

Nova Scotia Alcohol Ignition Interlock Program: Process Evaluation

Prepared for the Government of Nova Scotia

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The Traffic Injury Research Foundation

The mission of the Traffic Injury Research Foundation (TIRF) is to reduce traffic-related deaths and injuries.

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Executive summary

In September 2008 Nova Scotia's Alcohol Ignition Interlock Program was implemented. The overall objective of the Alcohol Ignition Interlock Program is to improve road safety and reduce the number of road traffic crashes and fatalities that may occur due to impaired driving. This report describes the process evaluation of Nova Scotia's interlock program. This process evaluation has been conducted by the Traffic Injury Research Foundation (TIRF) as part of a large-scale evaluation of this safety measure — including an impact evaluation that is currently ongoing.

The overall objective of the process evaluation is to obtain a common understanding about how Nova Scotia's interlock program has developed and how it is being implemented in order to identify potential areas for improvement. More precisely, the goals of the process evaluation are:

- > To determine the use of the program, e.g., participation rates and attrition;
- > To determine stakeholders' perceptions of the program;
- > To determine how the implementation of the program progressed compared to expectations and how it was planned in order to identify potential improvements to the program or its implementation.

The approach to satisfactorily answer the research questions of this study consists of a methodology based on the collection and synthesis of both qualitative and quantitative information, including focus groups as well as interlock and survey information from offenders and their family. A Delphi panel is used to further refine and summarize the findings.

The results section of this report first considers the context and situation that existed in Nova Scotia prior to and during program implementation. While not directly part of the implementation of the alcohol interlock program, some pre-existing conditions did influence the implementation and impact the outcomes associated with the process evaluation. As such, it is important to understand how these conditions affected the implementation process so that government is aware of and able to consider how such external factors can create unexpected challenges and/or barriers to implementation. More

importantly, this information can assist government in identifying ways that these impacts can be recognized, minimized and/or avoided during future initiatives.

Next, the qualitative information gathered by means of focus groups with key agencies is presented. The information in this section begins with the internal planning and preparation for the implementation, and then describes the different facets of the implementation according to: regulations, roles and responsibilities, communication and coordination, training, vendors and service providers, and resources. Strategies that worked well and challenges that were identified in relation to specific issues are raised within each section along with illustrations where appropriate.

The quantitative information gathered by means of the interlock device in conjunction with offender and family interviews completes the results section. These data are limited but do provide some insights into attitudes and opinions of offenders about the interlock program. One recurring theme seems to be cost. While almost all offenders agree this is a useful program, mainly because it allows them to continue to drive, in their perception the program is expensive. While it certainly does come at a price, it has been argued that an interlock is not more expensive than a drink per day. Also, the data do suggest several of the interviewed offenders only have one car that has to be shared with other family members or people living with the offender. While family members seemed to be supportive of the program, this could perhaps impede the successful implementation of the program and suggests continued communication with and training of family members may be useful.

Overall, the results reveal that the implementation of the alcohol interlock program in Nova Scotia proceeded according to the plan. While some adjustments were required during program implementation to adapt to a changing environment, some instances of incompatible processes, and to address miscommunication, overall the implementation was highly consistent with the plan that was developed to guide this initiative.

The results of the evaluation indicate that agencies worked as a team to execute the plan and ensure a streamlined delivery of the program. Appropriate attention and emphasis was given to priority issues during the planning process that enabled agencies to identify and avoid potentially significant impediments to and gaps in the implementation. Decision-

making among lead agencies involved in the implementation was consensus-based and input was sought from stakeholders at multiple points in the process in order to implement a program that was compatible with the authority, practices and structure of individual agencies as well as their respective place in broader systems.

Several recommendations are formulated based upon the outcomes of the process evaluation of Nova Scotia's alcohol interlock program. Some of these recommendations can be useful to other jurisdictions that are considering implementing an interlock program, while others are useful for other jurisdictions as well as Nova Scotia to further enhance the program. In this regard, especially recommendations three, four, seven and eight could be considered by Nova Scotia to streamline the program.

1. Consider environmental factors that may impact implementation;
2. Ensure implementation is compatible with related policies;
3. Follow-up regarding the documentation of roles and responsibilities of agency staff for each agency involved in the program;
4. Strengthen internal communication between policy and operational staff within agencies;
5. Request the input of operational staff into training materials prior to their development;
6. Provide opportunities for frontline staff to examine new technologies;
7. Deliver ongoing public education;
8. The steering committee should meet on an ongoing basis to review implementation progress;
9. Document the process of program implementation;
10. Prepare to obtain informed consent from program participants during the implementation of the program to support evaluation efforts later downstream.

Each of these recommendations is discussed in more detail in the report.

1. Background

1.1 Introduction

The decision to apply alcohol interlocks to impaired driving offenders is the first step that jurisdictions take towards developing and implementing a program. This decision is one that almost all jurisdictions wrestle with because it requires a choice between the desire to sanction offenders by removing their driving privileges in response to unacceptable behaviour, and acknowledging that the majority of offenders who lose their driving privileges will continue to drive anyway. Governments and Courts alike are concerned that permitting these offenders to drive, even with an alcohol interlock, can send the wrong message and undermine the general and specific deterrent effects of sanctions. However, they are equally concerned that offenders who drive while impaired pose a significant threat to public safety and place other road users in jeopardy. Hence, this decision can be challenging to resolve. However, many jurisdictions ultimately place a greater emphasis on protecting the public and opt to develop an interlock program.

The second step involves determining which agencies will be involved and what roles each will play in the delivery of interlocks. Across jurisdictions and around the world, the implementation of alcohol interlock programs to supervise impaired driving offenders is diverse. No two applications are alike – alcohol interlocks are applied with different purposes to different populations of users; users must meet different eligibility requirements; multiple agencies may be involved in administering these programs; and, their respective reporting, monitoring, and sanctioning functions vary substantially. Of interest, the many different agencies involved in program delivery often have somewhat different roles and authority and represent different systems (e.g., driver licensing system, enforcement system, adjudication system, health care system). As such, alcohol interlock programs frequently rely on collaborative initiatives that engage multiple agencies as partners in program delivery.

Despite the existence of alcohol interlock programs for more than two decades, jurisdictions continue to be challenged by the implementation of alcohol interlock programs. This has occurred because the development of effective policies, practices and procedures to

support regulations has been ad hoc in many jurisdictions. To date, research has been unable to provide clear guidance on effective components of alcohol interlock programs, and, of greater concern, agencies have received limited guidance and support in relation to practices and procedures. Collectively, this has meant that the implementation of alcohol interlock programs has evolved using more of a trial and error process, and jurisdictions continue to modify and enhance existing protocols based on lessons learned.

Historically, implementation challenges commonly occur in key areas. These include:

- > front-line professionals often implicated in program delivery may have limited knowledge or understanding of alcohol interlocks in general or program features in particular;
- > roles and responsibilities of the various agencies are unclear;
- > communication across agencies is inconsistent or non-existent;
- > gaps in regulations; and,
- > inadequate financial or human resources to support the interlock program.

In many respects, these challenges are not uncommon in relation to the implementation of any new policy or program. Such issues are not unexpected and often arise in relation to large, multi-agency collaborative initiatives. What is important is that these issues are recognized, addressed and resolved early in the implementation process in order to minimize obstacles and frustration so that agency staff continue to be engaged in and supportive of the program in the long-term, and to ensure that the program is effective in achieving both short-term and long-term goals and objectives.

The good news is that efforts are currently underway to address these program shortcomings. Research is ongoing to identify the effective features of programs. At the same time, collaborative initiatives involving researchers, practitioners and government agencies are beginning to identify much-needed guidelines for programs based on existing knowledge and new experiences. In this regard, the process evaluation of Nova Scotia's interlock program can contribute to knowledge development.

1.2 Alcohol Interlock Program in Nova Scotia

1.2.1. Program overview. Nova Scotia's program is a hybrid program involving both voluntary and mandatory components. It is voluntary for first-time offenders deemed to be a 'low' or 'medium' risk (as determined by Addiction Services of Nova Scotia through the

Alcohol Rehabilitation Program) and mandatory for those who are deemed to be a 'high' risk and/or those convicted of drinking and driving (or the refusal of the breathalyser) more than once in the past ten years¹. After entering the program, participants must have an ignition interlock device installed in their vehicle(s). They will then receive an interlock licence, and must participate in on-going rehabilitation counseling sessions throughout the interlock period. The licence will allow them to drive an interlock-equipped vehicle during their revocation period as long as they are compliant with the terms of the program. Their licence will be stamped with a 'R' indicating that they are restricted to driving an interlock-equipped vehicle. Furthermore, participants are only permitted to operate specific interlock-equipped vehicles (e.g., a participant is not allowed to operate another participant's interlock-equipped vehicle) and the Registry of Motor Vehicles (RMV) must be notified of all vehicles in which an interlock device is installed.

1.2.2 Agency roles and responsibilities. Similar to other alcohol interlock programs around the world, a number of different agencies are involved in the delivery of alcohol interlocks to drunk driving offenders in Nova Scotia. A brief description of each of the agencies involved in the alcohol interlock program and a summary of their respective roles and responsibilities relative to the program are provided below.

RMV, a part of Service Nova Scotia and Municipal Relations (SNSMR), has primary responsibility for the alcohol interlock program. The duties of the RMV include granting, suspending or revoking the driver's licence, approving interlock program entry and exit, monitoring participation and imposing sanctions. Addiction Services, a part of Health Promotion and Protection, is responsible for completing the risk assessment of all offenders convicted of impaired driving, monitoring offender performance on the interlock device and delivering treatment services as appropriate, and providing recommendations to the RMV in relation to exiting the program. The role of law enforcement specifically with respect to the interlock program is to detect unlicensed drivers and ensure program participants are complying with the interlock requirement and rules of the program. The Department of Justice, Public Prosecution is responsible for prosecuting offenders that are non-compliant

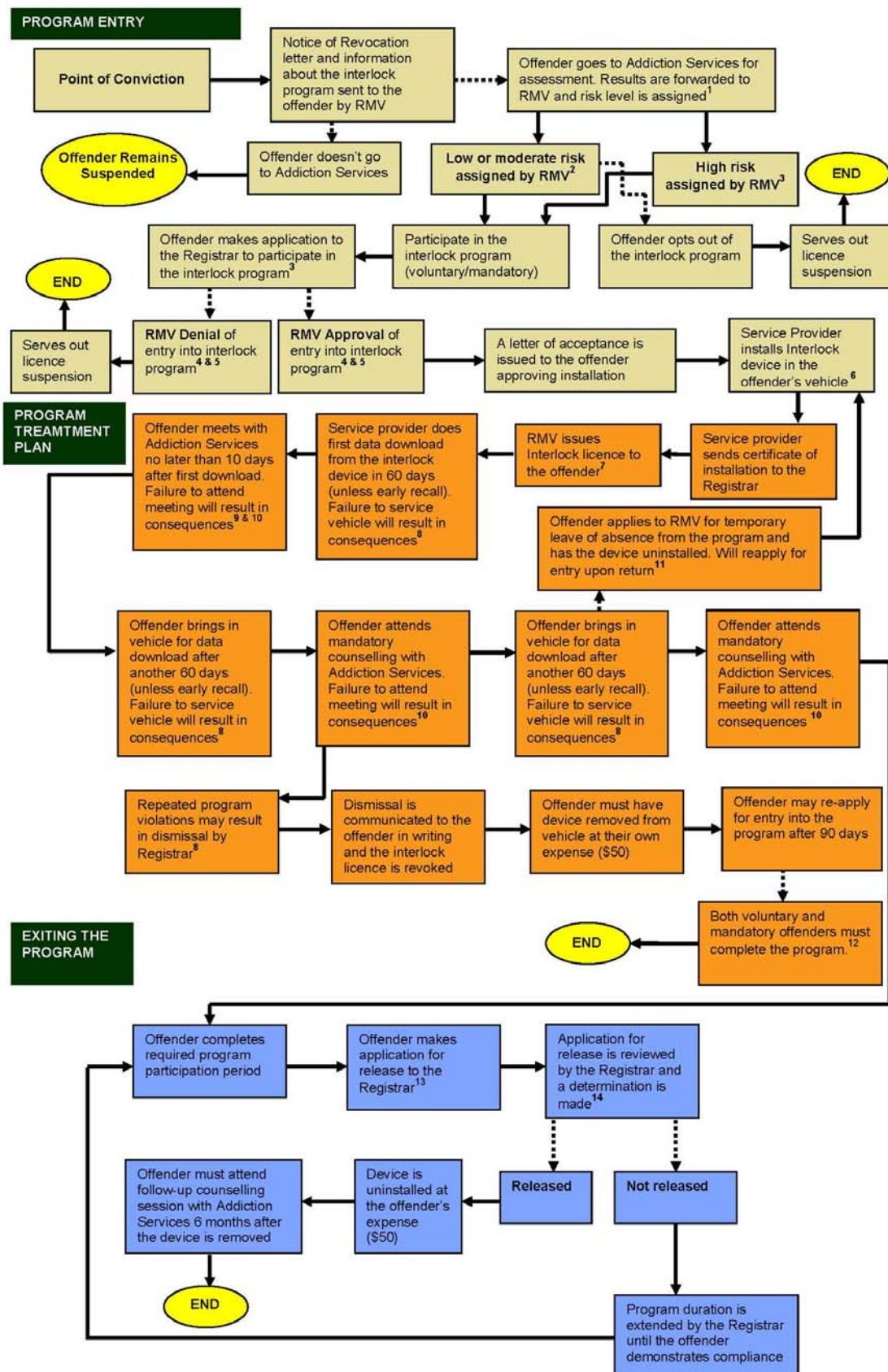
¹ 'Drinking and driving specifically refers to section 253 (b) of the Criminal Code of Canada and pertains to those individuals convicted for having a blood alcohol concentration over 0.08% while in care and control of a motor vehicle.

with the terms of the interlock program. Alcohol interlock service providers are responsible for installing and un-installing the device on offender vehicles as ordered by RMV, training of offenders to use the device, completing timely downloads of the device, and providing the downloaded data to Addiction Services and RMV. They also provide technical support services to offenders when issues arise.

It should be noted that the Department of Transportation and Infrastructure Renewal (TIR) was initially the lead agency tasked with the development of the legislative aspects of Nova Scotia's program. However, since the official launch of the program in September 2008, TIR has played a lesser role as they are not directly implicated in program delivery. SNSMR chaired the Steering Committee that brought together representatives of key agencies involved in program development. Once the implementation phase began, SNSMR was the lead agency for this initiative due to their role as the program administrator.

In order to clearly illustrate the operation of the alcohol interlock program in Nova Scotia, Figure 1 at the end of this section illustrates the flow of program activities beginning with the conviction of the offender and ending with the 6-month follow-up with offenders by Addiction Services once the offender has exited the alcohol interlock program. Figure 2 further illustrates the functioning of the alcohol interlock device.

Figure 1.



1. While ideally an offender will be assessed by Addiction Services prior to applying for entry into the alcohol interlock program, this may not always occur. In order to be considered eligible an offender simply has to show proof of registration for the DWI program (of which an assessment is a requirement). The goal is to allow offenders into the interlock program as quickly as possible following their conviction and revocation period. By allowing offenders into the program before the assessment is finished, program entry is facilitated because there could be delays otherwise (e.g., as a result of backlog with appointments).

With regard to the issue of risk level, all offenders are classified at some point during their participation in the interlock program. If they are not assessed initially they will be by the time an application to exit the program is made. An offender is not permitted to exit the program until a risk level is assigned as this may impact the length of time that they are required to participate in the program (especially, for first offenders). If they are found to be high risk they will not be able to exit the program until they have participated a minimum of one year. It is also possible that an offender will be assessed several times throughout their participation in the interlock program as this can demonstrate whether or not their risk level has decreased although this is not a mandatory practice.

2. Offenders who are deemed to be low or moderate risk can voluntarily participate in the interlock program. After having completed the screening by Addiction Services, a person whose regular licence is revoked for the first time for a violation of **Section 253** (impaired driving) or **subsection 254(5)** (fails to provide a sample) of the *Criminal Code* may apply to participate in the program voluntarily.
3. Offenders who are deemed to be high risk are required to participate in the interlock program. These offenders do not have the option to opt out of participating in the interlock program and they must participate in the program before they can apply to have their regular licence restored. Offenders who must participate in the interlock program include:
 - A high-risk first offender; (as determined by an assessment)
 - A person who has had a second revocation or third revocation of their driver's licence or privilege of obtaining a driver's licence for a violation of any of the following provisions of the *Criminal Code*:
 - » **Section 253** (impaired driving),
 - » Subsection 254(5) (fails to provide a sample), or
 - » Subsection 259(4), if the disqualification, as defined in Subsection 259(5) of the *Criminal Code*, was for an alcohol-related offence;
 - » A person whose driver's licence or privilege of obtaining a driver's licence is revoked for a violation of **Section 253** of the *Criminal Code* causing bodily harm or death as a result of operating a motor vehicle resulting in a conviction under Subsection 255(2) or (3) of the *Criminal Code*;
 - » A person ordered to participate in the program under **Section 280A of the Motor Vehicle Act**.
4. In order to be considered eligible, the following criteria must be met:

The offender is no longer prohibited from operating a motor vehicle under **Section 259 of the Criminal Code**;

- The offender is not otherwise prohibited or otherwise disqualified from driving under another provision of the *Motor Vehicle Act* or a law of another jurisdiction; or
- The offender meets all other criteria for issuance of a regular licence under the Act and regulations made under the Act.
- An offender is not eligible to participate in the program until after their revocation period has expired if the person's driver's licence or privilege of obtaining a driver's licence was revoked for a violation of **Section 253 of the Criminal Code** – causing bodily harm or death as a result of operating a motor vehicle.
- The application for participation requires that all of the following be submitted to the Registrar:
 - » A completed program participation application form prescribed by the Registrar;
 - » The interlock licence fee set by the Minister (\$30); and
 - » Documentation demonstrating satisfactory participation in an alcohol rehabilitation program.
 - » The applicant's driving history (especially in relation to incidents of alcohol-related driving, whether or not those incidents led to convictions);
 - » Any information that has been made available to the Registrar from Addiction Services or through the applicant's participation in an alcohol rehabilitation program;

- » Any medical information that the Registrar considers relevant to the person's ability to operate a motor vehicle and participate in the program; and
 - » Any factors the Registrar considers relevant to the person's ability to operate a motor vehicle and participate in the program
- 5. The following factors must be considered when deciding whether or not to accept an applicant into the program:
 - > The applicant's driving history (especially in relation to incidents of alcohol-related driving, whether or not those incidents led to convictions);
 - > Any information that has been made available to the Registrar from Addiction Services or through the applicant's participation in an alcohol rehabilitation program;
 - > Any medical information that the Registrar considers relevant to the person's ability to operate a motor vehicle and participate in the program; and
 - > Any factors the Registrar considers relevant to the person's ability to operate a motor vehicle and participate in the program.
- 6. The interlock device is installed on the vehicle at the expense of the offender (\$150). At the time of installation, the service provider will outline the **Lease and Maintenance Agreement** terms and the offender will be required to sign the agreement which includes the terms and conditions, the client fee schedule, and the ignition interlock program installation verification checklist. The service provider will also provide the offender with the **WR3 Ignition Interlock Compliance Guide for Nova Scotia** and the **WR3 Alcohol Interlock User Guide**. Both of these documents provide the offender with information regarding the regulations that they must abide by and how the interlock device works. The offender will then receive training on how to use the device properly by watching a video, being instructed on how to blow properly, and by being taken for a test drive.

If an offender has an interlock installed in a motor vehicle that is owned by another person they must provide the service provider with written authorization from the vehicle owner to have the interlock installed. A motor vehicle owner can revoke their authorization at any time for any reason by providing the Registrar with the revocation in writing, and the participant must ensure that the device is removed promptly at the participant's expense.
- 7. The issuance of an interlock licence does not affect the revocation or suspension of an offender's regular licence and their regular licence remains revoked or suspended for the full period required by law.
- 8. Repeated program violations may result in dismissal from the interlock program. Also, an offender who holds an interlock licence and does any of the following is guilty of an offence and is liable on summary conviction (penalties provided for a Category G offence in the *Summary Proceedings Act*):
 - > Tamper with an approved device or operates an equipped vehicle that has been tampered with;
 - > Fails to take the equipped vehicle or device for scheduled inspections;
 - > Solicits a breath sample from another person to assist them in either starting the equipped vehicle or keeping the equipped vehicle in motion.
- 9. At the first meeting with an Addiction Services counsellor, the interlock data will be reviewed and a treatment plan will be established. The counsellor can recommend that an offender meet less frequently than the bi-monthly requirement if they demonstrate positive and sustained behaviour change or they can recommend that an offender meet more frequently than the bi-monthly requirement if they have not demonstrated improvement in behaviour
- 10. If an offender misses an appointment with a counsellor at Addiction Services, the Registrar must be notified no later than 10 days after the failure to meet
- 11. If an offender applies for temporary leave of absences from the program, reasons for leave must be stated – i.e., moving provinces, seasonal work.
- 12. If a voluntary participant is dismissed from the interlock program due to repeated violations it is likely that they would have their licence suspended indefinitely (on a discretionary basis) pending successful completion of the program. Repeated violations indicate that an offender has not corrected their drinking behaviour and the RMV would exercise their discretion to ensure that this individual is not able to drive until they can demonstrate compliance and not attempt to drink and drive. This is why all program

participants must apply to exit as it gives the RMV the discretion to review their case. For this reason there are only minimum possible exit dates and no set dates for when the offender can leave the program

13. The application for release requires that all of the following be submitted to the Registrar:
 - > A completed program release application form prescribed by the Registrar; and
 - > A recommendation form Addiction Services supporting the application.
14. The following factors must be considered when deciding whether or not to release an offender from the program:
 - > The results of reports generated by the service provider;
 - > The regularity with which the equipped vehicle was driven by the offender during their participation in the program;
 - > Any incidents or reports of alcohol-related driving involving the offender, whether or not those incidents led to convictions;
 - > Any relevant information made available to the Registrar by Addiction Services; and
 - > Any factors that the Registrar considers relevant to the participant's readiness to be released from the program.

