



Alcohol Interlock Programs:

Enhancing Acceptance,
Participation and Compliance

The Traffic Injury Research Foundation

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Alcohol Interlock Programs: Enhancing Acceptance, Participation and Compliance

**Proceedings of the Fourth International Symposium
on Alcohol Ignition Interlock Programs**

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1.0 Introduction

1.1 Background to the symposium

In the two decades since the first interlock program was introduced in California, tremendous progress has been made in the development and implementation of alcohol ignition interlock programs. Interlock programs have expanded dramatically throughout the United States and Canada and have begun to appear in other countries, such as Australia and Sweden. It is estimated that there are in excess of 70,000 interlock devices currently in use, primarily by convicted DWI offenders.

Scientific evaluations of interlock programs have repeatedly found reductions in recidivism among interlock program participants of up to 90% over that of DWI offenders who were under suspension over the same period of time (e.g., Beirness and Marques 2004). Once offenders have completed their participation in the interlock program and the device is removed from their vehicle, recidivism returns to a rate similar to that among DWI offenders who did not participate in the interlock program. Although some would argue that this latter finding suggests that interlock programs have limited value, others would point out that such a finding merely demonstrates that interlocks serve the primary purpose for which they were intended -- i.e., to prevent a reoccurrence of impaired driving, while at the same time allowing the offender the opportunity to drive legally, under supervision, and with insurance.

In light of the growing body of evidence demonstrating the effectiveness of interlock programs in preventing repeat offences among DWI offenders, one might expect there would be widespread use of this technology. But interlock programs remain limited and the number who participate represent but a fraction of the number of DWI offenders each year. Participation rates in most interlock programs are notoriously low – typically less than 10% of offenders participate in an interlock program. Even mandatory programs often fail to achieve high participation due to non-compliance with either judicial orders or the requirements of licence reinstatement. Hence, there remains significant potential for the growth of interlock programs by increasing the number of interlock programs available, encouraging greater participation in interlock programs and enhancing compliance with interlock requirements.

Achieving these goals, however, presents a considerable challenge. There are numerous obstacles -- some perceived, some real -- hindering the widespread acceptance and utilization of interlock programs. Finding ways to surmount these barriers is the rationale reason underlying the continuing series of symposia on interlocks organized by TIRF. Their purpose is to provide a forum for researchers, program specialists, vendors, policy makers and others to learn about the strategies and tactics successfully employed by others, to reveal innovations in technology and programs, and to discuss current and emerging issues in interlock programs.

1.2 History of the Symposium Series

The first international symposium on alcohol ignition interlock programs was held in Montreal in September, 2000. It was a relatively informal meeting attended by about 25 individuals representing the research community, interlock manufacturers, service providers, and policy makers. The discussions focused on the current state of the art of interlock programs, their effectiveness, and ways to enhance and expand these programs. The discussions were summarized in a report entitled "*Best Practices for Alcohol Interlock Programs*" (Beirness 2001).

The second interlock symposium was held in Toronto in November, 2001. This event attracted over 70 delegates and focused on the issue of requiring interlock program participation as a condition of licence reinstatement for DWI offenders. A summary report on the discussions at this symposium is also available (Beirness and Simpson, 2003).

The theme of the third interlock symposium, which took place in Vero Beach Florida in October 2002, was "*Enhancing the Effectiveness*". The scientific papers, as well as commentaries, were published in the September issue of the journal *Traffic Injury Prevention* (Volume 4, Number 3).¹

1.3 Scope of the Report

The fourth international symposium on alcohol ignition interlock programs was held in Hilton Head, South Carolina in October, 2003. The theme of the symposium was "*Enhancing Acceptance, Participation, and Effectiveness of Interlock Programs*". The program included sessions on Implementation Issues, the Status of Interlock Programs Around the World, and two panels on Problems and Solutions. There were also two workshop sessions: one dealing with Enhancing Acceptance; the other discussing issues associated with Enhancing Participation and Compliance.

This document provides a summary of each of the presentations at the symposium. The report also includes a section outlining some of the common ideas and themes that emerged from the discussions in the workshop sessions.

¹ A special collection of these reprints is available from TIRF.



2.0 Implementation Issues

Coming Up: A Critical Period for Interlock Programs

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Introduction

Effective interlocks that meet the 1992 National Highway Traffic Safety Administration (NHTSA) model specification (Voas & Marques, 1992) have been available for nearly two decades, yet only in the last half dozen years have they been receiving strong support. The Transportation Equity Act for the 21st Century (TEA-21) (Section 164, 23 U.S.C.) enacted in 2000 provided an incentive for states to require either vehicle impoundment or interlocks for second-time offenders who were driving under the influence (DUI) in order to avoid the federal government transferring 1.5% of the state's funds for highway construction over to highway safety programs. The impact of this endorsement of interlocks was compromised by the requirement that second DUI offenders be placed on one year of "hard" suspension, which did not allow offenders to drive legally with an interlock during that time (Voas, 1999a).

The current session of Congress is considering the reauthorization of TEA-21, and key groups are supporting a change in the one-year hard suspension requirement that would allow for the installation of interlocks after 3 months. A number of states have already made interlocks a mandatory requirement for license reinstatement for second DUI offenders. Therefore, Congressional modification of TEA-21 should provide an opportunity to expand interlock programs beginning in 2004 if DUI offenders can be motivated to install interlocks. Currently, 8 of 10 DUI offenders refuse to do so simply to earn the privilege of driving the interlock vehicle legally (Voas, Marques, Tippetts, & Beirness, 1999). Consequently, methods must be found either to make the use of the interlock more attractive (the carrot) or to make the alternative more unpleasant (the stick) (Voas, Blackman, Tippetts, & Marques, 2002).

