDQ) helps people to assess their level of dependence on alcohol or other drugs and can be used in addition to the AUDIT. It is a screening test (ie, a guide) only.

Please think about your drinking (drug use) **during the last month** when answering. Circle the answers that are most appropriate to you.

	Never	Sometimes	Often	Nearly always
1. Do you find yourself thinking about when you will next be able to have another drink (drug)?	0	1	2	3
2. Is drinking (drug use) more important to you than anything else you might do during the day?	0	1	2	3
3. Do you feel your need for drink (the drug) is too strong to control?	0	1	2	3
4. Do you plan your days around getting alcohol (the drug) and drinking (using the drug)?	0	1	2	3
5. Do you drink (use the drug) in a particular way in order to increase the effect it gives you?	0	1	2	3
6. Do you drink (use the drug) morning, afternoon and evening?	0	1	2	3
7. Do you feel you have to carry on drinking (drug use) once you have started?	0	1	2	3
8. Is getting the effect you want more important than the particular drink (drug) you use?	0	1	2	3
9. Do you want to drink (use the drug) more when the effect starts to wear off?	0	1	2	3
10. Do you find it difficult to cope with life without alcohol (drugs)?	0	1	2	3

To find out your score, simply add up the numbers from each of your answers.

Interpretation	Total LDQ score
0 No dependence	
1–10 Low to moderate dependence	
11–20 Moderate to high dependence	
21–30 High dependence	

This score is to be used as a guide to your level of dependence over the last month or so. It does not indicate whether your consumption is at risky levels or the extent of other alcohol or drug use related problems.

# Appendix B: Final Report to Land Transport New Zealand

Assessment centre: .....

Assessor: .....

Date report prepared: .....

<b>Personal and contact details</b>	
Full name	
Other or previous names (if any)	
Date of birth	
Current address	
<b>Conviction and assessment</b>	
Date of conviction	
Date of brief medical examination and explanation of blood tests etc. given	
Date(s) of alcohol and other drug assessment (Note the information contained in this report is based on information taken on the latest assessment date)	1. 2.
<b>Results of screening</b>	<b>Scores</b>
AUDIT	
LDQ	
<b>Alcohol and other drug use</b>	<b>Last six months</b>
Average alcohol use (standard drinks per week)	
Average cannabis use (per week)	
Other drug use (specify drug and average use per week)	
<b>Assessment</b>	<b>Abuse or dependence</b>
Alcohol	
Cannabis	
Other drug (please specify)	
Sustained remission	Yes / No
Partial remission	Yes / No

Liver function tests, including GGT level	
Analysis of blood and urine tests attached	Yes / No
Other mental health problems	1. 2. 3. 4.
Interventions recommended	
<b>Alcohol and other drug treatments undertaken or completed</b>	<b>Programme and date of completion</b>
Education	
Psychosocial intervention	
Residential treatment	
Summary of provider comments	
Comments of the programme provider attached to file	Yes / No
<b>Motivation to change</b>	<b>(Tick as appropriate)</b>
High	
Medium	
Low	
Prognosis for the individual's ongoing substance use	
Other factors affecting 'fitness to drive'	
Is there any other condition that might affect the individual's ability to safely operate a motor vehicle? (Please specify)	

<b>Recommendation for removal of disqualification</b>	
Yes (why?)	
No (why?)	
Further comments	
Signature of assessor: ..... (DAPAANZ or other professional society membership number): ..... Date: .....	



# Appendix C: Application for Approval

**Application for Approval as an Assessment Centre for the Purposes of Sections 65 and 100 of the Land Transport Act 1998**