Figure 2.



2. Objectives and Method

2.1 Objectives

The overall goal of Nova Scotia's alcohol ignition interlock program is to improve road safety and reduce the number of road traffic crashes and fatalities that may occur due to impaired driving.

The overall objective of the process evaluation is to obtain a common understanding about how Nova Scotia's interlock program has developed and how it is being implemented in order to identify potential areas for improvement. More precisely, the goals of the process evaluation are:

- > To determine the use of the program, e.g., participation rates and attrition;
- > To determine stakeholders' perceptions of the program;
- > To determine how the implementation of the program progressed compared to expectations and how it was planned in order to identify potential improvements to the program or its implementation.

2.2 Research Questions

The research questions listed below are questions that are typically posed in a process evaluation. Answers to these questions provide the necessary knowledge to understand why, or why not, a program is effective and any gaps that exist. The answers to these questions also provide information that could be used to inform the implementation of a program and ensure it will function efficiently. For example, information about the distribution of participants in the program over time and attrition, and information on how behavioural patterns change over time can provide important insights into logistical aspects of an interlock program (e.g., monitoring, staffing). Such process evaluation questions include:

- > Interlock component-related questions
 1. How many participants enter the program?
 2. How long do they stay in the program?
 3. When do they exit the program?
 4. What are the reasons for leaving the program (completion program/licence re-instated, absconding, removal from the program, moved, costs)?

5. What are the reasons for not participating in the program?
 6. What is the distribution of participants in the program over time?
 7. What is the attrition rate?
 8. How do behavioural patterns among interlocked offenders change over time, more precisely with respect to blowing fails, violations and blood alcohol concentration (BAC) levels?
 9. Is there a learning curve among participants and does it change over time?
 10. Is there a subpopulation that seems to be immune to the typical learning curve?
 11. Is there a subpopulation that shows persistent and even deteriorating behaviour over time?
 12. Are participants aware of all program components before entering the program?
 13. Do participants feel they can benefit from participating in the program?
 14. Are there opportunities for the participant to somehow involve a nuclear group of people (family or friends) in the program?
 15. How does the program impact the participant's family, friends, etc., and what is the effect of the presence of family and friends on the program/offender?
- > Treatment component-related questions
1. How many participants access the addiction components of the program? How many visits do they have? How many appointments did they miss?
 2. How many participants find it too costly or difficult?
 3. What kind of treatment is available? Does it involve a screening and assessment component?
 4. Do family members/friends participate in addiction counseling?
- > System-related questions
1. Are all involved stakeholders aware of all program components and do they understand what their roles are? Do they understand the workflow?
 2. What lines of communication and communication protocols exist between the different components and stakeholders of the program?
 3. What do stakeholders think about the program? Did they buy in? Were they supportive?
 4. Did stakeholders receive training or information sessions?
 5. Was the training helpful?
 6. Did stakeholders have problems using the interlock device?
 7. Were service providers helpful, knowledgeable?
 8. Did stakeholders go to the service provider or use remote services? How did this work?

9. Are there difficulties with administration of the program from the perspective of the stakeholders?
10. How has implementation of the program varied from one region to another?
11. How was the interaction between stakeholders? Were stakeholders able/willing to share information across agencies? Were there any barriers to this?
12. Was the information/data provided by the service provider useful?
13. Did we get the information needed to administer the program effectively?
14. Do stakeholders feel the program will be a deterrent for others when it comes to drinking and driving?
15. How effective are the processes for tracking/monitoring offenders?

Brief summary answers to all of the research questions identified above are contained in Appendix A of this report. More elaborate answers are provided in Section 3 of this report.

2.3 Method

2.3.1 Overall approach. The approach to satisfactorily answer all the research questions consists of a methodology based on the collection and synthesis of both qualitative and quantitative information. The manner in which this can be achieved is described in more detail in this section. This includes the following steps:

- > Prepare focus groups;
 - » Create timeline/map;
 - » Identify stakeholders;
 - » Review documentation;
 - » Create work-flow chart;
 - » Distribute checklists;
- > Conduct focus groups;
- > Collect and analyze quantitative information from offenders and their family;
 - » Interlock data;
 - » Offender data;
 - » Family data;
- > Conduct Delphi panel;
- > Write and finalize report.

Each of these steps is described in more detail below.

First, a preparatory phase took place to organize focus groups that involved key staff of agencies who are, have been or will be involved in the implementation and delivery of Nova Scotia's interlock program. Qualitative information has been compiled such that it can be

used to probe issues of particular interest to Nova Scotia's interlock program during the focus groups that took place in the second phase. The reason why no quantitative information from offenders and their family was used in this preparatory phase is because it was anticipated that limited quantitative information was available since not that many offenders would already have been in, or have already gone through the interlock system in Nova Scotia.

Second, a series of focus groups were organized to identify priority issues and challenges related to implementation, delivery and monitoring according to each agency. The information collected during the first phase of the process evaluation was used to guide these discussions.

Third, quantitative information from offenders and their family was collected and analyzed as late as possible during the process evaluation, but before the Delphi panel took place. This helped ensuring that as much quantitative information as possible was used with the Delphi panel.

Fourth, the information obtained in phases one, two and three of the process evaluation has been compiled and presented to the members of the Ignition Interlock Evaluation Working Group for feedback using a Delphi panel. Creating a feedback loop using such a panel facilitated an in-depth understanding of all the information, in particular issues of concern, without requiring actual face-to-face meetings for each and every iteration of discussions as more information became available.

Finally, once sufficient understanding of all aspects of the program had been reached based on the data collected during the process evaluation, the information was synthesized and evaluated with respect to how the program was planned and what is known from the literature and a draft report was produced. This draft report was then finalized with input from the Ignition Interlock Evaluation Working Group.

Overall, the information obtained during the process evaluation has been interpreted against a "system improvements" paradigm. Such a paradigm emphasizes the importance of an intimate understanding of the entire system in which measures are implemented as a pre-requisite for successfully applying them to any target population. In this respect,

“system” refers to the context in which strategies and countermeasures are implemented and delivered (e.g., goals of scheme, how processing of offenders occurs, levels of communication, information-sharing protocols, etc.) and structures or entities used to deliver these countermeasures to a designated target group (e.g., agencies/stakeholders involved in the delivery, the legal system, treatment setting).

A systems thinking perspective underscores that a comprehensive and inclusive approach is a prerequisite to successfully implementing an interlock program. For example, although legislation and regulation are necessary components of an interlock strategy, by itself legislation and regulation are insufficient to guarantee success at a practical level. Beyond legislation and regulation, it is imperative that agencies have an understanding of the entire delivery system and their respective role within that system. A successful implementation strategy is based upon streamlined delivery of the devices, communication and cooperation among various stakeholders, well-designed information exchange strategies, and accountability among agencies as well as offenders.

2.3.2 Preparatory phase. In the first phase of the process evaluation, qualitative background information has been collected from stakeholders to prepare for the organization of focus groups. This information has been used to guide discussions during focus groups with stakeholders that took place in the second phase.

- > To begin the process, a timeline/map of key activities and milestones that occurred between the moment when implementing Nova Scotia's interlock program was first envisaged until the present stage of implementation has been developed. The result was a detailed timeline that highlights the critical actions that occurred in Nova Scotia. This task was completed using documentation and phone calls with a limited number of people from Nova Scotia. The timeline can be found in Appendix B of this report.
- > Stakeholders and agencies that played a prominent role during the preparation, implementation and delivery of Nova Scotia's interlock program were identified, as part of this timeline. This information has also been obtained through in-depth interviews with a limited number of key people from Nova Scotia.
- > Once the timeline had been developed and key stakeholders had been identified, all the relevant documents from each agency (e.g., policy documents, legal documents, training materials from the service provider, reports regarding other relevant sources of information such as the 2007 road safety survey of driving practices and alcohol knowledge conducted by the Marketing Clinic for the Policy and Planning Division of Nova Scotia's Department of Transportation and Public Works, etc.) were critically reviewed to identify each of the steps that were taken by agencies to prepare for the full implementation, to study different policies that are used and to gain insight into the context in which the program was implemented.

- > A work-flow chart was created that illustrates each and every step of Nova Scotia's interlock program, beginning with the moment a drunk driver is arrested through to the moment the interlock device is removed after completion of the monitoring period. This work-flow chart also incorporates information about the programming of the interlock device – e.g., to indicate which events would lead to a lock-out or early recall – and illustrate what treatment options are available and under what conditions. This work-flow chart is useful to identify and document the roles of each agency/participant involved in the alcohol interlock program and to map out the structure and content of this program at a detailed level. It can also provide insight into where gaps in delivery may exist and why. The work-flow chart is available in section 1.2 (see Figures 1 and 2).
- > A variety of checklists were then distributed among key stakeholders that were identified and who participated in the focus groups during the next phase. These checklists come from the interlock curriculum that TIRF has developed (see: www.aic.tirf.ca; note that the website is in development) and have been modified and tailored to the specific context of Nova Scotia's interlock program for the purpose of the process evaluation. These checklists have been designed to gain insight into how the preparation, implementation and delivery of Nova Scotia's interlock program unfolded. The agency checklists can be found in Appendix C of this report.

The information obtained during this first phase has been synthesized and used to guide discussions during the focus groups.

2.3.3 Focus groups. In order to gain a clear understanding of the implementation of Nova Scotia's interlock program and potential challenges and concerns across agencies, a series of focus groups with key staff of agencies who were involved in the implementation and/or delivery of Nova Scotia's interlock program have been organized. Key agencies included:

- > Department of Transportation and Infrastructure Renewal;
- > Alcohol Ignition Interlock Steering Committee;
- > Department of Justice;
- > Service Nova Scotia and Municipal Relations (Registry of Motor Vehicles);
- > Health Promotion and Protection (Addiction Services); and,
- > Service providers.

The purpose of these meetings was to identify priority issues and challenges related to implementation, delivery and monitoring according to each agency. TIRF identified key staff to participate in these meetings with input from the Working Group. During these focus groups the implementation as well as the challenges, concerns and obstacles associated with the use of ignition interlocks were discussed with one or more agency representatives. The outcomes of each of these meetings have been synthesized by TIRF.

2.3.4 Collection and analysis of quantitative information from offenders and their families.

Quantitative information from offenders and their family was obtained using three sources of information, more precisely information captured by the interlock, information coming from a brief telephone questionnaire administered to offenders and information from a brief telephone questionnaire administered to family of offenders. These data were analyzed, summarized and used with the Delphi panel in the next phase.

Interlock data. Data captured by the interlock has been obtained from Alcohol Countermeasure Systems, Corp. (ACS), the service provider for Nova Scotia, and analyzed using the software package Stata.

Offender data. In order to be able to answer why offenders decide to participate in the interlock program or not, it was necessary to collect information both from offenders who enrolled in the program and those who elected not to. Therefore, some basic information was obtained from offenders who were eligible to participate in the interlock program since its inception but chose not to participate as well as comparable information from all offenders who were eligible and did decide to participate. Administering a brief questionnaire also allowed asking some questions about the treatment component, which may or may not have affected eligible offenders' decision to participate or not.

Family data. Data from family have been obtained in tandem with data from interlock offenders. At the end of each interview with interlock offenders, the respondent was asked if it would be possible to talk to their partner or another family member. The interlock offender's partner was then asked a brief set of questions to gauge their opinions and attitudes toward the interlock program and to see how it has affected their life.

2.3.5 Delphi panel. The information obtained in the previous phases, has been compiled and was presented to members of the Working Group for feedback using a Delphi panel. "The Delphi method is an exercise in group communication among a panel of geographically dispersed experts [...]. The technique allows experts to deal systematically with a complex problem or task. The essence of the technique is fairly straightforward. It comprises a series of [materials] sent either by mail or via computerized systems, to a pre-selected group of experts. These [materials] are designed to elicit individual responses to the problems posed and to enable experts to refine their views as the group's work progresses

in accordance with the assigned task.” (quote borrowed from: <http://www.iit.edu/~it/delphi.html>).

Creating such a feedback loop facilitated an in-depth understanding of all the information without requiring actual face-to-face meetings for each and every iteration of discussions as more information became available. This allowed researchers to generate the depth of detail that was sought and allowed them to pinpoint particular issues in a very precise fashion that was needed to answer all the research questions of the outcome evaluation. Such a dynamic approach also allowed the generation of new research questions as the evaluation evolved and new information became available, and new insights were gained.

2.3.6 Finalizing the report. Once agreement among members of the Delphi panel was achieved and the findings from the panel led to a fairly comprehensive and complete understanding of the implementation and the functioning of all the aspects of the interlock program, a draft report was produced by TIRF and submitted to the Working Group for review which ultimately resulted in this report.

3. Results

The purpose of this process evaluation was to compare the implementation plan for the alcohol interlock program to the actual implementation of the program that was executed in Nova Scotia. This section contains the results from the many data sources that were included in the process evaluation.

To begin, the context and situation that existed in Nova Scotia prior to and during the program implementation are briefly considered in the first part of this section. While not directly part of the implementation of the alcohol interlock program, some pre-existing conditions did influence the implementation and impact the outcomes associated with the process evaluation. As such, it is important to understand how these conditions affected the implementation process so that government is aware of and able to consider how such external factors can create unexpected challenges and/or barriers to implementation. More importantly, this information can assist government in identifying ways that these impacts can be recognized, minimized and/or avoided during future initiatives.

Next, the qualitative information gathered by means of focus groups with key agencies is presented. The information in this section begins with the internal planning and preparation for the implementation, and then describes the different facets of the implementation according to: regulations, roles and responsibilities, communication and coordination, training, vendors and service providers, and resources. Strategies that worked well and challenges that were identified in relation to specific issues are raised within each section along with illustrations where appropriate.

The quantitative information gathered by means of the interlock device in conjunction with offender and family interviews completes the results section.

3.1 Context of Implementation

The context and situation that exists in a jurisdiction prior to and during the implementation of any program or policy is of some importance to a process evaluation. In some instances, challenges associated with implementation can occur due to external decision-making by

outside agencies, the changing political environment or a changing economy. Such examples can clearly illustrate how unrelated factors can compound or amplify implementation issues and can create unintended negative consequences that may have been otherwise less significant or even non-existent. As such, as part of any process evaluation it is important to distinguish between factors directly related to implementation, and pre-existing and external factors in order to fully appreciate the results of the evaluation.

In Nova Scotia, there were three important situational circumstances that existed prior to or in conjunction with the implementation of the alcohol interlock program that had a not insignificant influence on the outcomes of the implementation. These include:

- > Public and political interest in addressing the impaired driving issue that strongly encouraged the adoption of new policies and practices. This contributed to an earlier than intended launch of the alcohol interlock program;
- > The SNSMR transition from a database environment to a web-based environment that involved all departments, including the RMV; and,
- > Agencies involved in the interlock implementation were not consistently familiar with standard practices for delivery of routine services (associated with the interlock program) in other agencies also involved in the implementation.

3.1.1 Public and political interest in the launch of the alcohol interlock program.

Nova Scotia was one of the last jurisdictions in Canada to implement an alcohol interlock program. As such, there was considerable encouragement from both Federal and provincial organizations for Nova Scotia to implement such a program.

In particular, Mothers Against Drunk Driving (MADD) played an important role at a political level to strongly encourage the use of alcohol interlock devices to reduce drunk driving within the Province. This has been the case in all other Canadian jurisdictions that have implemented an interlock program.

Given the lack of national progress in recent years on the issue of drunk driving, there was also ongoing public concern about it, as there is in all jurisdictions in Canada. The use of alcohol interlocks was perceived as a step in the right direction to manage these offenders and address this priority road safety issue. In light of the fact that TIR was responsible for

road safety initiatives in the province, this agency was tasked with managing the development of the alcohol interlock program.

Similarly, there was also strong political support and consensus across political leadership regarding the development and implementation of an alcohol interlock program in Nova Scotia. In particular, the then Minister of Transportation and Infrastructure Renewal was very supportive of road safety initiatives in general and drunk driving initiatives in particular, so the decision was made to move forward with implementing the alcohol interlock program.

This initiative was discussed among the relevant agencies that would be impacted by the program, and there were some concerns that were raised from different sectors regarding the impact this would have on agencies. However, following discussions among the key agencies it was determined that the implementation of the program would move forward, and there was a desire from some sectors to have the alcohol interlock program implemented as quickly as possible. This did result in some pressure on the agencies implicated in program delivery to move forward with the launch of the interlock program prior to the completion of preparatory arrangements and the development of internal practices to manage the delivery of alcohol interlocks. The launch date of the program was delayed on two occasions in order to provide more time to agencies to prepare. However, at some point it was felt that the launch of the program could no longer be delayed and the program was launched in September 2008. As a consequence, not all of the practices or procedures relating to the program were fully developed and put in place at the time of the launch. This created some challenges in managing unusual situations or cases as lines of authority and responsibility for addressing these situations were unclear to some extent, and/or the decision-making process was not effectively communicated to other agencies that were implicated. Essentially, because agencies were not fully prepared at the time of the official launch of the program, this impacted the implementation by amplifying some of the challenges that were encountered.

3.1.2 Service Nova Scotia database transition. Prior to the development and implementation of the alcohol interlock program, SNSMR had undertaken a major decision to enhance business practices and transition from a database environment to a web-based application. The existing data system was aging and detracted from the quality and



effectiveness of service delivery across many departments. The new application would serve to increase service, ease of access, and create efficiencies across the many divisions that are part of SNSMR. This transition was a substantial and complex undertaking. SNSMR underwent the process of developing a new, web-based application that could more efficiently manage all of its services and improve delivery. After months of planning and preparation, the new web-based version went live in April 2008.

At the time the new web-based version of the database system was launched it was not fully operational for a variety of reasons. While several segments of the database programs and protocols had been completed, tested, and successfully transitioned over to the new environment, there were still some outstanding items remaining that required more work before they could be transitioned. At the same time, and not unexpectedly, there were a variety of logistical problems, errors and bugs associated with those programs that had been moved over to the new web-based application. As a consequence, at the point in which the new ignition interlock program was launched and became operational, the new web-based application and its complexity of programs (including those relevant to the RMV and the interlock program) were not fully functional. These technical issues relating to the transitioning of the database to a new web-based application ultimately impacted the implementation of the alcohol interlock program by limiting the ability of partner agencies to electronically access information.

As of June 2009, there are still approximately a dozen issues remaining to be resolved in the new web-environment relating to the pieces that have already been transitioned. In addition, there remain a number of applications that still have to be transitioned to the new environment. In some instances, when new solutions are incorporated to the web-based system to address challenges, these changes have had unintended negative consequences for other parts of the system that were not anticipated.

The impact of this ongoing transition of the SNSMR data system on the implementation of the alcohol interlock program has been profound. For example, alcohol interlock clients must now incur delays of several hours, and in some instances vital services (e.g., licensing) cannot be performed or completed, such that clients have to return on other occasions. This has resulted in higher levels of frustration and stress among staff who must work in a system that is less functional than planned, and in some respects is less functional than the

old system. At the same time, RMV staff must also cope with the frustration and anger of clients who encounter delays in service as a result of ongoing challenges with the new system.

Similarly, the challenges associated with the database transition have impacted other agencies involved in the delivery of the alcohol interlock program. For example, Addiction Services is unable to access the new RMV data system to gather relevant information about interlock clients. This has resulted in some tasks being more time-consuming than planned in that they must be completed by phone or by fax. While this is less of a problem in rural jurisdictions with a smaller client base, it is troubling in larger jurisdictions with much larger caseloads. Staff at Addiction Services acknowledges that with access to the RMV database, the workload associated with implementation will decrease and the ability to effectively communicate with RMV will increase.

This broader issue of the database transition has also had implications for the ability of RMV to adequately manage the work associated with the interlock program as well as its ability to communicate with other agencies. Staff at Addiction Services also readily acknowledges that many of the challenges they have faced during implementation would have been significantly less or would not have occurred if they had been able to access the RMV data system.

3.1.3 Agencies' familiarity with standard practices for delivering routine services in partner agencies involved in implementation. Due to the multi-agency delivery of alcohol interlocks in Nova Scotia, considerable coordination of activities across agencies was required. In addition, there are many points of contact for clients across the agencies involved. In this regard, clients are frequently inclined to make inquiries about the next steps involved in program participation as they move through the interlock program and may make inquiries at one agency regarding services that are actually delivered by another agency. In an effort to accommodate the client, staff may be prone to providing information if possible in an effort to assist the client and facilitate the delivery of service. For this reason, it is helpful if interlock program staff at each agency have a good understanding of the practices relating to delivery of interlock program services for other agencies (where appropriate) so they are better able to provide accurate information in response to client inquiries.