Alternatives for Controlling DUI Offenders

Full appreciation of the opportunities and limitations provided by interlock devices requires an understanding of the alternatives available to the courts for exercising control over DUI offenders. Controlling the risk to the public presented by the DUI offender, along with the methods to minimize the offender's alcohol problem and to promote community restitution through fines or service, are the primary objectives of the DUI sanctioning system (Voas, 1999b). Ideally, the DUI offender control system should ensure the strongest possible barrier to future impaired driving while only minimally intruding upon the offender's freedom to pursue a normal life and support a family. Two traditional methods for controlling the driving of DUI offenders are jail sentences and license suspension. The first is expensive, and the effectiveness of the second increasingly is limited by the difficulty of enforcing DUI laws.

Advances in electronic monitoring technology have provided three relatively new methods of monitoring DUI offenders: house arrest, interlocks, and BAC monitoring devices. The first two—house arrest and interlocks—are relatively well developed and have been in place for nearly two decades. The third—BAC monitoring devices—currently takes two forms: intermittent breath tests over a telephone line principally used in connection with house arrest programs and a much newer, basically untried technology for monitoring BACs through a transdermal sensor on a bracelet attached to the offender's arm or ankle.

The two traditional and three electronic types of DUI control systems currently in use are contrasted in Table 1 and the paragraphs below:

Table 1. Five DUI Sanction Control Systems

Issues for the Government		Issues for the Public	Issues for Offenders
Traditional Control Sanctions			
Jail	Expensive	Short term/ not effective or long term	Disruptive/ income loss
License suspension	Inexpensive	Only partially effective	Unlicensed driving
Technological Control Sanctions			
House arrest	Offender pays	Effective/ short term	Expensive/ Moderate disruption
Interlock	Offender pays/ but must accept	Effective/ circumvention	Moderately expensive minimum disruption
BAC monitoring	Offender pays/ but must accept	Effective	Expensive/ minimum disruption

Coming Issues for Interlock Programs

Although all five of the control methods are likely to remain alternatives available to state governments, the next few years should see a significant growth in the application of technological control methods (house arrest, interlocks, and BAC monitoring) due to three current trends: increased emphasis on the repeat offender problem (Simpson, Mayhew, & Beirness, 1996; Voas, 1999b); increased understanding of the difficulty of enforcing driving while suspended laws (Ross & Gonzales, 1988; McCartt et al., 2002); and cost reductions for electronic monitoring systems. During this period, interlock programs will have the advantage of new favorable legislation, but their effectiveness is likely to be more carefully scrutinized, and they will receive strong competition from electronic house arrest and BAC monitoring systems. Specifically, the following issues are likely to determine the extent to which interlocks will grow as a DUI control system:

1. *Will mandatory suspension periods be modified to accommodate interlocks?*
2. *Will state laws that require mandatory installation of an interlock as a condition of license reinstatement increase offender participation in interlock programs?*
3. *Will courts apply jail and house arrest as alternatives to the interlock?*
4. *Will offenders forced onto interlock programs attempt to circumvent them?*



5. *Will the costs of other electronic monitoring systems such as house arrest and BAC monitoring become more competitive with interlock programs?*
6. *Will offenders prefer BAC monitors to interlocks if they become cost competitive?*
7. *To what extent will treatment providers integrate court-ordered interlocks or BAC monitoring systems into their intervention programs for DUIs?*
8. *To what extent will courts make use of the interlock recorder data in determining the length of the interlock program period?*
9. *Will the use of DUI/Drug Courts increase and will they increase the use of interlocks or of competing products?*

Summary

In the past, the interlock has encountered significant opposition based on concerns regarding its reliability, resistance to circumvention, cost, and effectiveness in reducing DUI recidivism. Further, the application to multiple offenders has been impeded by federal legislation requiring a one-year hard suspension. Several of these impediments are disappearing. Considerable experience with the devices on the vehicles of offenders has demonstrated that they are reliable, difficult to circumvent, and though the offender can opt to drive a non-interlock vehicle illicitly, they are effective in reducing recidivism by 50% to 90%. At \$2 per day they remain considerably less expensive than other electronic driver control systems, such as house arrest. Finally, due to increasing support among government agencies and activist organizations such as MADD, it appears that the federal requirement for one-year hard suspension for second offenders will be relaxed.

As a result of these trends, interlock program providers are facing an important opportunity to expand their operations. About two-thirds of the 1.2 million DUI arrestees each year fall into the "hard core" definition (Voas, 2001), so there should be 800 thousand eligible for interlock programs. Current estimates of the number of interlocks in use suggest that something less than 10% of those hard core offenders are in interlock programs. With the emphasis on controlling the hard core driver and by overcoming current barriers to their use, such as "hard suspension," a significantly larger number of DUI offenders should end up in interlock programs. The extent of this increase, however, will be dependent on the courts or the departments of motor vehicles making the alternatives to interlock installation sufficiently unattractive to motivate a larger percentage of the eligible offenders to participate in interlock programs. Also on the horizon is some significant competition in the form of small electronic sensors attached to the ankle that continuously monitor BAC on a 24/7 basis. Although these devices are in their infancy and considerably more expensive than interlocks, they have an advantage over interlocks in that while the offender can avoid an interlock by denying that he owns a car, it is unlikely that he can avoid a SCRAM bracelet by claiming to be legless.