<b>Name of organisation</b>			
<b>Address</b>			
<b>Contact numbers</b>	Telephone		Fax
<b>Person making application</b>	Name		
	Position		
<b>Legal status</b>	What type of legal entity is your organisation?		
<b>Health service</b>	1. What type of service are you or your organisation currently contracted to provide? (Please provide/attach information relating to current staffing levels and types of services contracted for.)		
	2. Last annual report and audited accounts attached	Yes / No	
	3. Please attach evidence of accreditation as an Alcohol and Other Drug Treatment Service, being certificated under the Health and Disability Services (Safety) Act 2001 or having been audited and approved under the Alcohol and Other Drug Treatment Sector Standard or the National Mental Health Sector Standard in the last 12 months.		
<b>Staff</b>	Who are the staff members who will be carrying out these assessments? Please include details of their qualifications, accreditation, training and experience in the assessment of substance abuse/dependence.		
	<b>Name</b>	<b>Years working in the assessment of addictive behaviours</b>	<b>Qualifications and/or credentials</b>

**Agreement**

We agree to submit our assessment to Land Transport New Zealand on the prescribed form attached in the guidelines as Appendix C.

We agree that only competent and clinically supervised staff will undertake these assessments on our behalf.

We agree that if there are any changes to the above information we will notify the Director-General of Health, and understand that our approval as an assessment centre may be revoked as a result of those changes.

Signed (on behalf of organisation): .....

When completed, please mail or fax this form (with any attachments) to:

Mental Health Directorate  
Ministry of Health  
PO Box 5013  
Wellington  
Fax: (04) 496 2559

# Appendix D: Yearly Update List to the Ministry of Health

This updated list is due at the Ministry of Health by 1 December each year.

Yearly staff update to the Ministry of Health			
<b>Date</b>			
<b>Name of assessment centre</b>			
<b>Address</b>			
<b>Contact details</b>			
<p>List below the names of staff that your centre has approved to conduct alcohol and other drug assessments for the purposes of sections 65 and 100 of the Land Transport Act 1998 over the past year.</p> <p>Please document their length of experience in the assessment of addictive behaviours, their qualifications or credentials, and their membership numbers with the Drug and Alcohol Practitioners Association of Aotearoa New Zealand or other professional association. Also list those assessors who are no longer approved by you.</p>			
Name	Length of experience	Qualifications or credentials	Membership number
<b>Assessors no longer approved</b>			

Signature: .....

Name: .....

Mail or fax the completed form to:

Mental Health Directorate  
 Ministry of Health  
 PO Box 5013  
 Wellington  
 Fax: (04) 496 2559

## Glossary

Addiction	<p>A condition that is often recognised by a person’s heightened and habituated need, by the intense discomfort that results from discontinuation of ‘consumption’, and by the person’s willingness to sacrifice everything (to the point of self-destructiveness) to continue their behaviour.</p> <p>Addiction, at its extreme, is an overwhelming pathological involvement, often defined by tolerance, withdrawal, and craving.</p> <p>Often used interchangeably with ‘dependence’, ‘addiction’ includes the experience of combined physical, emotional and environmental elements rather than just a cluster of behaviours.</p>
Alcopop	<p>A term coined by the popular media in the United Kingdom to describe bottled alcoholic beverages that resemble drinks such as soft drinks and lemonade. Alcopops are also known as malternatives, RTDs (ready to drink), or FABs (flavoured alcoholic beverages).</p>
DAPAANZ	<p>Drug and Alcohol Practitioners Association Aotearoa New Zealand.</p>
Dependence	<p>A psychological syndrome that consists of a cluster of behavioural, cognitive and physiological disturbances occurring together in time. A diagnosis of dependence is made if three or more criteria occur together repeatedly over a 12-month period.</p>
Director	<p>Director of Land Transport</p>
FRAMES	<p>The acronym captures the essence of brief interventions: <b>F</b>eedback of personal risk or impairment, emphasising personal <b>R</b>esponsibility for change, giving clear <b>A</b>dvice to change, providing a <b>M</b>enu of alternative change options, using therapeutic <b>E</b>mpathy as a ‘counselling’ style, and enhancing client <b>S</b>elf-efficacy or optimism. Follow-up is a key feature of this kind of intervention.</p>
LDQ	<p>Leeds Dependence Questionnaire (Appendix A)</p>
Substance abuse	<p>The use of alcohol and/or other drugs in a way that disrupts prevailing social norms. These norms vary with culture, gender and generation.</p>

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