It was noted that prior to implementation, there were some misperceptions across agencies regarding the delivery of services by partner agencies. For example, the information about the alcohol education classes (e.g., availability, scheduling) that was provided to clients by RMV staff was not always consistent. As a consequence, clients would occasionally appear at Addiction Services and be disappointed to learn that they were not able to participate in the alcohol education class immediately, or that they had to wait longer than anticipated for an assessment. This could occur because RMV staff was not informed about the volume of clients waiting to participate in the program and the scheduling of these sessions because this element is managed by Addiction Services.

Similarly, some Addiction Services staff have had difficulty interpreting the information provided by RMV on the driver abstract so they have an incomplete understanding of the circumstances that resulted in the client attending Addiction Services. This inconsistent understanding of service delivery across agencies existed prior to the implementation of the alcohol interlock program, and served to amplify to a limited extent some of the challenges associated with implementation.

3.2 Internal Planning and Preparation

The implementation of an alcohol interlock program requires considerable planning and preparation across agencies in order to effectively deliver services. In Nova Scotia, a Steering Committee comprised of representatives of each of the key agencies that would be involved in the program was formed to develop a comprehensive plan to guide implementation. Each member of the Steering Committee was engaged in the process and made a significant contribution that enabled the development of a detailed implementation plan. A limited number of operational staff from each of the agencies was also engaged in the Steering Committee as appropriate to provide input into logistical and operational decision-making. The activities of the Committee are outlined in more detail below.

3.2.1 Information gathering. As a first step, the Committee consulted with each of the stakeholders in the program to gauge their interest in and support for the development of an interlock program. Initially there was some resistance among stakeholder agencies because of the immense costs and workload associated with the program, and the emphasis of the device on short-term incapacitation to reduce recidivism as opposed to

long-term behaviour change. Members of the Committee undertook an extensive review of the existing research on alcohol interlocks as well as reviewing programs in a number of jurisdictions and consulting with experts. The Committee also reached out to other jurisdictions to solicit their input and experiences with alcohol interlock programs to determine whether this was an appropriate decision for Nova Scotia and to better gauge the impact of the program. Following a comprehensive review and discussion of the information that was gathered, it was concluded that the inclusion of a strong assessment and treatment component of the program was essential if the decision was made to move forward.

3.2.2 Designating a lead agency. Once the decision was made to move forward with implementing an alcohol interlock program, it was agreed by Steering Committee members that SNSMR would be the designated program authority with responsibility for managing the program. SNSMR was a logical selection as a program lead because of its authority and responsibility for the management and delivery of driver licensing services, its ability to manage the volume of information associated with the interlock program, and its ability to support staffing requirements and respond to client inquiries. This was an important decision that greatly facilitated the implementation process and provided clear guidance to agencies regarding how challenges would be resolved. In many interlock programs, the agency that is responsible for managing the program is often unclear. This can result in confusion in relation to agency roles and responsibilities, decision-making, and gaps in service delivery. It can also lead to duplication, ineffective resource management and poor communication. The clear establishment of a program authority in Nova Scotia facilitated the implementation process and created a centralized source of knowledge that agencies could refer to for guidance.

3.2.3. Appointing a project manager. As part of the planning process, a project manager within SNSMR was appointed. The responsibilities of this person were clearly identified and the main role of the project manager was to ensure that the decisions of the Steering Committee in relation to the program features were completed according to tasks that were assigned to various agencies and established timelines. The use of a project manager was an effective strategy to manage the coordination of activities across agencies and to keep the Committee abreast of the status of tasks and timelines to completion. The project manager was only involved in the planning process for the alcohol interlock program and

was not involved in the actual implementation. The decision not to involve the program manager in the implementation process was a strategic decision of the Committee based upon perceived need and resources. While it may have been beneficial to continue the involvement of the project manager during the implementation, the Steering Committee did not consider this essential to the success of the program. In particular, it may have been beneficial in this case in light of the transition of certain representatives on the Steering Committee during the planning and implementation process that occurred for logistical reasons.

The Committee had a clear understanding of the different agencies and their representatives who were a part of the planning process. Collectively, they worked to establish the purpose and goals of the interlock program using a consensus-based approach. Members agreed that rehabilitation would be the primary goal of the program based on the inclusion of a treatment component to the program. As part of the planning process, the Committee developed an implementation plan that assigned specific tasks to agencies and staff. These tasks were associated with deliverables and timelines for completion. One of these tasks involved providing Committee members with an opportunity to examine an interlock device.

3.3 Program Implementation

The implementation of an alcohol interlock program is a challenging task. This is usually a function of the many agencies involved, and the need to coordinate tasks across agencies that have different responsibilities, authorities and operational practices. Program regulations provide the foundation and structure for any implementation plan, and contain much information about the operational details of the program relating to eligibility, the installation of devices, program violations and sanctions, decision-making authority, monitoring and reporting, and other facets of the program.

As the program authority and lead agency in the implementation, SNSMR was responsible for drafting the program regulations for the interlock program and feedback on the rules was provided by partner agencies. In Nova Scotia, the program regulations were developed using a consensus-based approach. As part of this process, the Steering Committee spent considerable time on the development of regulations including the selection of devices and

suitable service providers for the Province. Much effort also went into the development of program features, and the data management process. Committee members were also able to see/try the devices as part of the selection process to ensure the regulations reflected the abilities of the technology.

The rules developed by the Committee served to guide the development of a detailed and comprehensive implementation plan in Nova Scotia. More information about the implementation of the program is provided in the following sections.

3.4 Legislation and Associated Program Regulations

The development of legislation, particularly so in the realm of criminal and administrative law, requires a balance between the rights of the accused with the rights of society as a whole and the legal authority of agencies. There are frequently competing political interests and positions representing a broad cross-section of agencies and interest groups involved in the development of legislation. In addition, there is the requirement that new legislation be compatible with a broader legislative framework (e.g., the inclusion of an alcohol interlock program as a penalty must not conflict with other penalties proscribed by law), consideration of the resource implications of legislative initiatives, and constitutional issues to be reconciled. Moreover, the consultation process is often lengthy and complex. As such, the original intent or purpose of the legislation and that which is actually achieved may be quite different as agencies and entities struggle to negotiate the best possible outcome for everyone.

At the same time, there is a need to balance the level of detail that is provided in both legislation and program regulations. The goal is to include sufficient information about major components of the program in regulations without being too proscriptive in relation to specific features and practices as this can result in regulations that are unable to adapt to changing or unusual circumstances. If too much detail is contained in legislation then often any changes to the program require an amendment to be drafted and passed. Regulations are a more appropriate place for greater detail because they do not require the same legislative scrutiny and are more amenable to modification, although effort is still required in this regard. This approach can serve to achieve flexibility and minimize the extent of legal challenges.

An important issue in relation to regulations is the disconnect that can occur between policy positions captured in regulations and operational practices, meaning that regulations can be challenging to implement in some instances at a practical level because policies are often created with limited knowledge of or input from frontline staff tasked with executing the regulations at an operational level. For this reason, regulations are frequently approached as an iterative process and it is often the case that the initial regulations will require revisions downstream as operational issues are identified. With regard to alcohol interlock regulations, this is very much the case and many jurisdictions ultimately revise and continue to revise their program regulations to adapt to new and changing circumstances.

In this regard, much work went into the development of the Alcohol Ignition Interlock Program Regulations. The regulations for Nova Scotia were based to some extent on the regulations that had been developed in other jurisdictions. Following a comprehensive review of other jurisdictions, SNSMR identified essential elements of the regulations and modified elements as needed for Nova Scotia's purposes. These decisions were also taken with consideration of best practice recommendations. While the Committee endeavored to address as many circumstances as possible as part of the regulations, it is recognized that it is neither practical nor desirable to account for all contingencies as this can create unintended negative consequences.

Justice was also provided with an opportunity to comment on the regulations and the creation of new offences (e.g., tampering, bystanders/ passengers providing a breath sample to start the vehicle) in the Alcohol Ignition Interlock Program Regulations to identify areas of concern or possible challenge.

Overall, the regulations were well-researched and well-written. Only a few issues arose during the course of implementation. These issues were mainly addressed with minor modifications and did not have a significant impact on the implementation. In addition, further modifications to the regulations *may* be required downstream as more offenders enter, participate in and exit the program. This is not an unusual occurrence and many jurisdictions ultimately make changes to strengthen interlock program regulations once the program becomes operational and unanticipated issues are identified. More information about some of the issues relating to regulations is provided below.

3.4.1. Discrepancies between regulations and practice. There was one area in which there appeared to be discrepancies between regulations and practice, more precisely with respect to the use of an “approval sticker”. It states in the program regulations in the Motor Vehicle Act that:

“Attaching approval sticker when approved device installed

30 An authorized person must attach an approval sticker to an approved device once a person requests the installation of the device and provides the authorized person with a letter of acceptance from the Registrar indicating that they have been accepted into the Program.”

However, in practice there is no approval sticker that is applied to the device. This is a very minor discrepancy and did not impact the implementation of the program.

3.4.2. Outstanding issues. There are some important issues that the program regulations do not specifically address. The regulations also do not explicitly refer to the eligibility of drug impaired drivers, although this issue was addressed in the planning process and the development of the program. As is the case in most other jurisdictions, there is no intention to permit drug impaired drivers to participate in the alcohol interlock program. It is expected that in practice RMV would deny drug impaired drivers entry into the program if they made an application. However, because this is not contained in the regulations within the Motor Vehicle Act, there has been a small number of instances in which Courts have acknowledged that drug impaired drivers can participate in the program. It is important that this issue be clarified for the Courts. Including drug impaired drivers as a category of offenders who are ineligible for participation in the regulations is one option to ensure program implementation and delivery correspond to what had been planned. As a sidebar, some would argue it may be beneficial to include such drivers in an interlock program anyway if they are deemed fit to drive, for example because of the poly-drug use that may exist among drug users, including the use of alcohol.

The other notable issue in the regulations is that, like all other jurisdictions in Canada and many jurisdictions in the United States, no provision has been made to financially support the participation of indigent offenders in the interlock program. This issue was debated at the political level and among agencies involved in implementation. Outreach was made to the Department of Community Service to determine if they would be able to provide

support for indigent offenders. It was agreed that it would be beneficial to get the offender into a controlled environment and prevent them from driving unlicensed, however, the Department of Community Service was not able to provide resources in this regard. There also were no available resources or political will at this time to allocate them to this cause. As a consequence, there is no funding to enable indigent offenders to participate in the program and there is some concern among agency staff that a two-tiered system of justice that favors offenders with means may be unintentionally applied.

It could be argued that the lack of funding to cope with indigence was the result of a deliberate decision made by the involved stakeholders as a result of the prevailing conditions at the time and, as such, it should not be considered a gap in the regulations per se. However, the fact that stakeholders considered the issue of indigence suggests that there is a common understanding that Nova Scotia's interlock program could benefit from such a fund to support clients who lack financial means. This is certainly true as evidenced by particular challenges with indigent offenders in interlock programs around the world. This is why this issue is discussed as a gap — not so much in the spirit of highlighting oversights, but rather to point out opportunities for improvement. In that regard, it should be noted that challenges with respect to indigent funding are not uncommon. Many jurisdictions do not have sufficient funding to support indigent offenders and in addition it can be difficult to develop a good mechanism to determine indigence. Some jurisdictions have attempted to operationalize "indigence" to allow them to distinguish indigent offenders from non-indigent ones but it has been difficult to identify an appropriate and acceptable strategy as the basis for this determination.

3.4.3. Future challenges to program regulations. There are two likely areas in which the program regulations relating to the alcohol interlock program will be/is already being challenged, and these challenges were anticipated during the development of the implementation plan. First, the interlock regulations in Nova Scotia are such that, when it comes to the reinstatement of the licence, the reinstatement procedures that are in effect at the time of application are relevant, as opposed to those that would be in effect if the application had been made prior to the change. This means that offenders with outstanding licensing issues would be required to participate in the interlock program. SNSMR sought a legal opinion as to the implications of the regulations in this regard and it is believed that this requirement is legally defensible. In light of this, SNSMR was prepared

for offenders who had outstanding licensing issues being required to participate in the interlock program. They were also aware that some offenders may seek to challenge this practice. In this regard, some unlicensed drivers who did not resolve their outstanding licensing issues have opted to challenge the legal authority of this clause in the regulations.

These challenges have resulted in an increased workload for some RMV staff who must respond to these claims. For example, in July 2009, staff spent time preparing to attend court in July 2009 to determine whether or not the interlock is an additional sanction that an individual should not be subjected to, particularly for offences that occurred several years prior. For these clients, as well as clients in general, they view the interlock program as an additional punishment and not as part of licence reinstatement and it will be up to the Court to decide the validity of this element of the program.

The other challenge that is likely to arise in the future relates to the offences that are created as part of the interlock program regulations (e.g., tampering, providing a breath sample to an interlock-restricted driver). Justice was given the opportunity to comment on the regulations and did raise concerns relating to the ability of police and prosecutors to legally enforce the law or demonstrate beyond a reasonable doubt that certain actions occurred. As a consequence, at this point it is unclear whether the Province will be able to actually prosecute offenders for offences identified in the program regulations.

3.5 Roles and Responsibilities

During the program development phase, the roles and responsibilities of each of the agencies involved in the program were considered by the Steering Committee. As agencies entered the implementation phase, lead staff clearly understood and were comfortable with their respective roles and responsibilities at a policy level. These roles were clearly identified in the program regulations for the program. Both Steering Committee members and agency staff also seemed to have a general understanding of the overall operation of the program and the roles and responsibilities of each of the agencies involved, although the actual workflow process was not captured in an illustration. This workflow process was subsequently developed by TIRF as part of the process evaluation and is contained in Section 1 (see Figures 1 and 2). There were some minor challenges associated with roles

and responsibilities relating to interlock program implementation. These are described in more detail below.

Some of the agencies involved in implementation did undertake efforts to develop internal documents relating to roles and responsibilities which included a general agency flowchart of the work process. This was usually completed as the implementation progressed and staff began working directly in the program so it was a “learning process” which was subsequently translated into operational practices.

3.5.1 Documentation of roles and responsibilities. While the roles and responsibilities of agencies were defined at a policy level, these policy documents were not consistently translated by each agency into documented operational practices. As such, the specific tasks associated with each staff position in relation to the interlock program were generally not consistently documented, although there was an expectation during the development phase that this would be completed by agencies. Staff frequently reported that, while they felt comfortable with their knowledge of their roles and responsibilities at the beginning of the implementation phase, as the implementation progressed, some felt less comfortable because time had passed since they had received the training, and they on occasion encountered situations in which they were unsure how to respond. This was most often in relation to program modifications (e.g., occurring due to RMV database & timing issues) that occurred for logistical reasons once implementation began and which could not have been foreseen.

The inconsistent development and sharing of documentation relating to roles and responsibilities within individual agencies led to some confusion among some staff. This was mainly an issue in relation to agencies with a large number of staff delivering services in multiple locations. For example, at times some staff were unsure about who could receive the interlock data, who owned the data captured by the interlock devices, who had the authority to access the data, and who could grant others access to the data as needed.

This lack of documentation did make it more challenging – at least to some extent – for some agencies to identify where/when tasks were not being properly completed and led to some discrepancies within and across agencies regarding how various situations were managed. For example, frontline police officers were not always knowledgeable about how

they were to enforce the law, what offences could/should be charged, what agencies (if any) should be notified about outcomes of traffic stops involving interlock-restricted drivers, what information could be accessed at the roadside, and whether they should seize the driver's licence. At Addiction Services, providers in some districts would contact RMV on their client's behalf to get information to respond to questions (e.g., who is eligible for the program or when the device can be installed) whereas in other districts providers would inform the client to contact RMV directly. While general RMV staff were informed that questions were to be referred to staff directly involved in the interlock program, on occasion staff less familiar with the program would provide information in an effort to assist the client. In sum, this resulted in the implementation being somewhat more labor intensive for some staff than others.

Inconsistent documentation regarding roles and responsibilities at the agency level also contributed to some staff not having a good understanding of workflow throughout the course of the program, and the roles and responsibilities of staff in other agencies. As a consequence, a few staff would provide clients with contradictory information (e.g., at what point in the program the assessment should be completed), and some staff did not always understand why tasks were not being completed in order (e.g., clients who came to Addiction Services for their assessment had already had an interlock device installed).

3.5.2 Clarity regarding the decision-making process. There were a few occasions during the implementation when some staff at individual agencies reported being unsure regarding which agency was responsible for decision-making, although the decision-making authority was set out in the Program regulations and rested with SNSMR. Moreover, a variety of presentations were delivered by RMV to partner agencies that highlighted this aspect of the program. This problem may have occurred, in part, due to internal communication issues at the agency level and staff not recalling this information.

This did result in some confusion during implementation regarding how unusual circumstances or cases were being addressed and by whom. For example, while Addiction Services staff were aware that they were making recommendations regarding some issues (e.g., which clients were eligible for participation in the program, when clients should be eligible to exit the program, when a client's participation in the program should be extended), some staff were not always clear regarding which agency was in fact responsible

for the final decision (i.e., RMV or Addiction Services). Similarly, in instances where a client was denied participation in the interlock program or removed from the interlock program, the reasons or basis for the denial/removal were unclear to other agencies. In this instance, it was important for Addiction Services to be aware of who was granted leave or removed from the program so they did not expend time and energy following up to schedule appointments with clients who were no longer in the program, or notifying RMV of a client's failure to attend appointments. As another example, some staff were also unclear on what basis increased or decreased monitoring would be applied, and how "improvement" (term used in regulations) was to be defined in this regard. Again, this would also impact frequency of meetings with the client.

3.6 Communication and Coordination

The communication and coordination across agencies during the development and implementation of the alcohol interlock program in Nova Scotia was generally positive and good communication strategies contributed to the overall success of the implementation. It is noted that the implementation in Nova Scotia had particular challenges given the number of agencies involved and due to the inclusion of a treatment component, which is lacking from programs in almost all other jurisdictions – i.e., this was a program framework that was unique and had not been developed previously in Canada.

The Steering Committee tasked with leading the program planning process benefited from active representation from each of the key agencies that was involved in the program. This Committee met regularly during the development phase to consider all of the available information, to reach consensus regarding program features, to review available technologies and select a vendor, and to consider the many policy and logistical issues involved in a program of this nature. Decisions were made as a team and there was good communication across agencies on these issues.

Given the nature of this multi-agency initiative, there were some challenges that were identified during the program implementation phase that occurred due to issues relating to communication and coordination. Some of these challenges were a function of internal agency communication between policy and operational levels and are described in more detail below.

3.6.1 Communication of regulations. There was some confusion in certain agencies resulting from unclear communication regarding the application of the regulations at an operational level. In particular, the Nova Scotia interlock regulations provide specific direction in relation to the ability of Addiction Services to collect fees for service for the alcohol interlock program. The Alcohol Ignition Interlock Program Regulations state:

"Participant to pay costs of counseling

15 A participant must pay an amount set by the Registrar to Addiction Services for each counseling session they have scheduled with Addiction Services to cover the cost of the sessions." ²

However, in practice, Addiction Services provides free services to the residents of Nova Scotia by law and has no legal authority to impose fees for service. As a consequence, there were some misperceptions among staff associated with the collection of fees clause and whether these fees could be or would be collected to cover the costs of assessments and delivering treatment services for interlock clients.

The issue of fees to support the cost of the interlock project in the regulations was made in consultation with the Minister of Health Promotion and Protection. It was agreed by those involved in decision-making that during the first year of program implementation fees would not be collected and that these costs would be covered by the Ministry. However, this clause was included in the regulations to provide for the ability of Addiction Services to collect a fee in the future if deemed necessary and to avoid additional changes to regulations downstream. While this decision was clearly articulated at the Steering Committee level during the planning process, the circumstances surrounding this decision may not have been as clearly articulated to operational staff during implementation and resulted in some concerns. At the same time, it is not unusual for operational staff to not be fully aware of policy decisions that are administrative and unrelated to their immediate functions.

² Alcohol Ignition Interlock Program Regulations made under subsection 67(13) of the Motor Vehicle Act R.S.N.S. 1989, c. 293 O.I.C. 2008-309 (June 3, 2008, effective September 30, 2008*), N.S. Reg. 298/2008 (*effective date amended by O.I.C. 2008-452 (August 27, 2008), N.S. Reg. 367/2008

3.6.2 Communication between policy and operational staff within agencies. While operational staff participated in some aspects of Steering Committee decision-making during the planning process as appropriate, it was not necessary to engage operational staff from all agencies in all aspects of the implementation plan. Although the rationale for decisions and the tasks to be completed were effectively communicated to and shared with Steering Committee members during the planning process, this information was not consistently communicated to operational staff in some agencies during implementation. As a result, in some agencies there appeared to be a disconnect in communication between policy and operational levels. This issue may have occurred in part due to the transition among committee members in some agencies that occurred for logistical reasons.

The impact of this issue on implementation was that some staff at various agencies were unsure of policies or protocols or the reasons behind them in a few instances, particularly in relation to modifications to the implementation plan. A few staff expressed an unclear understanding of which agencies had responsibility for changes to the program or authority for the completion of tasks, or how best to resolve unforeseen challenges. As a consequence, lead staff in some agencies spent additional time trying to track down information in relation to changes or identify another knowledge source who could respond to questions, thereby increasing workload on staff. In this regard, SNSMR fielded a significant number of phone calls to manage this issue.