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Probation Summary

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Ignition interlock programs can serve as an effective probation supervision tool when implemented properly. In order for these programs to achieve greater acceptance and use among probation officers, these programs must demonstrate public safety benefits and facilitate the supervision of offenders – the technology must be easy for offenders to use and for officers to monitor to ensure that offenders are compliant with the terms and conditions of their sentence.

Offenders are naturally resistant to any attempts to control or regulate their behavior. They may believe that the controls imposed are too harsh or unfair, embarrassing, too costly, or undeserved. Offenders also frequently resist acknowledging their alcohol problem and resent interference with their ability to drive. However, resistance can be reduced with a properly designed interlock program.

Interlocks are an attractive alternative compared to incarceration and much less restrictive for the offender. Moreover, interlocks permit the offender to continue to drive. Offenders must also understand that their participation in the program is not optional -- it is a condition of probation that can be enforced using sanctions. Offenders must be made aware that graduated penalties exist for non-compliance and that officers can and will impose them swiftly. Consequently, sanctioning must be an integral part of interlock programs and officers must have reliable methods to impose them consistently and in a timely manner. Finally, interlocks can also complement or be part of the treatment process that will encourage offenders to recognize and address problem behaviour.

Most importantly, offenders must be sufficiently informed about the device and its use. In addition to receiving sufficient instruction in how to operate the device once it is installed, including being allowed to practice on the device with the probation officer present -- the offender must also be made aware of how the device works. They need to understand, that attempts to circumvent it will be documented, and that a range of information will be collected and shared with the probation officer on a regular basis in order to ensure compliance. It is not uncommon for offenders to argue that the device are not working properly, that it is too difficult to use or that the data are incorrect. This knowledge will reduce an offender's motivation to circumvent the device and diffuse possible complaints or excuses regarding the use of the interlock. Good programs can reduce offenders' ability to avoid compliance. Moreover, a strong working relationship between probation officers and providers can effectively negate these arguments and demonstrate to offenders that supervision is constant, making compliance more likely.

Officers report that a well-designed program can also facilitate the monitoring process by allowing officers to provide higher levels of supervision to a greater number of offenders. To achieve this, a number of elements are required. First, probation officers require sufficient knowledge about interlock devices -- the capabilities of the device, how they work, what information is provided, and how they can be circumvented. This will allow them to evaluate the information provided by offenders and detect false reporting.

Data logger reports provide officers with a range of important information relevant to supervision including, accurate times and dates of tests, BAC readings, offender identification, and specific types of violations. To make the best use of this information, it should be provided in an easy-to-read format, using clear language that avoids acronyms and needless information. If possible, it should only contain information that is relevant to, and requested by, probation officers. These reports permit the officer to quickly review them and determine whether offenders are compliant with these and other conditions. The use of the device should not be time-consuming as a result of false or inaccurate reports, unclear information, inconsistent reporting of violations, or inaccessibility of providers. When these criteria are met, officers will utilize these programs more frequently.

These and many other related issues can be addressed by involving probation departments and other agencies in program development. These agencies may include courts, probation officers/supervisors, treatment staff, prosecutors, service providers and possibly the defence bar. Officers report that they are most likely to use programs in which they are included in the development of the program, the selection of the provider and implementation of the program. In addition, probation should be included in policy/procedure development and have easy access to the provider to deal with problems in a timely manner. Receiving sufficient training is critical for officers to ensure they are comfortable with the use of the device as a supervision tool. This can best be achieved through the development of a strong, cooperative working relationship with the provider. Often the best way to promote the use of interlocks by probation is to allow supervisors and officers to observe an effectively run existing program and to speak with other probation staff. In this manner, the beneficial results and effectiveness of supervision can best be demonstrated.

In, conclusion, officers report that there are two things that service providers can do to encourage their use of interlock programs and facilitate the supervision of offenders:



- 1) Service providers can provide training to officers as a program is being implemented to ensure they can properly use the technology to supervise offenders and respond to any problems that may arise. Training should be provided on a continuing basis, as required by officers, to ensure they are up-to-date on the various aspects of the program and use of the device. Training can take the form of on-site training and demonstrations in the probation office, manuals and other publications, and contact with providers. The content of the training should include how the interlock works, the technology associated with the device, how the system is installed/removed/circumvented, how to read data logger reports, trouble-shooting problems at the local level, and problems that have arisen with other probation offices and how they were overcome.
- 2) Providers should maintain regular contact with probation officers (e.g., visits to the officer and/or phone calls) to ensure that the program is working properly and that any officer concerns can be promptly addressed.

Characteristics and Benefits of a Successful Ignition Interlock License Restriction Program²

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Alcohol-impaired driving continues to be a major public health problem in the United States. During 2002, alcohol was involved in 41% of traffic fatalities and 6% of all traffic crashes at an estimated cost greater than \$148 billion dollars. Efforts at reducing the consequences of drinking and driving have met with some success over the last two decades. Some current preventative countermeasures include license revocation, sobriety checkpoints, per se laws, raising the drinking age to 21, graduated licenses, high BAC laws, and vehicle-based sanctions. However, if we know that these countermeasures work, why aren't we seeing a more dramatic downward shift in highway injuries and deaths when states implement them? The answer may be two-fold. First, we may need a countermeasure that separates the act of drinking from the act of driving. Such a promising countermeasure is the "ignition interlock license restriction program." Second, we may need to ensure that states implement preventive countermeasure programs similar to the ones evaluated and found to be particularly effective.

There are thought to be three motivational conditions for offenders to accept and comply with ongoing interlock license restriction programs. The first condition is those offenders who volunteer to participate, usually in exchange for a reduced license suspension. The second motivational condition is those offenders ordered to the program as a condition of re-licensure, either by the Motor Vehicle Administration or the courts. The third condition involves making the alternative sanction so distasteful that the offender chooses the interlock program.

² © 2003 Dr. William J. Rauch, Westat

Prior interlock studies have evaluated the "efficacy" of all three motivational interlock program conditions and one study evaluated its "program effectiveness." The volunteer or "self-selected" program is the most studied efficacy evaluation. However, results of these studies cannot be inferred to the general population of alcohol-impaired drivers because of "self-selection" bias. That is, offenders who volunteer for an interlock program and want to get their license back may differ from those offenders who do not volunteer. Thus, volunteers may be safer drivers for reasons unrelated to the interlock program itself, but results are often attributed (incorrectly) to the success of the interlock program. Another factor with self-selected programs is that few offenders opt to take the conditional license, in some programs, less than 5% electing this option. To illustrate the difference between "efficacy" and "program effectiveness," program *efficacy* refers to the impact of a program among those who *received* the intervention while "*program effectiveness*" refers to the impact of the intervention among those *assigned or eligible* for the intervention and not just those who receive it. For example, suppose 1,000 offenders are eligible for or assigned to an interlock program and 50 offenders install interlock. Among the offenders installing an interlock, suppose 30 successfully complete the program. The efficacy of this program would be 60% ($30/50 \times 100$) but the overall program effectiveness would be only 3% ($30/1,000 \times 100$). Results of an efficacy study cannot be inferred to the general population. For example, if an efficacy interlock study finds a 60% reduction in recidivism, we would not expect a 60% reduction in recidivism when the interlock program is applied to the general population of offenders. Interlock program effectiveness studies, while rare, are especially important as results can be inferred to the general population of offenders and yield what could be expected if the exact same program were applied to the general population of offenders.

One study conducted in Maryland evaluated the "program effectiveness" of an ignition interlock license restriction program as a condition of re-licensure. This program, administered by the Maryland Motor Vehicle Administration is the only "program effectiveness" study conducted to date and the only study where the results can be inferred to the general population of alcohol-impaired drivers (e.g., multiple offenders). Conditional interlock re-licensure programs administered by the courts have generally not been successful as judges rarely order an offender to interlock, even when the statutes "mandate" that they do so. The one evaluation of a judge who gives offenders the choice between interlock, jail, or house arrest found that only 62% of offenders chose interlock, too low for the program itself to be effective. As discussed below, conditional interlock re-licensure through an administrative licensing agency may be the most effective method of offender compliance and the only successful "program" evaluated to date. This program will be reviewed for the three main factors thought to be essential to a successful ignition interlock license restriction program: (1) the interlock device itself, (2) a conditional license with the interlock restriction clearly visible on the front of the license, and (3) close monitoring of participants for program compliance.

The first factor thought to be essential to an effective ignition interlock license restriction program is the interlock device itself. There are three major features of the ignition interlock device. The interlock itself is an instrument that combines the technology of breath alcohol analysis with the ignition of the vehicle. The driver must blow into the interlock device prior to starting the vehicle and if alcohol is detected at a level higher than the pre-set BAC level in the device (typically .025%), the vehicle will not start. The second characteristic is the random retest, which is performed at intervals of about once every 30 minutes. These "rolling retests" require the driver to blow into the device after the car has already been started to prevent the driver from starting the car sober and



then proceeding to drink and drive. The third feature is the datalogger. This device records all attempts made by the driver to start the vehicle, BAC level, attempts to circumvent the interlock, and any refusal to perform "rolling retests."

The second factor thought to be essential to an effective ignition interlock license restriction program is the "ignition interlock license restriction." The concept of an "ignition interlock license restriction" means that an offender may only drive a vehicle on condition that it is equipped with an ignition interlock and the interlock restriction condition is placed on the driver's license. In Maryland, the interlock restriction was previously coded as a 'J' on the front of the driver's license, and on the back of the license next to 'J' it read "see special restrictions card." However, enforcement officers were not calling in to check the conditions of the restriction and thus drivers may have been getting away with driving vehicles that were not properly equipped with interlock. Thus, Maryland now spells out the condition of licensure in red letters on the front of the driver's license, ensuring that officers know immediately whether or not the driver was in violation of the interlock conditional license.

The third factor thought to be essential to an effective ignition interlock license restriction program is close monitoring of offenders for program compliance. Offenders failing to comply with program requirements (such as driving a non-interlock-equipped vehicle) or tampering with the interlock device were suspended. Minor infractions resulted in telephone counseling by administrative staff, and offenders could be referred to the medical advisory board for review, if warranted.

The Maryland study, although conducted between 1993 and 1995, was an ignition interlock license restriction "program effectiveness" study and thus warrants special attention among all evaluations conducted to date. This randomized trial investigated the effects on alcohol-related traffic recidivism, total crashes, alcohol-related crashes, moving violations and administrative actions. The demographics of the offenders participating in the study were as follows: 1,385 offenders, white (84%), male (90%), young (median age = 33), high school education or less (81%), income <\$15,000/year (50%), single/separated/divorced (71%), prior alcohol-related traffic convictions (mean = 3.57, ranging from 2-11). There were 693 offenders in the interlock group and 692 offenders in the control group. The interlock group had a 12-month interlock license restriction, a zero tolerance alcohol license restriction, and close monitoring performed by the Motor Vehicle Administration. The control group also had a 12- month zero tolerance alcohol license restriction and had to go through the "usual and customary treatments" afforded offenders in Maryland (AA, Drinking Driver Monitor Program). Because it was a "program effectiveness" study, everyone who was assigned to the interlock group was analyzed as such, whether or not they actually had the device installed in an "intent-to-treat" analysis. Those offenders without vehicles with which to install the device were granted a waiver but still received an interlock conditional license restriction. This is a critical component because in the "real world," offenders requesting licensure may not own or have access to a vehicle but otherwise legally qualify for a license. Like license revocation, a conditional interlock license restriction may not prevent a driver from operating a vehicle that is not equipped with an interlock device. However, similar to license revocation, they may drive fewer miles and more conservatively and thus benefit from the interlock program even absent ownership of or access to a vehicle.