Examples of some of these communication issues include:

- > changes to the number of locations where installations were taking place;
- > the possibility of taking “voluntary leave” from the interlock program;
- > the use of the medical waiver process;
- > changes to allow offenders to have the alcohol interlock installed prior to the completion of the alcohol assessment at Addiction Services;
- > Justice was not aware of what arrangements (if any) had been negotiated with the service provider in relation to the provision of expert testimony in court;
- > Addiction Services and law enforcement are not able to determine who is in/out of the program and which clients are dismissed or removed;
- > whether there is any protocol for RMV to get the driver’s licence or interlock licence returned and how this is being managed;
- > when/what info is being distributed to clients by agencies;
- > what action is being taken to correct errors (e.g., letters sent to clients with incorrect information about procedures, installation sites); and,
- > changes in staff (e.g., new service provider contact).

The inability of lead operational staff to be able to respond to these questions from frontline staff had some impact on program implementation as it made it more challenging to instill confidence in some frontline staff about the program. However, these issues were ultimately addressed during the implementation and did not significantly detract from the delivery of services.

It is also recognized that it is neither feasible nor necessary to keep each partner agency abreast of internal agency changes when these changes do not impact the work of partner agencies. However, increased efforts to communicate agency changes during implementation that impacted partner agencies could have been beneficial.

3.6.3 Information sharing practices. The ability of agencies to share information electronically was a beneficial aspect of the implementation process and facilitated communication and coordination. As was acknowledged previously, challenges associated with the transition of RMV database to a web-based application served to amplify a limited number of communication issues. In particular, the inability of Addiction Services and the police to access RMV information was problematic at times. For example, law enforcement should be able to access information on the system that would indicate whether someone should be driving with an interlock device in situations where no licence is available. However, it was readily acknowledged by frontline staff that once access to the RMV data system was available, these problems would be addressed.

Considerable effort was put forth in relation to managing the large volume of data produced by the interlock device and collected by the service provider. During the implementation of the program, agencies reported no problems in relation to access of the interlock data. Agencies agreed that this process is sound and greatly reduces workload in terms of reviewing data from the device and the identification of appropriate actions.

3.6.4 Need for more public education. There were a variety of ways in which information about the new interlock program was delivered to the public including posters, brochures, print articles and TV coverage. As specified in the implementation plan, due diligence to inform the public was exercised. For example, a press event was held in conjunction with the launch of the program and considerable effort was undertaken to publicize the program. Political figures and public interest groups participated in the event.

Overall, anecdotal evidence suggests that the reaction of the public was positive and there was much interest generated in the program. In addition, mailouts were used to contact each offender and provide them with information about the interlock program and the reinstatement process. It is acknowledged that despite best efforts to communicate information about the program using a variety of means, there will be offenders who ignore or fail to review such information.

For example, staff at several agencies had to field a lot of calls from the public who had questions regarding eligibility and the location of installations. This increased the workload on agency staff who had to try to respond to common questions — this was expected to some extent. Staff spent a considerable amount of time dealing with client questions, thereby increasing the workload on staff, and due to changes during implementation that were not widely publicized, staff also spent a lot of time following up with other agencies trying to find answers regarding new practices. This made the implementation process more labour intensive at the outset. Compounding this issue was the experience of some staff that different answers to questions (e.g., where/when devices could be installed, when the assessment could be done) were given depending on who was providing the information.

3.7 Training

The development of training materials for and delivery of training to all of the agencies/staff involved in the implementation of the alcohol interlock program was an important aspect of implementation and adequately considered during the planning process. Each of the agencies involved was offered training opportunities and while some declined anything more than informational materials about the program, the majority of staff directly involved in the program did receive training. For example, a police training video was developed and distributed to all police agencies in the province including all municipal police, RCMP officers, and military police. It was noted that the quality, quantity, and frequency of training varied across agencies for a variety of reasons.

When implementation of the program began, many staff had a reasonable understanding of the operation of the alcohol interlock program and was able to recall, locate or access the necessary information to complete the tasks assigned to them as appropriate based on

the training received. However, some staff found that as they encountered more complex situations in which they were required to apply the training, more and detailed information included in the training would have been useful. As with the implementation of any new policy or program, more and diverse training opportunities can be beneficial.

3.7.1 Generic training materials. Some staff reported that training materials were too generic for their purposes and did not adequately address context-specific questions that they had or specifically identify how certain tasks should be performed. For example, police agencies found that the training materials they received were generic and did not equip them to conduct traffic stops and identify what officers should be looking for in relation to the interlock device. In addition, officers received no guidance regarding what type of court testimony they would likely be requested to provide with regard to the presence of an interlock device during a traffic stop that resulted in criminal or provincial charges. Due to the generic nature of the police training materials, senior staff responsible for delivering the training to frontline officers spent considerable time searching for information to respond to specific questions that arose during the course of the training. It is possible that police were given the opportunity to become engaged in the development of training materials for their staff but that this opportunity either was not adequately communicated or offered early enough in the development process.

Similarly, as part of the plan, efforts were made to provide training opportunities to Provincial Court judges and Crown prosecutors however this was responded to with a request for program materials only. During the implementation it became apparent that not all prosecutors and judges were familiar with the interlock or had a good understanding of the implications of the interlock program in relation to their specific roles. More training (e.g., frequency and penetration) may be needed in judicial and Crown prosecutor communities in the future.

Some staff also expressed inconsistent opportunities to see and try a real interlock device and reported that this would be beneficial to the performance of their functions and to be better able to describe the design and functioning of the device to clients. During implementation there were efforts to address this issue and the service provider was very helpful in this regard.

3.7.2 Delivery mechanisms. A “train the trainer” approach was adopted to deliver much of the needed training to agency staff. This was due in large part to the number of staff that had to receive training in each agency and the diverse locations in which staff typically work. There was not really a practical way to deliver the training “en masse”. For this reason, the use of the “train the trainer” approach was a reasonable compromise. However, some agency staff reported that they were not comfortable with this approach as they were less confident in their own knowledge and expertise in relation to the program. This occurred in part because some of the logistical details of the program were not finalized until after the program was implemented. As such, those staff delivering the training found it at times challenging to inspire the confidence of other staff in the program and ensure that they would be comfortable in performing their assigned duties. A greater reliance on brief written training materials and documents/brochures that staff could refer to post-training as needed would have been helpful.

3.7.3 Timing of delivery of training. Agencies reported that the timing of the training that was delivered was too far in advance of the launch of the program. This was due in part to the multiple delays of the program launch because of issues relating to the RMV data system and the need for more time to allow agencies to adequately prepare. As a consequence, some staff had difficulty recalling how to perform specific tasks. For example, Addiction Services staff reported that their knowledge regarding the online access of the interlock data, familiarity with the interpretation of the interlock data or the use of the data management system maintained by the service provider was at times problematic and some “refresher” training just prior to the actual launch would have been helpful as some of the information was forgotten or difficult to recall. Similarly, there was a substantial number of police who required training about the new interlock program, and at the time of the launch many officers had not received any training or had not seen an interlock device. This was due in part because of pressure to launch the program in conjunction with the number of police officers who needed to receive training.

3.8 Vendor and Service Providers

Service delivery by alcohol interlock vendors and service providers are an important element of interlock programs. The vendor has substantial responsibility in relation to the availability of devices, the provision of service centres and technicians and the management of data

from the interlock devices. In addition, the service providers are responsible for the installation of the devices, the completion of paperwork by the offender, the training of offenders to use the device, the download of information from the devices and its transmittal to the vendor using the required protocols. Of some importance, service providers are also an important resource to respond to inquiries from partner agencies about specific details of the interlock program.

Much effort went into planning the implementation of this aspect of the program. The Steering Committee met with the vendor to discuss a variety of issues and how they would be managed. Key elements of these discussions included the number and location of service centres, the distance that clients would have to travel for service, the management and transmittal of information from the interlock device, the types of information that were to be reported as well as the timelines and protocols for transmitting information.

Overall, the implementation of the service centres and the installation of devices went according to plan. Each of the agencies reported no major difficulties in regard to working with vendors and service providers and for the most part were pleased with their ability to meet requirements. In particular, operational staff at some agencies reported that the service provider was very responsive to requests and inquiries, that clients reported satisfaction with the service they received, and that providers were available to provide assistance in most instances.

There were also some adjustments that were required in relation to this aspect of the implementation, such as the appropriate certification of installers, a reduction in the number of service centres during the initial phase of the program, and the reinforcement of some protocols.

3.8.1 Certification of installers. Once implementation began, it was determined that the technicians who are eligible to install the interlock devices must be certified by the Department of Labour and Workforce Development, meaning that those individuals designated under the program regulations were incompatible with the procedures of the Department. While initially the technicians did not meet this certification process, it was determined that the Department could approve an exception to this rule. This exception was permitted because the installer was able to demonstrate that the technicians have to

complete procedures and certifications set up by the installer. As a consequence, the installation of alcohol interlocks was slightly delayed until the strategy regarding the use of installers was addressed. Of interest, the province's own Motor Vehicle Inspection Officers did install interlocks before this exception was approved, but these officers were not available on a full time basis. As such, this issue resulted in increased waiting times for installations and some offenders did wait a few weeks longer to have their device installed as a consequence. Once this issue was resolved, installations proceeded according to plan.

3.8.2 The number of service centres. The plan for the alcohol interlock program specified the number of interlock services centres that would be operational within the province of Nova Scotia. The number of services centres was linked to the need to provide availability across the Province and ensure adequate service in rural areas so that clients did not have to drive long distances to have the device installed, serviced or removed. Once implementation began it was recognized that the vendor would not be able to immediately set up all of the installation centres to fully service all rural areas, meaning that some clients would have to drive longer distances for service. This is a challenge that occurs in almost all jurisdictions. Thus, the contract with the service provider was negotiated to increase flexibility while still ensuring that clients received adequate service. Service centres were opened in four locations. In addition, some clients had the remote monitoring fee waived and were permitted to exchange their handset at any of the installer's locations. This issue did result in some delays of service, but it is being managed.

3.8.3. Reinforcement of protocols. The protocols relating to the services of the service provider and installers were clearly set out to the vendor by SNSMR. These protocols related to a variety of services such as the installation of the device, the paperwork to be completed, the management of information from the device, the use of reset codes for the device and other such functions. During the initial implementation of the interlock program there were some instances in which protocols were not consistently adhered to. For example, who had the authority to provide reset codes to clients, as well as ensuring that the registration number of the vehicle on which the interlock was installed matched the number provided by SNSMR paperwork (this latter issue occurred in only one instance). This issue was addressed by reinforcement of the appropriate protocols for managing these situations and no other problems have occurred.

3.9 Resources

Resource allocation is an important consideration for the successful implementation of an interlock program. A total of five hundred thousand dollars was budgeted to cover costs incurred with the implementation of Nova Scotia's program. However, it was acknowledged at the outset that this amount would be insufficient to cover the work across agencies. Insufficient funding also impeded the development and implementation of a procedure to provide funding for indigent offenders. This lack of adequate funding is pervasive across interlock programs in Canada and the U.S. and most often it occurs due to fiscal restraints and economic demands.

Adequate staff is also an issue for some agencies. While RMV seems to have adequate staff to manage the workload associated with the interlock program, Addiction Services does not have sufficient staff in the long-term to accommodate extra work associated with assessments and monitoring. Also, initially it is taking longer for staff to prepare for client interviews due to new duties associated with the interlock program. While the interlock data may be easy to access, it does take some time to become accustomed to reviewing these data and determining what action is needed from a treatment perspective. It is not unusual that tasks require more time at the outset and this should diminish over time as staff becomes more accustomed to performing tasks. Since it was not clear what the uptake for the interlock program would be, it was difficult to allocate resources accordingly. It was recognized during the planning process that Addiction Services would at some point require more staff or more resources to efficiently administer the interlock program as it continued to grow. For this reason it was decided during the planning process that Health Promotion and Protection would revisit the resource issue after the program had been operational for one year and make any necessary adjustments.

Another resource issue related to the inability of service providers to meet all requirements of the contract in relation to province-wide coverage at the outset of implementation. Therefore, compromises had to be negotiated. Currently, there are only four primary installation sites and the longest distance someone would have to travel for an installation is approximately three hours. For participants who do not live within 100km of a service centre, remote monitoring fees have been waived by the service provider in an effort to compensate for travel costs. It is hoped that this problem will be alleviated as program

participation grows and new service centres are used based on an increase in program demand.

3.10 Interlock Data

Interlock data were obtained from ACS to help answer a variety of research questions. These include the following interlock component-related research questions previously identified in Section 2:

1. How many participants enter the program?
2. How long do they stay in the program?
3. When do they exit the program?
6. What is the distribution of participants in the program over time?
7. What is the attrition rate?
8. How do behavioural patterns among interlocked offenders change over time, more precisely with respect to blowing fails, violations and blood alcohol concentration (BAC) levels?
9. Is there a learning curve among participants and does it change over time?
10. Is there a subpopulation that seems to be immune to the typical learning curve?
11. Is there a subpopulation that shows persistent and even deteriorating behaviour over time?

The remaining research questions (interlock component-related questions 4, 5, 12-15; treatment component-related questions; and, system-related questions) will be answered using other sources of information, for example the data coming from the interviews with offenders and from the focus groups.

It should be noted that it was not possible to link interlock data with interview data at the individual level due to privacy issues. It was decided that ACS was not allowed to provide individual identifiers along with the interlock data. This means behavioural clues from the interlock data cannot be matched with answering patterns from the interviews for each individual included in this study, which precludes the investigation of relationships between attitudes and behaviour.

Also, it warrants mentioning that it was anticipated that not all of the above listed research questions can be answered. It was explained in the approved work plan for this project that

the reason for this is that interlock information from several years has to be available to answer particular questions. For example, questions about behavioural patterns over time and learning curves can only be answered in a satisfactory fashion if enough drivers on the interlock can be monitored for a sufficiently long period of time.

At the time of writing this report, data from only 259 participants who were monitored from November 19th, 2008 through September 14th, 2009 were available for analysis. No single respondent was on the program for more than nine months and the average length of participation was about 132 days or just over four months. The median length on the program was 122 days (i.e., half of the participants were on the program for up to 122 days while the other half was on the program for at least 123 days). The maximum time that someone was on the program to date was 267 days or just under nine months; the minimum time was one day.

Given the limitations of the available data, the results from this component of the process evaluation are only preliminary and a more thorough analysis will be conducted toward the end of the outcome evaluation (scheduled for January 2010 through March 2014) when more data have become available. This will enable researchers to better respond to the above listed interlock component-related research questions.

3.11 Interview Data from Offenders and their Family

In order to gain a better understanding of reasons why offenders decide to participate in the interlock program or not, data have been collected from both offenders who enrolled in the interlock program and those who declined to participate. These data were further augmented with data from family members of interlock offenders. Such data provide important information about the support system of an offender that may or may not exist. It has been shown in other research that family members (or people living with the interlock offender) support this measure for a variety of reasons and this can help the offender to be compliant with the requirements of the interlock program (see e.g., Beirness et al. 2008).

These data are gathered to answer the following research questions previously identified in Section 2:

Interlock component-related questions

4. What are the reasons for leaving the program (completion program/licence re-instated, absconding, removal from the program, moved, costs)?
5. What are the reasons for not participating in the program?
12. Are participants aware of all program components before entering the program?
13. Do participants feel they can benefit from participating in the program?
14. Are there opportunities for the participant to somehow involve a nuclear group of people (family or friends) in the program?
15. How does the program impact the participant's family, friends, etc., and what is the effect of the presence of family and friends on the program/offender?

Treatment component-related questions

1. How many participants access the addiction components of the program? How many visits do they have? How many appointments did they miss?
2. How many participants find it too costly or difficult?
3. What kind of treatment is available? Does it involve a screening and assessment component?
4. Do family members/friends participate in addiction counseling?

Different questionnaires were developed to answer these questions and to accommodate the different options an offender has when going through the justice system. Separate questionnaires were developed for the following groups:

- > Non-interlock offenders (those who opt out of the interlock program);
- > Interlock offenders who volunteered to participate;
- > Interlock offenders who were obliged to participate;
- > Family members of volunteering interlock participants; and,
- > Family members of mandatory interlock participants.

To ensure the interests of offenders were protected, a privacy impact assessment was conducted to explain what data would be collected, for what reasons, and how this would be done. This assessment was submitted to the Government of Nova Scotia and approved by the Deputy Minister of Transportation and Infrastructure Renewal.

An informed consent procedure was developed as part of this privacy impact assessment. A consent form was sent to each offender by RMV who processes all offenders caught for drinking driving and who are eligible to participate in the interlock program. Based on estimates of incoming offenders and the available time during Phase II of this project to

recruit participants, a total of 1,000 consent forms were distributed. The consent form clearly explained that researchers were looking for any respondents, regardless of whether they would decide to enroll in the interlock program or not. To increase the likelihood of successfully recruiting participants, it was agreed that Addiction Services would ask offenders a second time if they would be willing to sign the consent form during intake as every offender goes from RMV to Addiction Services for a risk assessment.

It has proven to be very challenging to recruit offenders for this part of the evaluation. Even though the recruitment phase was extended by several weeks (originally planned from June, 2009 to mid-August, 2009 but extended to the beginning of October, 2009) only about 60 people signed the consent form. These offenders were then contacted by e-mail or telephone to schedule a time convenient for them to conduct the interview. Despite the effort to schedule the interview at their convenience, several offenders had to be called back up to eight times and most of them three times before the interview could be conducted. Most interviews took place between 5PM and 8PM during the week; a few of them took place during the weekend. In the end, even though the questionnaires were short (an average of about five minutes) only 36 people completed the interview (26 voluntary interlock offenders, 2 mandatory interlock offenders, and 8 non-interlock offenders).

While these data are limited they do provide some insight into offenders' motivations with respect to the interlock program and can be used for a qualitative assessment, rather than a quantitative one. Given that this phase of the project is a process evaluation such a qualitative approach is justifiable. However, it warrants mentioning that this experience should be borne in mind when developing a recruiting strategy for the third phase of this project which is an impact evaluation that will have to use sufficiently high numbers of offenders to quantitatively evaluate the program. Also, using these questionnaires again in Phase III could be considered in an attempt to collect additional data. However, whether this will be feasible and appropriate will have to be assessed in relation to all data that will be collected to ensure this does not become too demanding for participants.

Results from the non-interlock offenders (eight in total) show that all of them, except one, were aware of Nova Scotia's interlock program (data from one participant for this question was missing). Three of them did not feel like they were given sufficient information about

the program. When asking more specifically about reasons why they decided not to participate in the program answers included costs (two offenders answered not being employed) and that their decision is still under consideration (e.g., one mentioned to be still looking at costs and will decide later about participating; another one answered more information is required for an informed decision). Seven answered that they had only one vehicle available for personal use and one did not have any vehicles available. Six answered that they are not the only one in the household with a driver's licence; all six have one or no vehicle available, which implies that the other people in the household with a driver's licence would have to drive the interlock-equipped car.

Volunteers who are participating in the interlock program (26 in total) were asked why they decided to participate. All of them, except two answered they wanted to continue to drive. The reasons why they want to continue to drive include work-related reasons (they need to drive for work), family-related reasons (e.g., they need to take their spouse to regular doctor's appointments), or just simply that "they need to drive". Twenty three respondents answered that they feel they could benefit from participating in the program. Fourteen respondents have not changed their opinion about the program since they started, mainly because they thought it was beneficial from the beginning and they still believe it is after having participated, or simply because they did not have an opinion due to lack of information. Seven respondents did say they changed their opinion; their explanations indicate that they started to appreciate the program once they were in it (for example, one respondent refers to how participating has taught him about how long it takes before alcohol is eliminated from the body).

Nine respondents confirmed they are in treatment and fifteen answered they are not in treatment. Some of those who are not in treatment answered treatment was not offered to them and some answered they do not need it since they do not have a drinking problem and their drinking driving was just a one time event. With respect to the type of treatment, not a lot of useful information is available. A few answered they are seeing a counselor and one respondent mentioned a two day course. Six out of the nine respondents who are in treatment answered no family members are participating in their treatment. When asked about their overall opinion, most people think it is a good program (20 out of 26), mainly because it allows them to continue to drive. Cost is mentioned as an issue a few times as well as difficulties with properly providing a breath sample. Some respondents say the

interlock should be in all cars and one respondent answered the program is 'fabulous'. One respondent also mentioned it has been a challenge to obtain information ('nobody seems to have a clear answer'). Eight respondents only have one vehicle but live with someone else in the household who does have a driver's licence, suggesting that this person would have to use the interlock also.

Data from family was obtained from three voluntary interlock offenders. All three were spouses or common-law partners. One participates in the treatment program offered to the spouse/partner. Two believe that their spouse participating in the interlock program has affected or changed their life. One person reported their spouse is more independent due to the interlock because it is no longer necessary to drive him/her around and the other person points to the fact that it stops their spouse from drinking. When asked how they feel about this, one thinks the interlock program is "a little overboard in certain circumstances" while the other thinks "it is good for him". With respect to their overall opinion of the interlock program, one spouse mentions it was worth a try because he/she does not drive and because they cannot afford taxi fees all the time. The other one thinks participating in the program serves as a reality check for the spouse and helps the spouse appreciate the consequences of his/her decisions.

Two mandatory interlock offenders completed the interview. While the numbers of this survey are low overall, it does not come as a surprise that there are much fewer mandatory interlock offenders who completed an interview compared to the voluntary interlock offenders. This is likely the result of some level of resistance among those who are forced to participate, but it is probably also indicative of a different profile in this group. It will be important to recruit a large enough number of offenders in the third phase of this project so that such differences can be reliably investigated.