In evaluating the results of this study, it was found that participants in the ignition interlock license restriction program had about a 60% lower risk of alcohol-related traffic recidivism during the one-year program compared to the control group. There was no statistically significant difference between the interlock and control group during the second, third, and fourth year post-intervention analysis. The recidivism rates of the interlock group returned to their pre-program levels; thus, there were no lasting benefits of the interlock program.

Overall, however, the effects of the one-year program included reduced alcohol-related traffic recidivism, no effect on total crashes, reduced alcohol-related crashes, reduced moving violations, and reduced administrative actions (a cost benefit to the administrative agency). Because post-intervention recidivism rates returned to their previous pre-intervention levels, a study period longer than one year should be investigated because the limited time frame (one year) was not sufficient to alter drinking-driving behavior once the intervention ended. Criterion based removal of the interlock should also be evaluated.

Forty-three states have authorizing legislation for ignition interlocks. However, many states have implemented "judicial programs" instead of "administrative programs." This creates problems because judges have traditionally not enforced the mandatory interlock law and such programs lack the close monitoring enforced by such bodies as the Motor Vehicle Administration. Additional research comparable to the program evaluation conducted in Maryland is needed to fully evaluate this intervention. The results of the Maryland program effectiveness study show that an administrative ignition interlock license restriction program can significantly reduce alcohol-related traffic recidivism, as well as alcohol-related crashes, moving violations and administrative actions. About 86% of the interlock group and 89% of the controls accepted the conditions of re-licensure and became licensed. The relatively high program acceptance rates for both interlock and control groups clearly indicate that mandatory interlock conditional licensure is acceptable to multiple offenders.

In summary, the essential elements of an effective ignition interlock license restriction program appear to be (1) the interlock device itself; (2) a conditional interlock license restriction clearly visible on the front of the drivers' license; and (3) close monitoring of offenders for program compliance performed by an administrative rather than a judicial program. As demonstrated in this study, the minimum time interval for an ignition interlock license restriction program should be at least one year, but preferably longer with criterion based removal a consideration. It is noted that few if any states have implemented an ignition interlock license restriction program similar to the successful one evaluated in Maryland. It is not clear if such modified interlock programs are effective in reducing alcohol-related traffic recidivism or have other secondary benefits. It is known that states have especially balked at the expense of monitoring program participants. At a minimum, interlock programs should have an annual evaluation that looks at both the efficacy and effectiveness of the program.

Is There a Role for the Insurance Industry in Interlock Programs?

Douglas J. Beirness
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(Note: It was the intention of the organizers to have an insurance industry representative attend the symposium to provide their perspective on interlock programs. Although we spoke with several representatives from the insurance industry about interlocks, no one was willing to address the symposium. Rather than simply avoid the issue, we took it upon ourselves to give a presentation based on some of the thoughts and ideas gleaned from our interactions with the insurance industry. Hence, the views and opinions expressed below are those of the author and do not necessarily represent the official position of any person or organization affiliated in any way with the insurance industry.)

The cost of participating in an interlock program is often raised as a significant obstacle that hinders more widespread participation in these programs. For offenders, the cost of installation and maintenance of the interlock device typically follows a long list of other expenses associated with a DWI conviction. These other expenditures may include fines imposed by the court, lawyer fees, alternative transportation during the period of disqualification, the costs of participating in mandatory alcohol programs, and re-licensing or reinstatement fees. Upon re-licensing, whether or not offenders participate in an interlock program, they face insurance premium surcharges of 100% or 200% or more. These surcharges are often applied for several years. Faced with these hefty insurance surcharges, where possible, potential participants may elect to avoid the added expense of an interlock program. Although the cost of the interlock program may be identified as the salient factor in the decision not to participate, it may simply be that the overall expense associated with re-licensing is too much of a financial burden for some. Electing not to participate in an interlock program is one way for offenders to reduce the overall cost of their return to driving.

A common suggestion for enhancing participation in interlock programs is for insurance companies to reduce or waive insurance surcharges for DWI offenders who participate in these programs. Research has demonstrated that offenders who participate in interlock programs are at considerably lower risk of committing another DWI offense, at least so long as they have the device installed in their vehicle. Because the interlock effectively prevents them from driving after drinking, they pose less risk and should be eligible for reduced insurance rates.

From the perspective of insurers, drivers who pose higher risks pay higher insurance premiums. Drivers who are involved in collisions, accumulate traffic violations, or are convicted of DWI are considered to be at higher risk. DWI offenders are not generally considered to be desirable customers for insurance companies and there is little interest in encouraging this market. When they do crash, it tends to be serious and the claims can be substantial. In most jurisdictions, insurance is mandatory but no one wants the business from DWI offenders. Hence, DWI offenders are often required to seek insurance through the "non-standard", "residual" or "facility" market. Premiums in this market are very high.

To date, the insurance industry as a whole has not been enthusiastic about offering to reduce or waive surcharges to those who participate in interlock programs. Although there are examples of individual companies who have done so, it is not a common practice. The insurance industry does not presently offer such discounts to DWI

offenders who complete a rehabilitation program. Their view is that addictions are not well managed and there is significant potential for relapse even following rehabilitation.

As a group, insurers are a very cautious group and their decisions about the setting of rates are data driven. Premiums are based on assessed risk and until there is sufficient data to convince them that the risks in a particular group are lower, premiums are unlikely to change. In this context, insurers point out that although the research shows lower recidivism among DWI offenders in interlock programs, the industry isn't particularly interested in repeat offences. Their primary concerns are crashes and the resultant claims. The research to date has not provided compelling evidence demonstrating reduced collisions among interlock program participants. They are also quick to point out that the impact on recidivism is temporary and limited to the period during which the interlock is installed in the offender's vehicle. Further research showing longer term benefits would be helpful. Although it was admitted that the insurance industry has not examined interlock programs recently, they were willing to give it further consideration.

The task for the research community is clear. There is a need for continued evaluation studies over longer periods of time. Also, the range of dependent measures examined in these studies needs to be expanded to include collision involvement and driving exposure. The more compelling the evidence, the greater the likelihood that the insurance industry will take notice and become proactive in encouraging participation in interlock programs.

Nevertheless, symposium participants would like to see the insurance industry become interested and involved in the further development and expansion of interlock programs. There are opportunities for cooperative ventures that could have substantial benefits for all.



3.0 International Status of Interlock Programs

Victoria, Australia Program

**Phillip Swann
Vic Roads, Australia**

Recidivists in Victoria continue to drink and drive despite the imposition of fines, loss of license, rehabilitation programs, court appearances and jail.

The first alcolocks were fitted in Victoria in May 2003. This penalty was required in addition to other existing penalties, and not offered in lieu of other penalties. The pre-set threshold BAC was .02.

VicRoads is the administering agency and is responsible for approving interlock devices, interlock suppliers, and the providers of installation and providing maintenance of these devices. The only approved supplier to date is Guardian Interlock. For approval, interlock devices must meet the specifications outlined in the Australian Standard 3547. Interlock guidelines cover AS 3547 accreditation, anti-circumvention features and data recording requirements. Approved Supplier guidelines cover resources, accessible service facilities, complaints mechanisms, QA systems and concessions. Approved Installation and service guidelines cover labeling, data downloading, summary reports, retention of reports, and liability for repairs. The interlock device records data on driver details, date and time of all breath tests, all BAC readings, all power and handset disconnections, all vehicle starts without a breath test and all failed/ignored retests.

Interlocks are mandatory for all repeat offenders. The installation period varies from 6 months to 3 years depending on the nature of the offence. Interlocks can also be ordered at the Court's discretion for first offenders who have committed a serious offence. In these instances the minimum period of installation is 6 months.

To obtain an interlock licence, the driver must complete the disqualification period before applying to the Court for a Licence Restoration Order. If the request is granted, VicRoads issues a licence with an interlock condition. The driver must only drive a vehicle fitted with an interlock device.

The interlock condition is imposed in addition to a clinical assessment and treatment program as well as a driver education course. Drivers must also go to court to get an interlock condition removal order (ICRO) from the Court before the interlock device can be removed.

Circumvention is always an issue with interlock devices. It has been determined that several factors will reduce circumvention including the recording of pertinent data. A summary report of the monthly data is used for a compliance assessment report which the Magistrate can use when making a decision to remove an interlock. For example,

drivers must provide a “compliant” record to demonstrate that the interlock device can be safely removed. Imposing penalties for circumvention can also be effective. Penalties include fines up to \$3000, imprisonment up to 4 months or vehicle immobilization for up to 12 months. Lastly, financial incentives include payment of additional charges for 7 day recall events. If there is no circumvention or misuse after monthly service, the supplier may extend services to 2 or 3 months.

There are plans to review the program in two years and to complete an “effectiveness” evaluation after the review.

To date, 38 drivers have relicensed with an interlock condition and 30 interlocks have been installed. It is expected that 3,000 interlocks will be installed over the next three years.

There is also a voluntary program involving young drivers and fleet drivers. The program is promoted to School College Councils and Unions and Employers through videos, brochures and visits.

Working with the Benefit of Hindsight: A Perspective from Western Australia

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Background

In February 2003, the Repeat Drink Driving Working Group was established to review the issue of drink driving in Western Australia. The purpose of the group was to develop a comprehensive program based on best practice and research evidence to counter drink driving in Western Australia. Ignition interlocks were among the measures under consideration as part of the integrated model.

Guiding principles

The work being undertaken in Western Australia is being guided by some broad objectives that have been developed by the Working Group following a review of the literature and considerable consultation with other jurisdictions in Australia and overseas. These include that the program be:

- evidenced based and informed by best practice principles;
- able to provide graduated sanctions and remedial options appropriate to individual offenders' circumstances and need;
- inclusive and aim to engage all those deemed eligible to participate;
- able to keep offenders operating within the system of formal controls wherever possible and reduce the number who choose to drive without a valid licence;



- non-discriminatory and consider the specific needs of those who are socially or economically disadvantaged;
- structured in such a way that maximizes voluntary participation wherever possible;
- accessible in regional and remote areas; and
- subject to ongoing monitoring and review.

Assessing the drink driving countermeasures being considered by the Working Group against each of these guiding principles has proved a challenging exercise. The effectiveness of each initiative has been measured against each principle to guard against unintended consequences and maintain the integrity of the overall program.