One offender answered he/she would rather have not participated in the interlock program because it is annoying, while the other one is happy to be participating because he/she can keep his/her driver's licence. None of them changed their opinion about the program and one of them thinks it is a good program. One is not in any type of treatment program and when asked why, this respondent answered he/she is not drinking any longer. The other respondent says he/she is seeing two counsellors, one mandatory and another one on a voluntary basis. One participant has a family member who is participating in the treatment.

When asked about their overall opinion one answers he/she thinks it is a good program and that it would actually have stopped him/her from re-offending if he/she would have been in it sooner. The other one thinks it is a good program because it allows you to drive again but it is expensive.

In conclusion, these data do not enable researchers to address all of the research questions and to draw definitive conclusions. Information from more offenders has to be available for this. However, the results do provide some insights into attitudes and opinions of offenders about the interlock program. One recurring theme seems to be cost. While almost all offenders agree this is a useful program, mainly because it allows them to continue to drive, in their perception the program is expensive. While it certainly does come at a price, it has been argued that an interlock is not more expensive than a drink per day. Ways of overcoming this issue have to be considered as this could help the streamlined implementation and delivery of this program. Also, the data do suggest several of the interviewed offenders only have one car that has to be shared with other family members or people living with the offender. While family members seemed to be supportive of the program, this could perhaps impede the successful implementation of the program and suggests continued communication with and training of family members may be useful.

4. Conclusions

The purpose of this process evaluation was to compare the implementation of the alcohol ignition interlock program in Nova Scotia to the implementation plan that was designed to guide this initiative. The implementation of an alcohol interlock program requires a comprehensive and detailed plan. These programs frequently involve multiple agencies that must work cooperatively to manage the processing of offenders and effective delivery of service across much broader systems – including the driver licensing system, the enforcement system and the adjudication system. Of some importance, the program in Nova Scotia also is linked to the health system as impaired driving offenders undergo screening, assessment and treatment to identify and target those offenders most in need of intervention. The inclusion of a strong treatment component is based upon a best practice approach designed to both protect the public and promote long-term risk reduction. This feature in particular makes the alcohol interlock program in Nova Scotia the first of its kind in Canada, in conjunction with the use of performance-based exit requirements.

The results of this process evaluation reveal that the implementation of the alcohol interlock program in Nova Scotia overall proceeded according to the plan. While some adjustments were required during program implementation to adapt to a changing environment, some instances of incompatible processes, and to address miscommunication, overall the implementation was highly consistent with the plan that was developed to guide this initiative.

The results of the evaluation indicate that agencies worked as a team to execute the plan and ensure a streamlined delivery of the program. Appropriate attention and emphasis was given to priority issues during the planning process that enabled agencies to identify and avoid potentially significant impediments to and gaps in the implementation. Decision-making among lead agencies involved in the implementation was consensus-based and input was sought from stakeholders at multiple points in the process in order to implement a program that was compatible with the authority, practices and structure of individual agencies as well as their respective place in broader systems.

The development of any implementation plan requires a balance between sufficient attention to detail to minimize challenges, and not being overly prescriptive so that the plan is flexible enough to respond to changing conditions or unanticipated events. The results of this evaluation suggest that the plan that was developed struck an appropriate balance between detail and flexibility as the challenges that were encountered during the implementation were addressed with simple modifications as needed.

With respect to the data obtained from offenders during this process evaluation it warrants mentioning that data acquisition has been somewhat challenging. Due to the requirement to respect the privacy of participating offenders, several procedures were followed to ensure informed consent would be given to researchers before contacting the offenders and collecting or using information. While such procedures are certainly necessary from an ethical point of view, the specific modalities of the procedures adopted during this process evaluation have proven to be inefficient. For example, it was not possible to link information from the interlock data recorder to the other data obtained from offenders using the surveys because no unique identifiers could be used in an effort to protect the identity of offenders. This precluded the investigation of relationships between attitudes and behaviour. Another challenge arose from the low numbers of offenders who volunteered to participate in the survey. Careful consideration will have to be given to modalities of data collection and privacy issues in the next phase of this evaluation project, i.e., the impact evaluation, as such low participation rates would certainly be more problematic for an impact evaluation than they have been for the current process evaluation.

In conclusion, the limited data from offenders do not enable researchers to address all of the research questions of this process evaluation and to draw definitive conclusions. Information from more offenders has to be available for this. However, the results do provide some insights into attitudes and opinions of offenders about the interlock program that can be used to better understand offenders and their thoughts about the program and ways to improve it. More information may become available in the next phase of this project to help answer these research questions and confirm the current findings.

5. Recommendations

The lessons learned during the implementation of any program or policy can be useful to guide the planning process for future initiatives. Recommendations based upon the outcomes of the process evaluation of Nova Scotia's alcohol interlock program are discussed in more detail below. Some recommendations can be useful to other jurisdictions that are considering implementing an interlock program, while others are useful for other jurisdictions as well as Nova Scotia to further enhance the program. In this regard, especially recommendations 5.3, 5.4, 5.7 and 5.8 could be considered by Nova Scotia to streamline the program.

5.1 Consider Environmental Factors that may Impact Implementation

The implementation of any program can be impacted by unrelated conditions and circumstances in the broader environment. These factors may be related to political or economic conditions, a significant change in business practices in an agency that is part of the implementation, levels of public interest in or support for an issue, or changes in related regulations. Such factors can have a profound impact on the implementation and require important changes to an implementation plan. In the case of Nova Scotia's alcohol interlock program, the major transition from a database to a web-based environment at SNSMR did result in delays to the implementation of the alcohol interlock program and some changes to communication strategies because electronic access to information was not immediately available.

5.2 Ensure Implementation is Compatible with Related Policies

The implementation of programs may be based upon or impacted by policies and practices of agencies not directly involved in or implicated by the plan. As part of the planning process it can be helpful to identify what elements of the implementation may be impacted by the policies and practices of external agencies. For example, in Nova Scotia it was determined that the section of the program regulations for the alcohol interlock program specifying who was able to install the alcohol interlock device was incompatible with the regulations of the Department of Labour and Workforce Development. This resulted in a

need for the Department to modify the certification process in relation to installers by creating an exception to the requirement for certification.

5.3 Follow-up Regarding the Documentation of Roles and Responsibilities of Agency Staff

The documentation by agencies of roles and responsibilities of staff involved in any implementation is important to guide staff activities and create accountability. These documents are useful to ensure tasks are completed accordingly and to identify gaps. While regulations typically contain much policy direction regarding procedures and practices, it is important that these are articulated at an operational level as staff may be less familiar with policy documents. Agencies with limited staff or centralized offices may find it is less critical to document roles and responsibilities as gaps in delivery of services may be more readily apparent and easily addressed. However those agencies with a larger number of staff or that deliver services in multiple locations may benefit from such documentation as a strategy to promote consistency in operations. The documentation of roles and responsibilities can also support uniformity in client experiences.

5.4 Strengthen Internal Communication Between Policy and Operational Staff

The implementation of the alcohol interlock program illustrated the importance of strengthened communication strategies between policy and operational staff in individual agencies. There were some instances in which decisions made at a policy level were not clearly communicated to staff and this resulted in misunderstandings regarding the implementation. For example, some staff at Addiction Services were unsure regarding the weight of their recommendations related to entry into or exit from the interlock program given by SNSMR – i.e., which agency made the final decision. Some of this misunderstanding may have been compounded by the transition of some Steering Committee members on and off of the Committee throughout the planning and implementation of the interlock program. One way to resolve some of the communication issues would be to create a core document that outlines the program structure, agency responsibilities, and processes that all staff can refer to for clarification purposes. Such a document would need to be continually updated to reflect any changes made to the program so someone should be appointed to take ownership of this.

5.5 Request the Input of Operational Staff into Training Materials

Training materials are essential to ensure that frontline staff is both prepared for and equipped to manage the delivery of service in any implementation. Frontline staff plays an important role by directly interfacing with clients on a day-to-day basis and they must be comfortable with their role and duties, particularly to instill confidence in clients about the program. When multiple agencies are involved in the implementation of a program, the needs of their respective staff may vary as the function of some staff is different from others. Training materials must account for these differences and respond to the needs of individual staff. For example, frontline police officers had some very specific questions regarding appropriate ways to conduct an investigation to account for interlock-restricted drivers, and the way in which this program interacted with existing laws and enforcement policies. Inquiries to frontline staff regarding their issues and concerns prior to the creation of training materials can inform development, reduce duplication, and tailor materials to ensure they are targeted accordingly.

5.6 Provide Opportunities for Frontline Staff to Examine New Technologies

The introduction of new technologies as part of a program implementation can be intimidating for both staff and prospective clients. Although during the course of the program staff may have limited contact with such technology, it is important that they have adequate knowledge of and experience with the technology, if only to ensure that they are capable of responding to client inquiries and concerns. For example, few police officers had the opportunity to directly examine an interlock device during the implementation of the interlock program. Some officers had to contact supervising officers during traffic stops before proceeding with a traffic investigation at the roadside to ensure that they were able to conduct an appropriate investigation, because they had not previously seen the interlock device. The ability of staff to experience the technology can also reinforce training and overcome reluctance. Similarly, Addiction Services staff were frequently asked questions about the technology by clients. Some staff reported that having been able to try the device would have been useful to help them address clients' concerns. They also reported that having a device to show clients would have been beneficial. While some agency staff were able to test the device during the implementation of the interlock program, a broader application of this practice would be useful.

5.7 Deliver Ongoing Public Education

Public education is an important element of any program implementation. However, despite the best efforts in this area by agencies and the use of a multi-pronged approach, there will continue to be public inquiries about the program, particularly as time goes by and more people come into contact with it. The need for information of the public can be directed towards multiple agencies and impact several points of the implementation, including when the program is announced, immediately before it is launched, and several months downstream. Because initial levels of salience about this program among the public may dissipate (e.g., as a result of lowered media attention or attention in general), it is important a minimum level of delivering public education be maintained. Agencies should expect that there will be a continuing need to raise public awareness about the program and provide information to the public post-implementation. Ongoing educational efforts can help reduce demands on frontline staff to respond to the public and ensure a stronger focus on core functions of staff.

5.8 Continued Meetings of the Steering Committee to Review Implementation Progress

Once the implementation is underway, the focus of agencies involved in implementation is more internally oriented to ensure assigned tasks are completed, staff receives training, operational procedures are effective and that the implementation plan is executed accordingly. At the same time, it is equally important that progress on activities is collectively reviewed to ensure that tasks continue to be coordinated across agencies and the implications of needed internal changes and any resulting impacts on partner agencies are identified. More importantly, the recognition of these impacts can minimize unintended negative consequences for agencies. For example, the ability of offenders to take temporary leave from the interlock program impacted the workload of some Addiction Services staff who continued to attempt to follow up with these clients. While this misunderstanding may be the result of an oversight with respect to communication within departments rather than the lack of communication between departments, with the implementation of a complex program it is not unlikely or abnormal that such oversights happen. In this regard, ongoing (albeit less frequent) meetings of the Steering Committee and/or the ongoing involvement of the project manager during the implementation phase can serve to facilitate communication about the program and resulting changes in practices and procedures

within and across agencies and minimize impacts on agencies. These meetings can reinforce the systems-based approach to implementation.

5.9 Documentation of Program Implementation

Efforts to continually document decision-making and track progress regarding the implementation of a program as well as timelines, can facilitate and support the evaluation of a program.

5.10 Facilitate Obtaining Informed Consent at Beginning of Implementation and at Multiple Points in Program Delivery

It is crucial that the privacy of participants in a research project be protected. From an ethical point of view it is a prerequisite to protect their interests so appropriate protocols have to be developed and adopted. On the other hand, the specific modalities of conducting the research should not be overly tedious as this can become problematic (for example, if it makes it too challenging to collect or use any information at all). For this reason, it can be useful to anticipate the need for informed consent from participants in a program who may become subjects in a research project later downstream. It is recommended a process be developed beforehand to facilitate data collection and analysis for the evaluation of the program. For example, obtaining informed consent from subjects can be facilitated simply by asking participants in the interlock program if they agree they would be contacted later downstream for research purposes. This does not mean that a "blanket consent form" would be obtained from participants in the interlock program, as this may infringe their privacy. It rather means that obtaining informed consent would be facilitated by asking permission to contact subjects once preparations for a research study are underway and by asking for their contact information.

APPENDIX A:

Answers to System-Related Research Questions

Q: Are all involved stakeholders aware of all program components and do they understand what their roles are? Do they understand the workflow?

A: Yes, each of the stakeholders involved is aware of and familiar with the different components and requirements of the program from the point at which the offender enters the program until the offender exits the program. For the majority of staff involved in the program, there appears to be a good understanding of workflow and key decision-making points and authorities.

Q: What lines of communication and communication protocols exist between the different components and stakeholders of the program?

A: The lines of communication and protocols between different components of the program are largely electronic. For example, when the assessment of an offender is completed by Addiction Services, the information is forwarded electronically to the RMV. Initially during implementation, there were some minor communication challenges which occurred largely because the new RMV web-based applications were not entirely completed. These challenges have been addressed and are expected to decline once Addiction Services has electronic access to the RMV web-based applications.

There are less formal communication protocols in relation to verbal exchanges. While there was verbal communication between agencies, in many instances staff from one agency would contact another agency to seek information on specific issues.

Q: What do stakeholders think about the program? Did they buy in? Were they supportive?

A: Stakeholders were initially less supportive of the program due to the costs and workload associated with implementation and concerns relating to the extent of benefits that would be accrued. However, once decision to move forward with implementation was reached, the stakeholders were actively engaged in implementation and were supportive of making the program a success.

Q: Did stakeholders receive training or information sessions?

A: Yes, all of the stakeholders received training opportunities and/or training. The nature, extent and quality of the training varied across agencies for a variety of reasons including level of interest among staff, number of staff in need of training, the number of locations in which training had to be delivered, and the type of materials available. As the lead agency for the program, the RMV both offered to deliver and delivered a range of training sessions to other program partners. The timing of the delivery of training also varied in some instances due to logistical reasons.

Q: Was the training helpful?

A: Overall the training was helpful and addressed many of the questions/concerns of agency staff. Some agencies with staff that require more detailed information about the operation of the device (e.g., police) would have benefited from participation in the development of training materials to better target their specific concerns and/or from some “refresher” training once the program was fully implemented.

Q: Did stakeholders have problems using the interlock device?

A: Stakeholders were generally familiar with the interlock device and encountered no problems using it. Not all staff in each agency had the opportunity to physically see/use an actual device prior to implementation. This was due to the large number of staff that was involved in some agencies and the smaller number of available demos. Once implementation was underway, efforts were made to provide all staff with an opportunity to familiarize themselves with the device and the service provider was very helpful in delivering these sessions.

Q: Were service providers helpful, knowledgeable?

A: Yes, all stakeholders were generally pleased with the quality and quantity of the service that was provided. They found the service provider to be very knowledgeable and helpful in answering questions, responding to requests, and providing information. In addition, staff reported that clients indicated satisfaction in relation to installation of and downloads from the device. Several respondents who participated in the offender surveys also reported being happy with the service provider.

Q: Did stakeholders go to the service provider or use remote services? How did this work?

A: Stakeholders issued an RFP and selected a service provider through the bidding process. The service provider is located in Nova Scotia. The number and location of service centers was specified in the contract with the provider, however this was re-negotiated during implementation due to the number of rural areas in need of servicing and challenges associated with staffing. There is sufficient availability of service throughout Nova Scotia and it is anticipated that the number and location of service centers will increase once the program is fully operational.

Q: Are there difficulties with administration of the program from the perspective of the stakeholders?

A: Stakeholders are generally pleased with the administration of the program. It is a well-designed program that has a designated authority and agencies are knowledgeable about the processes and protocols in relation to program administration. There were of course some initial challenges that resulted from unanticipated issues such as the inability of agencies to access information electronically, and the modifications to the number and location of service providers. However, these issues were minor and were quickly addressed.

Q: How has implementation of the program varied from one region to another?

A: The implementation of the program has been consistent across regions. The operation of the program in terms of protocols and practices is similar across regions. There are a few minor inconsistencies which are related to the large number of locations/staff associated with some agencies (e.g., Addiction Services, police) and some differences in pre-existing practices. For example, staff in rural locations with a smaller client base is able to spend more time with individual clients. Also, the location and availability of service centers across the province has resulted in some clients relying upon slightly different strategies to obtain service until the number of service locations grows.

Q: How was the interaction between stakeholders? Were stakeholders able/willing to share information across agencies? Were there any barriers to this?

A: The interaction between stakeholders was positive and they were generally able to share information as needed across agencies. The main barrier to sharing information is in relation to the Freedom of Information and Protection of Privacy Act which limited the types of information that SNSMR was able to provide to both Addiction Services and the police. This posed some minor challenges but was not a major concern to stakeholders.

Q: Was the information/data provided by the service provider useful?

A: Yes, the agencies found the information provided by the service provider useful. In particular, Addiction Services staff found the information about drinking behaviour of value in working with clients.

Q: Did we get the information needed to administer the program effectively?

A: Yes, information gathered during the process evaluation has provided some clear insights into what strategies worked well, where problems occurred, and most importantly ways in which they can be addressed.

Q: Do stakeholders feel the program will be a deterrent for others when it comes to drinking and driving?

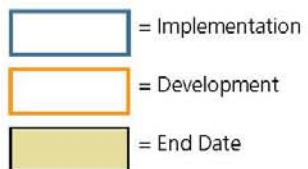
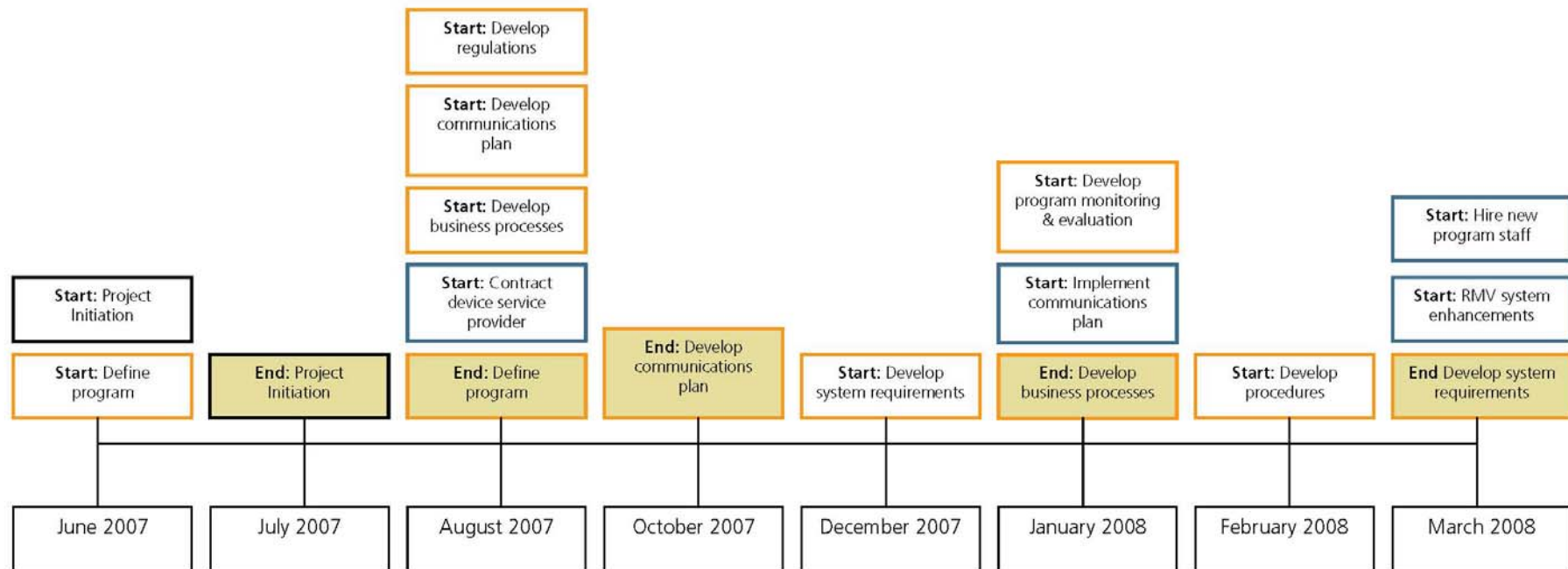
A: As the program progressed, more stakeholders agreed that the program would be a deterrent and that the actual degree of deterrence may be a function of the type of offender. For example, for those offenders who had a reasonable prospect of successfully completing the interlock program, it would be more of a deterrent than to those facing long suspension or revocation periods.