Challenges

The development and implementation of a successful interlock program faces several key challenges:

- ◆ Participation rates;
- ◆ Maintaining the effect after the interlock device is removed;
- ◆ Keeping drivers within a system of legal control and limiting unlicensed driving;
- ◆ Equality and inclusiveness.

Proposed Model for Western Australia

The model interlock program being proposed for Western Australia targets all drink driving offenders -- both first time and repeat offenders. The interlock program would be available to offenders one month following a drink driving offence. The minimum period of program participation would be six months but never less than the original disqualification period. The maximum interlock period would be determined on the basis of performance. Compliance would be rewarded.

Assessment would be required of all repeat offenders and those with high BACs. Those identified with serious alcohol problems would be referred to a remedial program. Their success in rehabilitation and the interlock program would be monitored.

An effort would be made to get offenders into the interlock program as soon as possible after the drink driving offence in an attempt to balance the risks of unlicensed driving with the benefits of interlocks.

There would be the option of deferring the fine for an offence to offset the cost of the interlock and remedial program. The fine would be waived following successful completion of the programs. The fine would be reinstated in cases where the offender failed to complete the program and alternative sanctions would be imposed.

Interlock program participation would always be coupled with a requirement to participate in a remedial program -- either brief intervention or treatment. The prescribed program is to be completed during the interlock period and prior to being eligible for full reinstatement.

There would be an option to immobilize the vehicle during period of licence disqualification and as an alternative to the interlock/rehabilitation program. Confiscation of the vehicle would be a final option.

Conclusion

Alcohol ignition interlocks hold much promise as a strategy to reduce drink driving recidivism. However, there are a number of issues that need to be considered if their effectiveness is to be maximized. In order to increase participation and optimize longer term outcomes, interlock programs need to be well integrated and coordinated with other drink driving countermeasures. The collective measures need to provide significant incentives for eligible offenders to participate in interlock programs. Such incentives could include a substantial reduction in the period of licence disqualification and provide some opportunity to off-set the associated costs by deferring and waiving fines. Countermeasures also need to provide powerful disincentives to unlicensed driving as well as sentencing options to motivate drink driving offenders to participate in interlock schemes and comply with program requirements. These measures could include a multi-model strategy to reduce driving without a valid licence, which would include vehicle immobilization and forfeiture.

If interlock programs are to be really successful they need to effectively engage and retain hard to reach offenders including multiple recidivist drink drivers. In doing so, they need to take into account the specific circumstances pertinent to many of these high risk offenders including social, demographic and economic factors. This group of offenders has presented a particular challenge to authorities in most jurisdictions. In response, new and pragmatic approaches are required that should be guided by principles that aim wherever possible to keep drivers operating within a system of legal control and guard against pushing offenders further out where their driving behaviour remains totally unmonitored.

European Union Trials

René Mathijsen

SWOV, Institute for Road Safety Research

In 2000/2001, a European research consortium explored the feasibility of alcöllock programs in EU countries. Following a review of the literature, this consortium concluded that impaired driving offences were reduced during interlock program participation and that accident rates were also reduced. Despite the methodological shortcomings of most studies, a large-scale field trial was recommended with first and multiple DWI offenders as the preferred target group and that the fail level be set at 0.1mg/l BrAC (20 mg/dl BAC). It was further recommended that: alcöllocks be integrated into existing sanctions or rehabilitation driver improvement programs; EU countries adopt a uniform technical standard; the safety of running retests be improved; and, an emergency by-pass be considered. Moreover, there was agreement that the financing of the program should be provided, at least in part, by DWI offenders.

As a result of the feasibility study, alcöllock initiatives were implemented in several countries. In September 2003, the Netherlands Ministry of Transport decided to implement an alcöllock program as soon as possible, most likely in 2005. Late in 2003, a



working group of the Finnish Ministry of Transport also presented a proposal for a national alcolock field trial, also beginning in 2005. In early 2004, an in-depth qualitative EU field trial will begin, incorporating small-scale trials in Belgium, Germany, Norway and Spain. Also, in early 2004, the start of a 30-month UK field trial is foreseen, investigating the social impact of alcolocks on users and their families.

Characteristics of EU Trial

The duration of the trial will be one year, as part of a two-year research project. The trial will involve five target groups of 30 subjects each: DWI recidivists, former alcohol-dependent drivers, bus drivers, taxi drivers, and truck drivers. In addition to the 150 drivers, approximately 90 related subjects (relatives, passengers, fleet owners) will be included in the study. The objective of the study is to investigate the psychological, behavioural and practical impact of alcolock use.

Characteristics of Netherlands Trial

The target group will consist of DWI offenders who underwent a medical/psychiatric assessment and were declared "not unfit to drive". The target group forms approximately 1% of all arrested DWI offenders in the Netherlands. In 2002, police apprehended 38,500 DWI offenders; 4000 of these were multiple recidivists or had a BAC above 1.8g/l, and had to undergo an assessment. The verdict in 90% of these assessments was "unfit to drive", with the remaining 10% being declared "fit to drive". The alcolock program will be mandatory under administrative law and will have a duration of two years with the possibility of a six-month extension.

Two years after program implementation it is estimated that the target group will stabilize at approximately 800 subjects. The program cost per installed alcolock is estimated to be 2,200 Euros. Program costs will be divided as 2/3 for DWI offenders and 1/3 by the Ministry of Transport. The estimated benefit of the program is an annual reduction of 4-5 fatalities, at an annual program cost of 0.9 million Euros. The estimated reduction in road fatalities is based on a 65% reduced crash rate for alcolock users (as demonstrated in previous studies). However, even at only a 25% reduced crash rate, the alcolock program would still be cost-efficient. A future extension of the program to alcohol-dependent drivers and DWI offenders with a BAC between 1.3 and 1.8g/l BAC, who presently have to attend a 3-day driver improvement program, may increase the road safety benefits by a factor of 20.