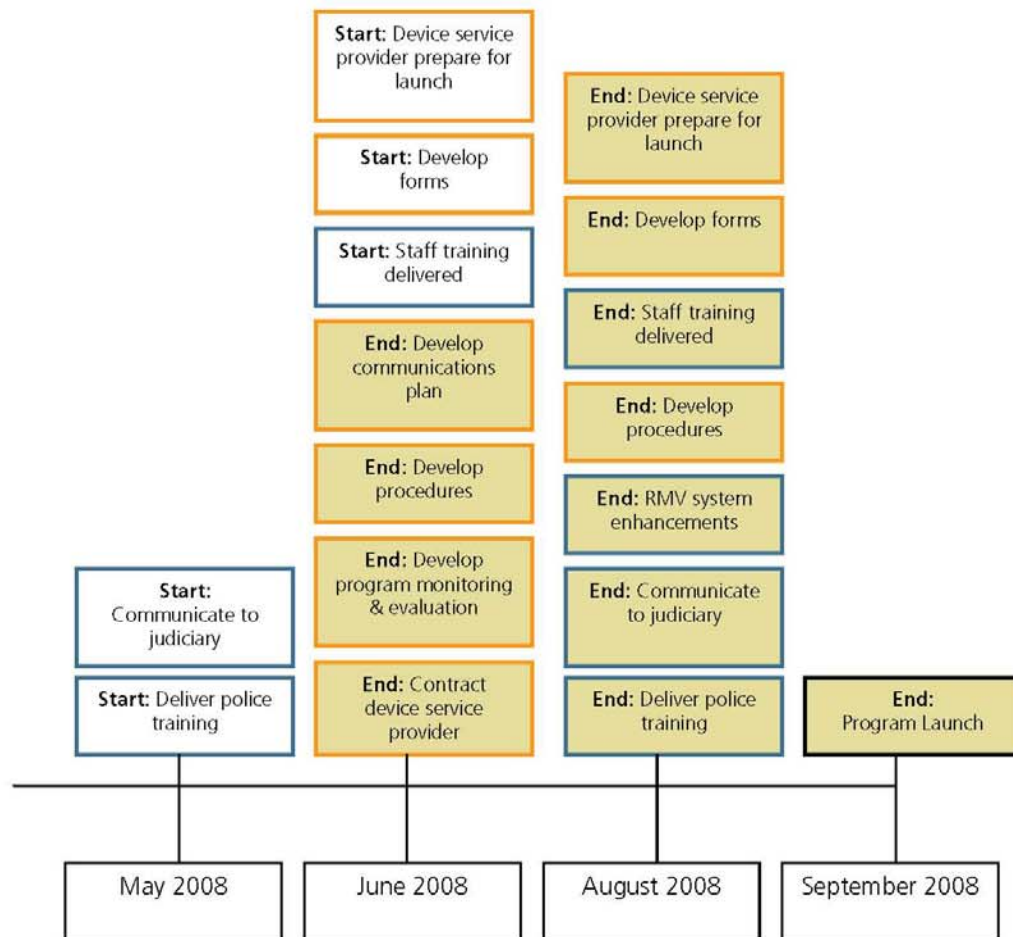
Q: How effective are the processes for tracking/monitoring offenders?

A: The processes for tracking/monitoring offenders are effective for those drunk drivers who are enrolled in the program.

APPENDIX B:

IMPLEMENTATION TIMELINE





- = Implementation
- = Development
- = End Date

APPENDIX C:

AGENCY CHECKLIST

Addiction Services

Checklist #1: Internal Planning and Preparation

For each of the following questions, if the answer is yes please check the box.

A: Preparing for implementation

- ☐ Did you appoint a project manager to oversee the implementation process of the alcohol interlock program?
- ☐ Was a manager or representative from each agency or department involved in the alcohol interlock implementation and included in the project?
- ☐ Did you identify the person or agency that will be responsible for managing the alcohol interlock program?
- ☐ Did you consult with stakeholders who will be involved in the alcohol interlock program (e.g., prosecutors, judges, treatment professionals, law enforcement, defence counsel, and service providers/manufacturers) to gather relevant input and perspectives?
- ☐ Did stakeholders establish and agree to the purpose and goals of using the alcohol interlock in your jurisdiction?
- ☐ Did you develop an implementation plan that specifies:
 - ☐ a description of the project manager's responsibilities;
 - ☐ a list of involved stakeholders and an indication of their role and contact information;
 - ☐ a time frame with milestones and deliverables for the implementation process; and,
 - ☐ a list of actions assigned to different people/agencies?
- ☐ Did you organize a field study that involves a dry run (allowing front-line staff to 'experiment' with the technology and experience it) and/or a small-scale field study using the technology on real test subjects (i.e., offenders)?
- ☐ Did you contact other jurisdictions to identify technical aspects of their alcohol interlock program (e.g., standardizing calibrations methods, allowing fuel cell devices only, physical inspections of service centers)?

B: Accountability

- ☐ Are the roles and responsibilities of all agencies involved in the alcohol interlock program documented?
- ☐ Did you consider the work-flow involved in the operation of an alcohol interlock program beginning with the moment a drunk driver is arrested through to the moment the interlock device is removed after completion of the monitoring period?
 - ☐ Did you document what the work-flow would be in the form of a chart?
 - ☐ Did you integrate the data that is captured by the alcohol interlock device into the work-flow chart to illustrate critical events and provide an understanding of responsibilities related to reporting?

Addiction Services

- ☐ Have the responses to and/or consequences of violations been integrated into the work-flow chart?
- ☐ Did you consider strategies to minimize workload associated with reporting?
- ☐ Did you identify with input from relevant stakeholders weaknesses in the work-flow that may become problematic?
- ☐ Did you develop back-up plans or alternatives to deal with such problems?
- ☐ Did you agree on definitions of alcohol interlock program violations, i.e., what types of behaviour will be logged as a violation and precipitate an early recall?
- ☐ Did you consider the way in which definitions of specific program violations impact the volume of work and the financial costs associated with monitoring?
- ☐ Did you consider the financial implications around the frequency of monitoring and reporting?
- ☐ Did you consider how the amount of work associated with monitoring offenders will vary as they progress through the program?
- ☐ Do you have a medical waiver for offenders that cannot provide a breath sample into the alcohol interlock?

Checklist #2: Implementation

For each of the following questions, if the answer is yes please check the box.

A: Goals of the device

- ☐ Which of the following goals of the interlock program is considered most important by your agency?
 - ☐ incapacitation
 - ☐ deterrence
 - ☐ punishment
 - ☐ rehabilitation
 - ☐ other

B: Regulations and policy

- ☐ Are regulations supported by policy that articulates practices and procedures for managing offenders on an alcohol interlock?
- ☐ Were agencies and practitioners who are involved in delivering alcohol interlocks to offenders actively engaged in policy development?

C: Resource allocation:

- ☐ Is the alcohol interlock program tailored to and supported by appropriate levels of resources that are needed in the jurisdiction? These include: financial resources; staffing; infrastructure; and service providers.
 - ☐ Does the lead agency have the appropriate amount of financial resources; staffing; infrastructure; and service providers to manage the program?
 - ☐ Does your agency have the appropriate amount of financial resources; staffing; infrastructure; and service providers?

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D: Eligibility

- ☐ Is your agency aware of which categories of offenders are eligible for supervision using an alcohol interlock and the requirements that offenders must meet prior to entering the program?
- ☐ Is your agency aware of what categories of offenders are not eligible for supervision using an alcohol interlock device?
 - ☐ Offenders who kill or seriously injure others as a result of a drunk driving crash.
 - ☐ Offenders who are eligible unless otherwise prohibited.
- ☐ Do eligibility requirements facilitate the entry of offenders into the program and not discourage or prevent offenders from entering the alcohol interlock program? Do requirements include:
 - ☐ Permission from the vehicle owner for installation of the device.
 - ☐ Payment of outstanding fines and fees.
 - ☐ Completion of a short licence suspension or “hard” suspension period.
- ☐ Are offenders removed from the alcohol interlock program for persistent non-compliance?

E: Installation

- ☐ Are offenders able to have the alcohol interlock installed as soon as possible upon conviction?
- ☐ Is there a procedure that enables licensing agencies to confirm that the device was installed as ordered? Does it include that:
 - ☐ The offender is required to produce the certificate of installation to confirm that the device has been installed.
 - ☐ Interlock restrictions are clearly noted and regularly updated on the driver record.
- ☐ Is there a strategy to accommodate installations in rural jurisdictions?

F: Monitoring

- ☐ Are offenders informed regarding the:
 - ☐ requirements of supervision;
 - ☐ exiting the program; and
 - ☐ the consequences that will be imposed in response to non-compliance or compliance?
- ☐ Are staff aware that those offenders who demonstrate persistent non-compliance with the device and/or other conditions of sentencing are at greater risk of recidivism?
- ☐ Can the level of supervision be modified according to an offender’s level of risk (as determined by their level of compliance with the device and other sentencing conditions)?
- ☐ Has an agency with the proper authority been designated with the responsibility of monitoring offenders with an alcohol interlock device?
- ☐ Has a user-friendly system of reporting been implemented?
- ☐ Have staff worked closely with service providers to ensure that:
 - ☐ the reports provided to them contain relevant information that informs decision-making;
 - ☐ are easy-to-read and interpret; and
 - ☐ re submitted according to a specific schedule?

Addiction Services

- ☐ Have service providers been informed by the monitoring agency when and how reports will be submitted to avoid confusion or delays?
- ☐ Have service providers trained monitoring staff in the use of the reports to ensure that staff have a clear understanding of the data provided?
- ☐ Are staff familiar with the actions that can be taken in response to particular events or violations and have the authority and ability to apply them accordingly?
- ☐ Have staff been encouraged to respond to and reinforce compliant behaviour to encourage continued compliance?
- ☐ Is there a strategy to accommodate monitoring in rural jurisdictions?

G: Reporting

- ☐ Are the reports that are submitted by service providers to the monitoring agency:
 - ☐ clear;
 - ☐ relevant;
 - ☐ meaningful; and
 - ☐ standardized?
- ☐ Does the monitoring agency specify:
 - ☐ what elements of information should be reported;
 - ☐ key information that should be highlighted;
 - ☐ how it should be reported; and
 - ☐ how frequently it should be reported?
- ☐ Are the following pieces of data included in reports:
 - ☐ Alcohol positive breath tests (above the pre-set limit);
 - ☐ Failure to provide tests as required;
 - ☐ Tampering and circumvention attempts;
 - ☐ Vehicle lockouts; and
 - ☐ Early recalls.
- ☐ Are all activities that are identified as “violations” (in the regulations) routinely reported by service providers?
- ☐ Is the flow of paperwork between and among agencies (including any treatment providers) understood by all agencies that are involved in the alcohol interlock program?
- ☐ Are the following pieces of data included in reports:
 - ☐ Alcohol positive breath tests (above the pre-set limit);
 - ☐ Failure to provide tests as required;
 - ☐ Tampering and circumvention attempts;
 - ☐ Vehicle lockouts; and
 - ☐ Early recalls.

Addiction Services

- ☐ Did you consider requiring that reports and reporting be software driven to eliminate subjective reporting by the provider?
- ☐ Did you consider web-based access to the manufacturer's web site, e.g., to look up client records, determine next service date or where client is serviced?

H: Screening and Treatment

- ☐ Are offenders that are supervised using the alcohol interlock screened prior to entering the alcohol interlock program to identify any appropriate treatment interventions that should be applied in conjunction with the alcohol interlock device?
 - ☐ Has a valid and reliable screening instrument been approved for use?
 - ☐ Are treatment providers able to access the data collected by the alcohol interlock device to monitor offender progress in treatment and movement through the stages of change?
 - ☐ Are treatment providers able to understand and accurately interpret the data collected by the device and reports submitted by the interlock service provider?

I: Sanctions and Reinforcement

- ☐ Have policy makers and program authorities agreed upon and identified what types of appropriate and achievable sanctions and reinforcements will be available to respond to offender behaviour while on the alcohol interlock device?
- ☐ Are violations defined in a way that is not too strict (to increase workload) or too lenient (to encourage non-compliance)?
- ☐ Are there graduated sanctions that can be applied to non-compliant offenders? If so, do they include:
 - ☐ Meeting with the offender to discuss the event and review program requirements.
 - ☐ Increasing supervision contacts or the frequency of downloads from the device.
 - ☐ Extending the time on the alcohol interlock.
 - ☐ Brief period of hard suspension.
- ☐ Are there graduated reinforcements for compliant offenders? If so, do they include:
 - ☐ Giving verbal praise during regular meetings.
 - ☐ Decreasing the frequency of monitoring/reporting.
 - ☐ Providing a certificate to recognize compliance.

J: Exiting the Program

- ☐ Are performance-based criteria used to determine when the device can be removed?
 - ☐ Are offenders who are persistently non-compliant are retained on the device and monitored until they can demonstrate control over their drinking behaviour?
 - ☐ Are requirements for exiting the program made clear to offenders?

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- ☐ Did you identify the person or agency that will be responsible for managing the alcohol interlock program?
- ☐ Did you consult with stakeholders who will be involved in the alcohol interlock program (e.g., prosecutors, judges, treatment professionals, law enforcement, defence counsel, and service providers/manufacturers) to gather relevant input and perspectives?
- ☐ Did stakeholders establish and agree to the purpose and goals of using the alcohol interlock in your jurisdiction?
- ☐ Did you develop an implementation plan that specifies:
 - ☐ a description of the project manager's responsibilities;
 - ☐ a list of involved stakeholders and an indication of their role and contact information;
 - ☐ a time frame with milestones and deliverables for the implementation process; and,
 - ☐ a list of actions assigned to different people/agencies?
- ☐ Did you organize a field study that involves a dry run (allowing front-line staff to 'experiment' with the technology and experience it) and/or a small-scale field study using the technology on real test subjects (i.e., offenders)?
- ☐ Did you contact other jurisdictions to identify technical aspects of their alcohol interlock program (e.g., standardizing calibrations methods, allowing fuel cell devices only, physical inspections of service centers)?

B: Accountability

- ☐ Are the roles and responsibilities of all agencies involved in the alcohol interlock program documented?
- ☐ Did you consider the work-flow involved in the operation of an alcohol interlock program beginning with the moment a drunk driver is arrested through to the moment the interlock device is removed after completion of the monitoring period?
 - ☐ Did you document what the work-flow would be in the form of a chart?
 - ☐ Did you integrate the data that is captured by the alcohol interlock device into the work-flow chart to illustrate critical events and provide an understanding of responsibilities related to reporting?

Justice

- ☐ Have the responses to and/or consequences of violations been integrated into the work-flow chart?
- ☐ Did you consider strategies to minimize workload associated with reporting?
- ☐ Did you identify with input from relevant stakeholders weaknesses in the work-flow that may become problematic?
- ☐ Did you develop back-up plans or alternatives to deal with such problems?
- ☐ Did you agree on definitions of alcohol interlock program violations, i.e., what types of behaviour will be logged as a violation and precipitate an early recall?
- ☐ Did you consider the way in which definitions of specific program violations impact the volume of work and the financial costs associated with monitoring?
- ☐ Did you consider the financial implications around the frequency of monitoring and reporting?
- ☐ Did you consider how the amount of work associated with monitoring offenders will vary as they progress through the program?
- ☐ Do you have a medical waiver for offenders that cannot provide a breath sample into the alcohol interlock?

Checklist #2: Implementation

For each of the following questions, if the answer is yes please check the box.

A: Goals of the device

- ☐ Which of the following goals of the interlock program is considered most important by your agency?
 - ☐ incapacitation
 - ☐ punishment
 - ☐ other
 - ☐ deterrence
 - ☐ rehabilitation

B: Regulations and policy

- ☐ Do alcohol interlock regulations or policy have the following components:
 - ☐ The offender is not required to own the vehicle that the device is installed upon.
 - ☐ It is an offence to drive a non-interlocked vehicle.
 - ☐ It is an offence to attempt to or to tamper with or circumvent an alcohol interlock device.
 - ☐ It is an offence to provide a breath sample to an interlock-restricted driver to enable them to start an interlocked vehicle.
 - ☐ It is an offence for an interlock-restricted driver to request another person to provide the breath sample to start the interlocked vehicle.
 - ☐ It is an offence to knowingly loan or rent a non-interlocked vehicle to an interlock-restricted driver.
- ☐ Are alcohol interlock regulations compatible and consistent with existing criminal legislation and administrative laws such that it does not create loopholes or gaps that allow offenders to avoid the alcohol interlock or any other impaired driving sanctions?

Justice

- ☐ Are regulations supported by policy that articulates practices and procedures for managing offenders on an alcohol interlock?
- ☐ Were agencies and practitioners who are involved in delivering alcohol interlocks to offenders actively engaged in policy development?

C: Resource allocation:

- ☐ Is the alcohol interlock program tailored to and supported by appropriate levels of resources that are needed in the jurisdiction? These include: financial resources; staffing; infrastructure; and service providers.
 - ☐ Does the lead agency have the appropriate amount of financial resources; staffing; infrastructure; and service providers to manage the program?
 - ☐ Does your agency have the appropriate amount of financial resources; staffing; infrastructure; and service providers?
- ☐ Do courts and/or licensing authorities have the capacity to handle the volume of violation and revocation hearings that may occur as a result of persistent non-compliance?

D: Eligibility

- ☐ Is your agency aware of which categories of offenders are eligible for supervision using an alcohol interlock and the requirements that offenders must meet prior to entering the program?
- ☐ Is your agency aware of what categories of offenders are not eligible for supervision using an alcohol interlock device?
 - ☐ Offenders who kill or seriously injure others as a result of a drunk driving crash.
 - ☐ Offenders who are eligible unless otherwise prohibited.
- ☐ Do eligibility requirements facilitate the entry of offenders into the program and not discourage or prevent offenders from entering the alcohol interlock program? Do requirements include:
 - ☐ Permission from the vehicle owner for installation of the device.
 - ☐ Payment of outstanding fines and fees.
 - ☐ Completion of a short licence suspension or "hard" suspension period.
- ☐ Are offenders removed from the alcohol interlock program for persistent non-compliance?

E: Enforcement

- ☐ Are police officers able to identify alcohol interlock restricted drivers on the roads?
 - ☐ Are driver records updated to reflect the driving restriction?
 - ☐ Is the alcohol interlock restriction clearly noted on the driver's licence?
 - ☐ Can officers access driver records at the roadside to identify restricted drivers?

F: Sanctions and Reinforcement

- ☐ Have policy makers and program authorities agreed upon and identified what types of appropriate and achievable sanctions and reinforcements will be available to respond to offender behaviour while on the alcohol interlock device?
- ☐ Are violations defined in a way that is not too strict (to increase workload) or too lenient (to encourage non-compliance)?



Justice

G: Court Testimony

- ☐ Did you include a clause in the rules or contract that describes the information that the alcohol interlock service provider and/or manufacturer must provide to the court when a violation has occurred and is being challenged by the interlock client?
- ☐ Did you include a specific timeframe in which the vendor or service provider must respond to this request or provide this information?
- ☐ Did you include a clause in the rules or contract to address the issue of expert testimony in the event of legal challenges to the device and/or reports? For example:
 - ☐ Does the contract state that the alcohol interlock service provider and/or manufacturer will provide or make available any expert witness?
 - ☐ Does the contract describe how such testimony will be delivered (e.g., in person, by telephone)?
 - ☐ Does the contract outline the criteria for qualification as an expert witness?
 - ☐ Does the contract address the coverage of any associated costs when court testimony is required?





Checklist #1: Internal Planning and Preparation

For each of the following questions, if the answer is yes please check the box.

A: Preparing for implementation

- ☐ Did you appoint a project manager to oversee the implementation process of the alcohol interlock program?
- ☐ Was a manager or representative from each agency or department involved in the alcohol interlock implementation and included in the project?
- ☐ Did you identify the person or agency that will be responsible for managing the alcohol interlock program?
- ☐ Did you consult with stakeholders who will be involved in the alcohol interlock program (e.g., prosecutors, judges, treatment professionals, law enforcement, defence counsel, and service providers/manufacturers) to gather relevant input and perspectives?
- ☐ Did stakeholders establish and agree to the purpose and goals of using the alcohol interlock in your jurisdiction?
- ☐ Did you develop an implementation plan that specifies:
 - ☐ a description of the project manager's responsibilities;
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 - ☐ a time frame with milestones and deliverables for the implementation process; and,
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- ☐ Did you organize a field study that involves a dry run (allowing front-line staff to 'experiment' with the technology and experience it) and/or a small-scale field study using the technology on real test subjects (i.e., offenders)?
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B: Accountability

- ☐ Are the roles and responsibilities of all agencies involved in the alcohol interlock program documented?
- ☐ Did you consider the work-flow involved in the operation of an alcohol interlock program beginning with the moment a drunk driver is arrested through to the moment the interlock device is removed after completion of the monitoring period?
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- ☐ Are alcohol interlock regulations compatible and consistent with existing criminal legislation and administrative laws such that it does not create loopholes or gaps that allow offenders to avoid the alcohol interlock or any other impaired driving sanctions?

- ☐ Are regulations supported by policy that articulates practices and procedures for managing offenders on an alcohol interlock?
- ☐ Were agencies and practitioners who are involved in delivering alcohol interlocks to offenders actively engaged in policy development?

C: Resource allocation:

- ☐ Is the alcohol interlock program tailored to and supported by appropriate levels of resources that are needed in the jurisdiction? These include: financial resources; staffing; infrastructure; and service providers.
 - ☐ Does the lead agency have the appropriate amount of financial resources; staffing; infrastructure; and service providers to manage the program?
 - ☐ Does your agency have the appropriate amount of financial resources; staffing; infrastructure; and service providers?
- ☐ Are staff that are responsible for monitoring informed that the workload associated with monitoring offenders will be heavier at the outset as offenders initially test the ability of the device to accurately detect drinking events and determine if there are consequences for non-compliance?
- ☐ Do courts and/or licensing authorities have the capacity to handle the volume of violation and revocation hearings that may occur as a result of persistent non-compliance?

D: Eligibility

- ☐ Is your agency aware of which categories of offenders are eligible for supervision using an alcohol interlock and the requirements that offenders must meet prior to entering the program?
- ☐ Is your agency aware of what categories of offenders are not eligible for supervision using an alcohol interlock device?
 - ☐ Offenders who kill or seriously injure others as a result of a drunk driving crash.
 - ☐ Offenders who are eligible unless otherwise prohibited.
- ☐ Do eligibility requirements facilitate the entry of offenders into the program and not discourage or prevent offenders from entering the alcohol interlock program? Do requirements include:
 - ☐ Permission from the vehicle owner for installation of the device.
 - ☐ Payment of outstanding fines and fees.
 - ☐ Completion of a short licence suspension or “hard” suspension period.
- ☐ Are offenders removed from the alcohol interlock program for persistent non-compliance?

E: Installation

- ☐ Are offenders able to have the alcohol interlock installed as soon as possible upon conviction?
- ☐ Is there a procedure that enables licensing agencies to confirm that the device was installed as ordered? Does it include that:
 - ☐ The offender is required to produce the certificate of installation to confirm that the device has been installed.
 - ☐ Interlock restrictions are clearly noted and regularly updated on the driver record.

- ☐ Is there a strategy to accommodate installations in rural jurisdictions?

F: Enforcement

- ☐ Are police officers able to identify alcohol interlock restricted drivers on the roads?
 - ☐ Are driver records updated to reflect the driving restriction?
 - ☐ Is the alcohol interlock restriction clearly noted on the driver's licence?
 - ☐ Can officers access driver records at the roadside to identify restricted drivers?

G: Monitoring

- ☐ Are offenders informed regarding the:
 - ☐ requirements of supervision;
 - ☐ exiting the program; and
 - ☐ the consequences that will be imposed in response to non-compliance or compliance?
- ☐ Are staff aware that those offenders who demonstrate persistent non-compliance with the device and/or other conditions of sentencing are at greater risk of recidivism?
- ☐ Can the level of supervision be modified according to an offender's level of risk (as determined by their level of compliance with the device and other sentencing conditions)?
- ☐ Has an agency with the proper authority been designated with the responsibility of monitoring offenders with an alcohol interlock device?
- ☐ Has a user-friendly system of reporting been implemented?
- ☐ Have staff worked closely with service providers to ensure that:
 - ☐ the reports provided to them contain relevant information that informs decision-making;
 - ☐ are easy-to-read and interpret; and
 - ☐ re submitted according to a specific schedule?
- ☐ Have service providers been informed by the monitoring agency when and how reports will be submitted to avoid confusion or delays?
- ☐ Have service providers trained monitoring staff in the use of the reports to ensure that staff have a clear understanding of the data provided?
- ☐ Are staff familiar with the actions that can be taken in response to particular events or violations and have the authority and ability to apply them accordingly?
- ☐ Have staff been encouraged to respond to and reinforce compliant behaviour to encourage continued compliance?
- ☐ Is there a strategy to accommodate monitoring in rural jurisdictions?

H: Reporting

- ☐ Are the reports that are submitted by service providers to the monitoring agency:
 - ☐ clear;
 - ☐ relevant;



- ☐ meaningful; and
- ☐ standardized?
- ☐ Does the monitoring agency specify:
 - ☐ what elements of information should be reported;
 - ☐ key information that should be highlighted;
 - ☐ how it should be reported; and
 - ☐ how frequently it should be reported?
- ☐ Are the following pieces of data included in reports:
 - ☐ Alcohol positive breath tests (above the pre-set limit);
 - ☐ Failure to provide tests as required;
 - ☐ Tampering and circumvention attempts;
 - ☐ Vehicle lockouts; and
 - ☐ Early recalls.
- ☐ Are all activities that are identified as “violations” (in the regulations) routinely reported by service providers?
- ☐ Is the flow of paperwork between and among agencies (including any treatment providers) understood by all agencies that are involved in the alcohol interlock program?

I: Screening and Treatment

- ☐ Are offenders that are supervised using the alcohol interlock screened prior to entering the alcohol interlock program to identify any appropriate treatment interventions that should be applied in conjunction with the alcohol interlock device?
 - ☐ Has a valid and reliable screening instrument been approved for use?
 - ☐ Are treatment providers able to access the data collected by the alcohol interlock device to monitor offender progress in treatment and movement through the stages of change?
 - ☐ Are treatment providers able to understand and accurately interpret the data collected by the device and reports submitted by the interlock service provider?

J: Sanctions and Reinforcement

- ☐ Have policymakers and program authorities agreed upon and identified what types of appropriate and achievable sanctions and reinforcements will be available to respond to offender behaviour while on the alcohol interlock device?
- ☐ Are violations defined in a way that is not too strict (to increase workload) or too lenient (to encourage non-compliance)?
- ☐ Are there graduated sanctions that can be applied to non-compliant offenders? If so, do they include:
 - ☐ Meeting with the offender to discuss the event and review program requirements.
 - ☐ Increasing supervision contacts or the frequency of downloads from the device.
 - ☐ Extending the time on the alcohol interlock.
 - ☐ Brief period of hard suspension.
- ☐ Are there graduated reinforcements for compliant offenders? If so, do they include:
 - ☐ Giving verbal praise during regular meetings.
 - ☐ Decreasing the frequency of monitoring/reporting.
 - ☐ Providing a certificate to recognize compliance.



RMV

K: Exiting the Program

- ☐ Are performance-based criteria used to determine when the device can be removed?
 - ☐ Are offenders who are persistently non-compliant are retained on the device and monitored until they can demonstrate control over their drinking behaviour?
 - ☐ Are requirements for exiting the program made clear to offenders?

Checklist #1: Implementation

For each of the following questions, if the answer is yes please check the box.

A: Resource allocation:

- ☐ Is the alcohol interlock program tailored to and supported by appropriate levels of resources that are needed in the jurisdiction? These include: financial resources; staffing; infrastructure; and service providers.
 - ☐ Does the lead agency have the appropriate amount of financial resources; staffing; infrastructure; and service providers to manage the program?
 - ☐ Does your agency have the appropriate amount of financial resources; staffing; infrastructure; and service providers?
- ☐ Are staff that are responsible for monitoring informed that the workload associated with monitoring offenders will be heavier at the outset as offenders initially test the ability of the device to accurately detect drinking events and determine if there are consequences for non-compliance?

B: Installation

- ☐ Are offenders able to have the alcohol interlock installed as soon as possible upon conviction?
- ☐ Is there a procedure that enables licencing agencies to confirm that the device was installed as ordered? Does it include that:
 - ☐ The offender is required to produce the certificate of installation to confirm that the device has been installed.
 - ☐ Interlock restrictions are clearly noted and regularly updated on the driver record.
- ☐ Is there a strategy to accommodate installations in rural jurisdictions?

C: Monitoring

- ☐ Are offenders informed regarding the:
 - ☐ requirements of supervision;
 - ☐ exiting the program; and
 - ☐ the consequences that will be imposed in response to non-compliance or compliance?
- ☐ Can the level of supervision be modified according to an offender's level of risk (as determined by their level of compliance with the device and other sentencing conditions)?
- ☐ Has an agency with the proper authority been designated with the responsibility of monitoring offenders with an alcohol interlock device?
- ☐ Has a user-friendly system of reporting been implemented?
- ☐ Have staff worked closely with service providers to ensure that:
 - ☐ the reports provided to them contain relevant information that informs decision-making;
 - ☐ are easy-to-read and interpret; and
 - ☐ re submitted according to a specific schedule?

Service Providers

- ☐ Have service providers been informed by the monitoring agency when and how reports will be submitted to avoid confusion or delays?
- ☐ Have service providers trained monitoring staff in the use of the reports to ensure that staff have a clear understanding of the data provided?
- ☐ Are staff familiar with the actions that can be taken in response to particular events or violations and have the authority and ability to apply them accordingly?
- ☐ Have staff been encouraged to respond to and reinforce compliant behaviour to encourage continued compliance?
- ☐ Is there a strategy to accommodate monitoring in rural jurisdictions?

D: Reporting

- ☐ Are the reports that are submitted by service providers to the monitoring agency:
 - ☐ clear;
 - ☐ relevant;
 - ☐ meaningful; and
 - ☐ standardized?
- ☐ Does the monitoring agency specify:
 - ☐ what elements of information should be reported;
 - ☐ key information that should be highlighted;
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- ☐ Are the following pieces of data included in reports:
 - ☐ Alcohol positive breath tests (above the pre-set limit);
 - ☐ Failure to provide tests as required;
 - ☐ Tampering and circumvention attempts;
 - ☐ Vehicle lockouts; and
 - ☐ Early recalls.
- ☐ Are all activities that are identified as “violations” (in the regulations) routinely reported by service providers?
- ☐ Is the flow of paperwork between and among agencies (including any treatment providers) understood by all agencies that are involved in the alcohol interlock program?

E: Exiting the Program

- ☐ Are performance-based criteria used to determine when the device can be removed?
 - ☐ Are offenders who are persistently non-compliant are retained on the device and monitored until they can demonstrate control over their drinking behaviour?
 - ☐ Are requirements for exiting the program made clear to offenders?

**Checklist #2: External Relationships with Vendors/Service Providers**

For each of the following questions, if the answer is yes please check the box.

A: Developing a protocol for service providers

- ☐ Did you establish a protocol for service providers that outlines their roles and responsibilities?
- ☐ Did you consider background screening of alcohol interlock service provider staff for security reasons?
- ☐ Did you require that all alcohol interlock service provider staff (that have access to sensitive information from interlocked clients) sign a privacy statement to limit their use of these data to purposes within the scope of the program?
- ☐ Did you consider the need for quality assurance of the following components of the services to be delivered by the provider:
 - ☐ data encryption and secure storage of interlock data;
 - ☐ time for installing and de-installing the interlock in the clients' vehicles;
 - ☐ instructions to and training of the interlock client on how to use the device;
 - ☐ delivery of an accompanying manual that outlines usage of the device in a concise and user-friendly manner;
 - ☐ availability of alcohol interlock devices with instructions in different languages;
 - ☐ procedure to deal with locked out clients;
 - ☐ procedure to deal with early recalls;
 - ☐ procedure to deal with interlock clients who have medical problems which makes it difficult to deliver breath samples;
 - ☐ time for downloading the interlock data and uploading it to a data warehouse;
 - ☐ accessibility and user-friendliness of the data warehouse by end users such as RMV, addiction services, and justice;
 - ☐ locations and facilities at those locations including office space, a waiting area for interlock clients, furniture;
 - ☐ hours of operations;
 - ☐ minimal number of service centers and/or mobile service centers;
 - ☐ availability of 24/7 support to interlock clients.
- ☐ Did you establish a procedure for service providers to allow for the removal of service providers that deliver poor quality or unacceptable service? If so, does this procedure outline the following:
 - ☐ Under what conditions service providers can be removed?
 - ☐ What paperwork must be completed?
 - ☐ What, if any, documentation must be provided?
 - ☐ What process should be completed to stop a poor quality service provider from continuing to conduct business in your jurisdiction?

B: Administrative rules and/or contracts**Request for proposal**

- ☐ Did you issue a request for proposal (RFP) to alcohol interlock service providers and/or manufacturers?

Service Providers

- ☐ Did you develop a set of objective criteria against which the different bids will be evaluated and a procedure for selecting successful bidders?
- ☐ Did you include a clause in the RFP describing the time frame within which the successful bidder must be operational?

Certification and quality assurance process

- ☐ Did you include a clause in the administrative rules or contract that describes the minimal standards for service and quality assurance in your jurisdiction?
- ☐ Did you include a clause in the rules or contract about approving and removing service providers and specific quality assurance procedures described above?
- ☐ Did you include a clause in the rules or contract about the availability of a point-person with the alcohol interlock service provider and/or manufacturer on an ongoing basis throughout your program to provide support and trouble-shooting?

Training

- ☐ Did you include a clause in the rules or contract to ensure that staff of the different agencies involved in the alcohol interlock program receives training from a recognized service provider and/or manufacturer?
- ☐ Did you ensure that the training by the alcohol interlock service provider and/or manufacturer covers understanding, interpreting and using reports from the alcohol interlock device?
- ☐ Did you include a clause in the rules or contract about training interlock clients during the installation of the device to ensure they know how to handle and use the interlock?
- ☐ Did you include a clause in the rules or contract about the use of user-friendly training materials in available languages for interlock clients?

Court testimony

- ☐ Did you include a clause in the rules or contract that describes the information that the alcohol interlock service provider and/or manufacturer must provide to the court when a violation has occurred and is being challenged by the interlock client?
- ☐ Did you include a specific timeframe in which the vendor or service provider must respond to this request or provide this information?
- ☐ Did you include a clause in the rules or contract to address the issue of expert witness testimony in the event of legal challenges to the device and/or reports? For example:
 - ☐ Does the contract state that the alcohol interlock service provider and/or manufacturer will provide or make available any expert witnesses?
 - ☐ Does the contract describe how such testimony will be delivered (e.g., in person, by telephone)?
 - ☐ Does the contract outline the criteria for qualification as an expert witness?



Service Providers

- ☐ Does the contract address the coverage of any associated costs when court testimony is required?

Miscellaneous

- ☐ Did you include a clause in the rules or contract about product liability?
- ☐ Did you include a clause in the rules or contract about what events the alcohol interlock devices have to monitor and log at a minimum?
- ☐ Did you include a clause in the rules or contract describing the definitions of violations and the set level for failed breath tests?
- ☐ Did you include a clause in the rules or contract regarding the required length of time the alcohol interlock service provider and/or manufacturer has to store data?
- ☐ Did you include a clause in the rules or contract about intellectual property rights of all the data that will be collected?
- ☐ Did you include a clause in the rules or contract regarding issues relating to service providers, for example:
 - ☐ What happens if a service provider goes out of business, do their clients get handed over to another provider?
 - ☐ What happens if there is a surge of offenders due to a major sobriety checkpoint program?
- ☐ Did you include a clause in the contract about payment schemes including:
 - ☐ prices for installation and de-installation of alcohol interlock devices;
 - ☐ downloading of data and services related to early recalls, permanent lockouts, and medical problems?
- ☐ Did you include a clause in the administrative rules or contract that defines under what circumstances an alcohol interlock service provider and/or manufacturer may terminate a participant (e.g., AWOL, damaged or stolen equipment)?

C: The reporting process

- ☐ Did you consider requiring that reports and reporting be software driven to eliminate subjective reporting by the provider?
- ☐ Did you consider web-based access to the manufacturer's web site, e.g., to look up client records, determine next service date or where client is serviced?



Steering Committee**Checklist #1: Internal Planning and Preparation**

For each of the following questions, if the answer is yes please check the box.

A: Preparing for implementation

- ☐ Did you appoint a project manager to oversee the implementation process of the alcohol interlock program?
- ☐ Was a manager or representative from each agency or department involved in the alcohol interlock implementation and included in the project?
- ☐ Did you identify the person or agency that will be responsible for managing the alcohol interlock program?
- ☐ Did you consult with stakeholders who will be involved in the alcohol interlock program (e.g., prosecutors, judges, treatment professionals, law enforcement, defence counsel, and service providers/manufacturers) to gather relevant input and perspectives?
- ☐ Did stakeholders establish and agree to the purpose and goals of using the alcohol interlock in your jurisdiction?
- ☐ Did you develop an implementation plan that specifies:
 - ☐ a description of the project manager's responsibilities;
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- ☐ Did you organize a field study that involves a dry run (allowing front-line staff to 'experiment' with the technology and experience it) and/or a small-scale field study using the technology on real test subjects (i.e., offenders)?
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Steering Committee

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Checklist #2: Implementation

For each of the following questions, if the answer is yes please check the box.

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- ☐ Which of the following goals of the interlock program is considered most important by your agency?
 - ☐ incapacitation
 - ☐ deterrence
 - ☐ punishment
 - ☐ rehabilitation
 - ☐ other

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- ☐ Do alcohol interlock regulations or policy have the following components:
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 - ☐ It is an offence to knowingly loan or rent a non-interlocked vehicle to an interlock-restricted driver.
- ☐ Are alcohol interlock regulations compatible and consistent with existing criminal legislation and administrative laws such that it does not create loopholes or gaps that allow offenders to avoid the alcohol interlock or any other impaired driving sanctions?

Steering Committee

- ☐ Are regulations supported by policy that articulates practices and procedures for managing offenders on an alcohol interlock?
- ☐ Were agencies and practitioners who are involved in delivering alcohol interlocks to offenders actively engaged in policy development?

C: Resource allocation:

- ☐ Is the alcohol interlock program tailored to and supported by appropriate levels of resources that are needed in the jurisdiction? These include: financial resources; staffing; infrastructure; and service providers.
 - ☐ Does the lead agency have the appropriate amount of financial resources; staffing; infrastructure; and service providers to manage the program?
 - ☐ Does your agency have the appropriate amount of financial resources; staffing; infrastructure; and service providers?
- ☐ Are staff that are responsible for monitoring informed that the workload associated with monitoring offenders will be heavier at the outset as offenders initially test the ability of the device to accurately detect drinking events and determine if there are consequences for non-compliance?
- ☐ Do courts and/or licensing authorities have the capacity to handle the volume of violation and revocation hearings that may occur as a result of persistent non-compliance?

D: Eligibility

- ☐ Are the RMV, Justice/police, and Addiction Services aware of which categories of offenders are eligible for supervision using an alcohol interlock and the requirements that offenders must meet prior to entering the program?
- ☐ Are the RMV, Justice/police, and Addiction Services aware of what categories of offenders are not eligible for supervision using an alcohol interlock device?
 - ☐ Offenders who kill or seriously injure others as a result of a drunk driving crash.
 - ☐ Offenders who are eligible unless otherwise prohibited.
- ☐ Do eligibility requirements facilitate the entry of offenders into the program and not discourage or prevent offenders from entering the alcohol interlock program? Do requirements include:
 - ☐ Permission from the vehicle owner for installation of the device.
 - ☐ Payment of outstanding fines and fees.
 - ☐ Completion of a short licence suspension or “hard” suspension period.
- ☐ Are offenders removed from the alcohol interlock program for persistent non-compliance?

E: Installation

- ☐ Are offenders able to have the alcohol interlock installed as soon as possible upon conviction?
- ☐ Is there a procedure that enables licensing agencies to confirm that the device was installed as ordered? Does it include that:
 - ☐ The offender is required to produce the certificate of installation to confirm that the device has been installed.
 - ☐ Interlock restrictions are clearly noted and regularly updated on the driver record.

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- ☐ Is there a strategy to accommodate installations in rural jurisdictions?

F: Enforcement

- ☐ Are police officers able to identify alcohol interlock restricted drivers on the roads?
 - ☐ Are driver records updated to reflect the driving restriction?
 - ☐ Is the alcohol interlock restriction clearly noted on the driver's licence?
 - ☐ Can officers access driver records at the roadside to identify restricted drivers?

G: Monitoring

- ☐ Are offenders informed regarding the:
 - ☐ requirements of supervision;
 - ☐ exiting the program; and
 - ☐ the consequences that will be imposed in response to non-compliance or compliance?
- ☐ Are staff aware that those offenders who demonstrate persistent non-compliance with the device and/or other conditions of sentencing are at greater risk of recidivism?
- ☐ Can the level of supervision be modified according to an offender's level of risk (as determined by their level of compliance with the device and other sentencing conditions)?
- ☐ Has an agency with the proper authority been designated with the responsibility of monitoring offenders with an alcohol interlock device?
- ☐ Has a user-friendly system of reporting been implemented?
- ☐ Have staff worked closely with service providers to ensure that:
 - ☐ the reports provided to them contain relevant information that informs decision-making;
 - ☐ are easy-to-read and interpret; and
 - ☐ re submitted according to a specific schedule?
- ☐ Have service providers been informed by the monitoring agency when and how reports will be submitted to avoid confusion or delays?
- ☐ Have service providers trained monitoring staff in the use of the reports to ensure that staff have a clear understanding of the data provided?
- ☐ Are staff familiar with the actions that can be taken in response to particular events or violations and have the authority and ability to apply them accordingly?
- ☐ Have staff been encouraged to respond to and reinforce compliant behaviour to encourage continued compliance?
- ☐ Is there a strategy to accommodate monitoring in rural jurisdictions?

H: Reporting

- ☐ Are the reports that are submitted by service providers to the monitoring agency:
 - ☐ clear;
 - ☐ relevant;

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- ☐ meaningful; and
- ☐ standardized?
- ☐ Does the monitoring agency specify:
 - ☐ what elements of information should be reported;
 - ☐ key information that should be highlighted;
 - ☐ how it should be reported; and
 - ☐ how frequently it should be reported?
- ☐ Are the following pieces of data included in reports:
 - ☐ Alcohol positive breath tests (above the pre-set limit);
 - ☐ Failure to provide tests as required;
 - ☐ Tampering and circumvention attempts;
 - ☐ Vehicle lockouts; and
 - ☐ Early recalls.
- ☐ Are all activities that are identified as “violations” (in the regulations) routinely reported by service providers?
- ☐ Is the flow of paperwork between and among agencies (including any treatment providers) understood by all agencies that are involved in the alcohol interlock program?

I: Screening and Treatment

- ☐ Are offenders that are supervised using the alcohol interlock screened prior to entering the alcohol interlock program to identify any appropriate treatment interventions that should be applied in conjunction with the alcohol interlock device?
 - ☐ Has a valid and reliable screening instrument been approved for use?
 - ☐ Are treatment providers able to access the data collected by the alcohol interlock device to monitor offender progress in treatment and movement through the stages of change?
 - ☐ Are treatment providers able to understand and accurately interpret the data collected by the device and reports submitted by the interlock service provider?

J: Sanctions and Reinforcement

- ☐ Have policy makers and program authorities agreed upon and identified what types of appropriate and achievable sanctions and reinforcements will be available to respond to offender behaviour while on the alcohol interlock device?
- ☐ Are violations defined in a way that is not too strict (to increase workload) or too lenient (to encourage non-compliance)?
- ☐ Are there graduated sanctions that can be applied to non-compliant offenders? If so, do they include:
 - ☐ Meeting with the offender to discuss the event and review program requirements.
 - ☐ Increasing supervision contacts or the frequency of downloads from the device.
 - ☐ Extending the time on the alcohol interlock.
 - ☐ Brief period of hard suspension.
- ☐ Are there graduated reinforcements for compliant offenders? If so, do they include:
 - ☐ Giving verbal praise during regular meetings.
 - ☐ Decreasing the frequency of monitoring/reporting.



- ☐ Providing a certificate to recognize compliance.

K: Exiting the Program

- ☐ Are performance-based criteria used to determine when the device can be removed?
 - ☐ Are offenders who are persistently non-compliant are retained on the device and monitored until they can demonstrate control over their drinking behaviour?
 - ☐ Are requirements for exiting the program made clear to offenders?

Checklist #3: External Relationships with Vendors/Service Providers

For each of the following questions, if the answer is yes please check the box.

A: Vendor and service provider options

- ☐ Did you meet in person with the vendor and/or alcohol interlock service provider?
- ☐ Did the service representative provide you with a complete written overview of their product, its features, and the types of service that will be provided?
- ☐ Did the service representative provide you with an overview of:
 - ☐ how the offender monitoring process would be managed;
 - ☐ what reports would be provided to you;
 - ☐ an explanation of what these reports contain; and,
 - ☐ how frequently reports will be provided?
- ☐ Did the service representative provide you with the information you requested about their technology and services in a
 - ☐ timely;
 - ☐ professional; and
 - ☐ transparent fashion?
- ☐ Was the service representative able and willing to provide job references from other agencies or jurisdictions where they provide service?
 - ☐ Did you contact these references with a prepared list of questions to be answered?
- ☐ Was the service representative sensitive to issues specific to the context of your jurisdiction?
 - ☐ Did they offer solutions to those issues?

B: Alcohol interlock devices

- ☐ Did you review the model device specifications for alcohol interlock devices that were developed in Canada?
- ☐ Did you review any other relevant regulations that are applicable in your province?
- ☐ Did you review standards that are available in other jurisdictions?



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- ☐ Have you established a testing protocol for the alcohol interlock device?
 - ☐ Did you test the alcohol interlock device in a lab to see if it performs well and according to expectations?
 - ☐ Did you test the alcohol interlock device in a real world setting to see if it performs well and according to expectations?

C: Developing a protocol for service providers

- ☐ Did you establish a protocol for service providers that outlines their roles and responsibilities?
- ☐ Did you consider background screening of alcohol interlock service provider staff for security reasons?
- ☐ Did you require that all alcohol interlock service provider staff (that have access to sensitive information from interlocked clients) sign a privacy statement to limit their use of these data to purposes within the scope of the program?
- ☐ Did you consider the need for quality assurance of the following components of the services to be delivered by the provider:
 - ☐ data encryption and secure storage of interlock data;
 - ☐ time for installing and de-installing the interlock in the clients' vehicles;
 - ☐ instructions to and training of the interlock client on how to use the device;
 - ☐ delivery of an accompanying manual that outlines usage of the device in a concise and user-friendly manner;
 - ☐ availability of alcohol interlock devices with instructions in different languages;
 - ☐ procedure to deal with locked out clients;
 - ☐ procedure to deal with early recalls;
 - ☐ procedure to deal with interlock clients who have medical problems which makes it difficult to deliver breath samples;
 - ☐ time for downloading the interlock data and uploading it to a data warehouse;
 - ☐ accessibility and user-friendliness of the data warehouse by end users such as RMV, addiction services, and justice;
 - ☐ locations and facilities at those locations including office space, a waiting area for interlock clients, furniture;
 - ☐ hours of operations;
 - ☐ minimal number of service centers and/or mobile service centers;
 - ☐ availability of 24/7 support to interlock clients.
- ☐ Did you establish a procedure for service providers to allow for the removal of service providers that deliver poor quality or unacceptable service? If so, does this procedure outline the following:
 - ☐ Under what conditions service providers can be removed?
 - ☐ What paperwork must be completed?
 - ☐ What, if any, documentation must be provided?
 - ☐ What process should be completed to stop a poor quality service provider from continuing to conduct business in your jurisdiction?

D: Administrative rules and/or contracts

Request for proposal



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- ☐ Did you issue a request for proposal (RFP) to alcohol interlock service providers and/or manufacturers?
- ☐ Did you develop a set of objective criteria against which the different bids will be evaluated and a procedure for selecting successful bidders?
- ☐ Did you include a clause in the RFP describing the time frame within which the successful bidder must be operational?

Certification and quality assurance process

- ☐ Did you include a clause in the administrative rules or contract that describes the minimal standards for service and quality assurance in your jurisdiction?
- ☐ Did you include a clause in the rules or contract about approving and removing service providers and specific quality assurance procedures described above?
- ☐ Did you include a clause in the rules or contract about the availability of a point-person with the alcohol interlock service provider and/or manufacturer on an ongoing basis throughout your program to provide support and trouble-shooting?

Training

- ☐ Did you include a clause in the rules or contract to ensure that staff of the different agencies involved in the alcohol interlock program receives training from a recognized service provider and/or manufacturer?
- ☐ Did you ensure that the training by the alcohol interlock service provider and/or manufacturer covers understanding, interpreting and using reports from the alcohol interlock device?
- ☐ Did you include a clause in the rules or contract about training interlock clients during the installation of the device to ensure they know how to handle and use the interlock?
- ☐ Did you include a clause in the rules or contract about the use of user-friendly training materials in available languages for interlock clients?

Court testimony

- ☐ Did you include a clause in the rules or contract that describes the information that the alcohol interlock service provider and/or manufacturer must provide to the court when a violation has occurred and is being challenged by the interlock client?
- ☐ Did you include a specific timeframe in which the vendor or service provider must respond to this request or provide this information?
- ☐ Did you include a clause in the rules or contract to address the issue of expert witness testimony in the event of legal challenges to the device and/or reports? For example:
 - ☐ Does the contract state that the alcohol interlock service provider and/or manufacturer will provide or make available any expert witnesses?
 - ☐ Does the contract describe how such testimony will be delivered (e.g., in person, by telephone)?
 - ☐ Does the contract outline the criteria for qualification as an expert witness?



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- ☐ Does the contract address the coverage of any associated costs when court testimony is required?

Miscellaneous

- ☐ Did you include a clause in the rules or contract about product liability?
- ☐ Did you include a clause in the rules or contract about what events the alcohol interlock devices have to monitor and log at a minimum?
- ☐ Did you include a clause in the rules or contract describing the definitions of violations and the set level for failed breath tests?
- ☐ Did you include a clause in the rules or contract regarding the required length of time the alcohol interlock service provider and/or manufacturer has to store data?
- ☐ Did you include a clause in the rules or contract about intellectual property rights of all the data that will be collected?
- ☐ Did you include a clause in the rules or contract regarding issues relating to service providers, for example:
 - ☐ What happens if a service provider goes out of business, do their clients get handed over to another provider?
 - ☐ What happens if there is a surge of offenders due to a major sobriety checkpoint program?
- ☐ Did you include a clause in the contract about payment schemes including:
 - ☐ prices for installation and de-installation of alcohol interlock devices;
 - ☐ downloading of data and services related to early recalls, permanent lockouts, and medical problems?
- ☐ Did you include a clause in the administrative rules or contract that defines under what circumstances an alcohol interlock service provider and/or manufacturer may terminate a participant (e.g., AWOL, damaged or stolen equipment)?

E: The reporting process

- ☐ Did you consider requiring that reports and reporting be software driven to eliminate subjective reporting by the provider?
- ☐ Did you consider web-based access to the manufacturer's web site, e.g., to look up client records, determine next service date or where client is serviced?

APPENDIX D:

Offender and Offender Family Questionnaires for the Process Evaluation

Appendix D: Offender and offender family questionnaires for the process evaluation

Non-interlock offender questionnaire

INTRO. Good afternoon\evening, my name is Amanda Johnson and I am calling from the Traffic Injury Research Foundation in Ottawa. We are conducting a scientific study about drinking driving for the province of Nova Scotia and we have received a form that you signed saying that you agree to answer some questions for this study. Is this a good time for you to talk on the phone; it will only take a couple of minutes?

> Yes – Continue to survey

No - No time now - Call back later (SET UP A TIME FOR A CALL; IF RESPONDENT IS RELUCTANT OR IF DIFFICULT TO FIND AN APPROPRIATE TIME, SUGGEST YOU COULD ALSO SEND THE QUESTIONNAIRE BY E-MAIL)

> No - Refused (try to convert respondent using info below)

REFUSAL CONVERSION. All information collected for this study will be held in the strictest of confidence. No personal information will be made available to the public or to government. The information will only be used for this study. Information obtained from you will NOT be used to evaluate your personal performance and CANNOT affect your driver license revocation in any way. May I continue?

> Yes – Continue to survey

> No - No time now - Call back (**SET UP A TIME FOR A CALL; IF RESPONDENT IS RELUCTANT OR IF DIFFICULT TO FIND AN APPROPRIATE TIME, SUGGEST YOU COULD ALSO SEND THE QUESTIONNAIRE BY E-MAIL)**

> No – Refused – Thank and Terminate



SURVEY

(SKIP IF REFUSAL CONVERSION USED) Before we start, I wanted to let you know that all the answers you give will be kept in the strictest of confidence and will only be used for the purpose of this scientific study.

Q0a. Are you participating in Nova Scotia's alcohol ignition interlock program? YES/NO

- > If YES, GO TO INTERLOCK OFFENDER QUESTIONNAIRE ON PAGE 3
- > If NO, CONTINUE

Q0. date of interview

INTRO. Nova Scotia's alcohol ignition interlock program allows people who lost their driver licence because of drinking driving to continue driving if they agree to have an alcohol ignition interlock device installed in their car. Such a device requires the driver to provide a breath sample before starting the car and makes it impossible for the driver to start the car when the driver has been drinking. People whose driver licence has been revoked because they were caught for drinking driving are eligible to apply to participate in this program.

(NOTE THAT IT MAY BE POSSIBLE THAT SOME PEOPLE WILL ONLY REALIZE AFTER THIS INTRO THAT THEY ACTUALLY DO PARTICIPATE IN THE INTERLOCK PROGRAM, IN WHICH CASE YOU WOULD HAVE TO GO TO THE INTERLOCK OFFENDER QUESTIONNAIRE ON PAGE 3 ANYWAY)

Q1. Were you aware of this interlock program? YES/NO

If no, go to Q4

If yes, continue:

Q2. Do you feel you were given sufficient information about this program? YES/NO

Q3. Why did you decide not to participate in this program? Open-ended

If no meaningful answer to Q3, probe answer with:

- > What is the most important reason why you decided not to participate?
- > What would have had to be different about the interlock program for you to be willing to participate?

Q4. Gender (not asked)

Q5. What is your date of birth please? DD/MM/YYYY

Q6. What is your postal code? XXX (first three digits)

Q7. Which of the following best describes your family status?

- > Single, never married
- > Married (or living with a partner)
- > Separated or Divorced
- > Widow/Widower

Q8. Would you say your household income before taxes is:

- > Less than \$20,000
- > \$20,000-35,999
- > \$36,000-50,999
- > \$51,000-65,999

- > \$66,000-80,999
- > \$81,000-100,000
- > Greater than \$100,000

Q9. Which of the following best describes your level of education?

- > Elementary school/no high school diploma
- > High school diploma or equivalent
- > Post-secondary
- > Technical or trade school

Q10. How many motor vehicles do you have readily available for your personal use?
continuous, # of vehicles

Q11. Does anyone else in your household have a driving licence? YES/NO

Thank you for your cooperation. That is all the information I need. Have a nice day.



Interlock offender questionnaire

INTRO. Good afternoon\evening, my name is Amanda Johnson and I am calling from the Traffic Injury Research Foundation in Ottawa. We are conducting a scientific study about drinking driving for the province of Nova Scotia and we have received a form that you signed saying that you agree to answer some questions for this study. Is this a good time for you to talk on the phone; it will only take a couple of minutes?

> Yes – Continue to survey

No - No time now - Call back later (SET UP A TIME FOR A CALL; IF RESPONDENT IS RELUCTANT OR IF DIFFICULT TO FIND AN APPROPRIATE TIME, SUGGEST YOU COULD ALSO SEND THE QUESTIONNAIRE BY E-MAIL)

> No - Refused (try to convert respondent using info below)

REFUSAL CONVERSION. All information collected for this study will be held in the strictest of confidence. No personal information will be made available to the public or to government. The information will only be used for this study. Information obtained from you will NOT be used to evaluate your personal performance and CANNOT affect your driver license revocation in any way. May I continue?

> Yes – Continue to survey

> No - No time now - Call back (**SET UP A TIME FOR A CALL; IF RESPONDENT IS RELUCTANT OR IF DIFFICULT TO FIND AN APPROPRIATE TIME, SUGGEST YOU COULD ALSO SEND THE QUESTIONNAIRE BY E-MAIL)**

> No – Refused – Thank and Terminate

SURVEY

(SKIP IF REFUSAL CONVERSION USED) Before we start, I wanted to let you know that all the answers you give will be kept in the strictest of confidence and will only be used for the purpose of this scientific study.

Q0a. Are you participating in Nova Scotia's alcohol ignition interlock program? YES/NO

- > If YES, CONTINUE
- > If NO, GO TO NON-INTERLOCK OFFENDER QUESTIONNAIRE ON PAGE 1

Q0. date of interview (not asked)

Q1. Were you given a choice to participate in the interlock program or were you told you had to participate? voluntary/mandatory

If voluntary CONTINUE WITH Q2 (if mandatory, GO TO Q24 on page 5)

Q2. Why did you decide to participate? open-ended

Q3. Did you feel you could benefit from participating? YES/NO

Q4. How many months have you been in the program? continuous, # of months

Q5. Are you currently still participating? YES/NO

Q5a. If not: why? open-ended

Q6. Has your opinion about this interlock program changed at all since you started participating? YES/NO

Q6a. Please explain why. open-ended

Q7. Are you using any kind of treatment offered by Addiction Services? YES/NO

Q7a. If no: why? open-ended

Q7b1. If yes: what kind of treatment? open-ended

Q7b2. If yes: how many treatment appointments do you have per month? continuous, #

Q7b3. If yes: how many appointments have you missed since you have been in the program in total, excluding the ones that you rescheduled? continuous, #

Q7b4. If yes: is someone from your family participating in the treatment? YES/NO

Q8. What is your overall opinion of the interlock program? open-ended

Q9. Gender (not asked)

Q10. What is your date of birth please? DD/MM/YYYY

Q11. What is your postal code? XXX (first three digits)

Q12. Which of the following best describes your family status?

- > Single, never married
- > Married (or living with a partner)
- > Separated or Divorced
- > Widow/Widower

Q13. Would you say your household income before taxes is:

- > Less than \$20,000
- > \$20,000-35,999
- > \$36,000-50,999
- > \$51,000-65,999
- > \$66,000-80,999
- > \$81,000-100,000
- > Greater than \$100,000

Q14. Which of the following best describes your level of education?



- > Elementary school/no high school diploma
- > High school diploma or equivalent
- > Post-secondary
- > Technical or trade school

Q15. How many motor vehicles do you have readily available for your personal use?
continuous, # of vehicles

Q16. Does anyone else in your household have a driving licence? YES/NO

Q16a. If yes, is anyone else in your household with a driving license restricted to using the interlocked vehicle? YES/NO

Q17. Can I talk to your partner (if no partner, whoever is closest to respondent)? YES/NO

If no, ask if it would be possible to talk to partner at another time that is more convenient; if still no, terminate:

Thank you for your cooperation. That is all the information I need. Have a nice day.

If yes, continue with family member:

INTRO. Good afternoon/evening, my name is Amanda Johnson and I am calling from the Traffic Injury Research Foundation in Ottawa. We are conducting a scientific study about drinking driving for the province of Nova Scotia and we have received a form from your partner saying that he/she agreed to answer some questions for this study. We would also like to ask you some questions. Is this a good time for you to talk on the phone; it will only take a couple of minutes?

- > Yes – Continue to survey

**No - No time now - Call back later (SET UP
A TIME FOR A CALL; IF RESPONDENT IS
RELUCTANT OR IF DIFFICULT TO FIND
AN APPROPRIATE TIME, SUGGEST YOU
COULD ALSO SEND THE
QUESTIONNAIRE BY E-MAIL)**

- > No - Refused (try to convert respondent using info below)

REFUSAL CONVERSION. All the answers you give will be kept in the strictest of confidence and used for program evaluation purposes only. It should only take about one minute. May I continue?

- > Yes – Continue to survey

> No - No time now - Call back later (**SET UP A TIME FOR A CALL; IF RESPONDENT IS RELUCTANT OR IF DIFFICULT TO FIND AN APPROPRIATE TIME, SUGGEST YOU COULD ALSO SEND THE QUESTIONNAIRE BY E-MAIL**)

> No – Refused – Thank and Terminate

Q18. What is your relation to your partner:

- > spouse/common-law
- > mother/father
- > son/daughter
- > friend
- > other

Q19. Are you participating in the treatment offered to you —answer to Q18—? YES/NO

Q20. Has your —answer to Q18— participating in the interlock program affected or changed your life? YES/NO

Q20a. If yes: how? open-ended

Q20b. If yes: how do you feel about this? open-ended

Q21. What is your overall opinion of the interlock program? open-ended

Q22. Gender (not asked)

Q23. What is your date of birth please? DD/MM/YYYY

If mandatory:

Q24. If given the choice, what would you have done: participated or NOT participated?

Q24a. If yes: why would you rather not have participated? open-ended

Q24b. If no: please explain. open-ended

Q25. How many months have you been in the program? continuous, # of months

Q26. Are you currently still participating? YES/NO

Q26a. If not: why? open-ended

Q27. Has your opinion about this interlock program changed at all since you started participating? YES/NO

Q27a. Please explain why. open-ended

Q28. Are you using any kind of treatment offered by Addiction Services? YES/NO

Q28a. If no: why? open-ended

Q28b1. If yes: what kind of treatment? open-ended

Q28b2. If yes: how many treatment appointments do you have per month? continuous, #

Q28b3. If yes: how many appointments have you missed since you have been in the program in total, excluding the ones that you rescheduled? continuous, #

Q28b4. If yes: is someone from your family participating in the treatment? YES/NO



Q29. What is your overall opinion of the interlock program? open-ended

Q30. Gender (not asked)

Q31. What is your date of birth please? DD/MM/YYYY

Q32. What is your postal code? XXX (first three digits)

Q33. Which of the following best describes your family status?

- > Single, never married
- > Married (or living with a partner)
- > Separated or Divorced
- > Widow/Widower

Q34. Would you say your household income before taxes is:

- > Less than \$20,000
- > \$20,000-35,999
- > \$36,000-50,999
- > \$51,000-65,999
- > \$66,000-80,999
- > \$81,000-100,000
- > Greater than \$100,000

Q35. Which of the following best describes your level of education?

- > Elementary school/ no high school diploma
- > High school or equivalent
- > Post-secondary
- > Technical or trade school

Q36. How many motor vehicles do you have readily available for your personal use?

continuous, # of vehicles

Q37. Does anyone else in your household have a driving licence? YES/NO

Q37a. If yes, is anyone else in your household with a driving license restricted to using the interlocked vehicle? YES/NO

Q38. Can I talk to your partner (if no partner, whoever is closest to respondent)? YES/NO

If no, ask if it would be possible to talk to partner at another time that is more convenient; if still no, terminate:

Thank you for your cooperation. That is all the information I need. Have a nice day.

INTRO. Good afternoon\evening, my name is Amanda Johnson and I am calling from the Traffic Injury Research Foundation in Ottawa. We are conducting a scientific study about drinking driving for the province of Nova Scotia and we have received a form from your partner saying that he/she agreed to answer some questions for this study. We would also like to ask you some questions. Is this a good time for you to talk on the phone; it will only take a couple of minutes?

- > Yes – Continue to survey

**No - No time now - Call back later (SET UP
A TIME FOR A CALL; IF RESPONDENT IS
RELUCTANT OR IF DIFFICULT TO FIND**

AN APPROPRIATE TIME, SUGGEST YOU COULD ALSO SEND THE QUESTIONNAIRE BY E-MAIL)

- > No - Refused (try to convert respondent using info below)

REFUSAL CONVERSION. All the answers you give will be kept in the strictest of confidence and used for program evaluation purposes only. It should only take about one minute. May I continue?

- > Yes – Continue to survey
- > No - No time now - Call back later (**SET UP A TIME FOR A CALL; IF RESPONDENT IS RELUCTANT OR IF DIFFICULT TO FIND AN APPROPRIATE TIME, SUGGEST YOU COULD ALSO SEND THE QUESTIONNAIRE BY E-MAIL)**

- > No – Refused – Thank and Terminate

Q39. What is your relation to your partner:

- > spouse/common-law
- > mother/father
- > son/daughter
- > friend
- > other

Q40. Are you participating in the treatment offered to your —answer to Q39—? YES/NO

Q41. Has your —answer to Q39— participating in the interlock program affected or changed your life? YES/NO

Q41a. If yes: how? open-ended

Q41b. If yes: how do you feel about this? open-ended

Q42. What is your overall opinion of the interlock program? open-ended

Q43. Gender (not asked)

Q44. What is your date of birth please? DD/MM/YYYY