The initial program also contains some features designed to reduce post-program recidivism such as integrating driver improvement elements for all participants and integrating counseling for drivers who exceed a predetermined number of failed tests. The program will be relatively longer than others with a standard two-year duration and the possibility of a six-month extension of the program as necessary.

Interlock Programs in Canada

**Douglas J. Beirness
Traffic Injury Research Foundation**

Interlock programs were first introduced in Canada as a pilot program in the province of Alberta in 1989. This program was watched closely by other jurisdictions and its success has spawned a proliferation of interlock programs across the country. Today



the majority of Canadian drivers -- and most DWI offenders -- have access to an interlock program.

In 1999, as part of a package of amendments to the sections of the *Criminal Code of Canada* dealing with impaired driving offences, first offenders were given the opportunity to reduce the mandatory minimum period of driving prohibition from one year to three months by participating in an ignition interlock program. Subsequent amendments extended the reductions in the period of prohibition for repeat offenses -- from two years to six months for a second offense and from three years to 12 months for subsequent offences -- if the offender participated in an interlock program. These legislative amendments gave implicit federal approval and endorsement to interlock programs and spurred the development and/or expansion of interlock programs for DWI offenders in Canada.

At present, there are interlock programs in six provinces -- Alberta, Saskatchewan, Manitoba, Ontario, Quebec, and Newfoundland and Labrador -- and the Yukon Territory. All programs are administered by the driver licensing authority in the respective province or territory. Most interlock program participants are volunteers who take advantage of the reduction in the period of driving prohibition and the opportunity to drive legally sooner. However, the proportion of DWI offenders who elect to participate in interlock programs remains relatively low -- typically between 10% and 20%. Enhancing the number of participants in interlock programs remains a challenge for every program. In this context, several jurisdictions are either considering or proceeding with legislation that makes participation in the interlock program mandatory, at least for repeat and/or high-risk offenders.

Programs

Alberta. As noted previously, the Alberta was the first province in Canada to introduce an interlock program. Since its inception, approximately 10,000 DWI offenders have participated in the program. The majority of participants have been volunteers. Volunteers are permitted to have the terms of their driving prohibition reduced by participating in the program but are restricted to driving a vehicle equipped with an ignition interlock device. In certain cases, the driver licensing authority can require offenders to participate in the interlock program as a condition of license reinstatement. Overall, only about 10% of all eligible offenders participate in the program.

The interlock service provider operates two dedicated service facilities in the province -- one in Calgary, the other in Edmonton. Those who wish to participate must attend at one of these centres for installation and routine maintenance every 60 days thereafter. Offenders' use of the interlock is monitored through the internal data recorder and the duration of participation can be extended for program violations or repeated breath test failures.

The Alberta interlock program has been used in a series of research studies (e.g., Beirness et al., 2003; Marques et al., 1999; 2001), including an evaluation (Voas et al., 1999).

Quebec. The province of Quebec implemented an ignition interlock program in December, 1997 as part of a package of legislative reforms which included administrative license suspension, vehicle impoundment for driving while disqualified,



and mandatory assessment for repeat DWI offenders. To date, participation in the program has been voluntary and over 20% of eligible offenders have taken advantage of the opportunity to reduce the length of license suspension by enrolling in the interlock program. Since inception, approximately 24,000 DWI offenders have registered with the interlock program.

Quebec officials attribute the relatively strong participation rate to three factors: there is a network of twenty-two installation centres across the province; a letter and an information folder are sent to every driver who has been convicted of a drinking and driving offense; and, coincident with the implementation of the interlock program, vehicle impoundment was introduced for driving while suspended or driving a vehicle without a required interlock device. Despite the apparent success of the recruitment into the interlock program, changes are currently underway to make participation mandatory for virtually all repeat offenders and many first-time offenders by 2005.

The Quebec program has been subject to an ongoing evaluation and reports have been prepared and presented at previous ICADTS meetings (Dussault and Gendreau, 2000; Vézina, 2002).

Ontario. The Ontario government launched an ignition interlock program for all DWI offenders in December, 2001. The Ontario program is unique in Canada in that it does not allow offenders to take advantage of the reduction in the period of prohibition allowed by federal law. Rather, first offenders in Ontario must serve the entire 12 month prohibition from driving and thereafter are restricted to driving a vehicle equipped with an approved alcohol ignition interlock device for an equivalent period of time. For second offenders, the period of prohibition is three years followed by three years with an interlock restriction. Multiple offenders only become eligible for the interlock program after serving ten years of a lifetime suspension. In these latter cases, the interlock restriction remains in force for life. It should be noted that although the interlock license restriction is mandatory for all DWI offenders, offenders do not have to enter the interlock program if they choose not to drive for the duration of the interlock restriction.

Prior to becoming eligible for the interlock program, DWI offenders in Ontario must also complete a mandatory remedial measures program. This program involves an alcohol assessment, attendance at either an education or rehabilitation program, and a follow-up interview six months later.

A expanding network of installation centers is being developed to serve the population in a large geographic area as demand for the interlock program grows. The program is relatively new so there are as yet insufficient data available for a formal evaluation.

Other jurisdictions. Several smaller provinces have also implemented ignition interlock programs -- Saskatchewan, Manitoba, Newfoundland and Labrador -- as well as the Yukon Territory. These jurisdictions offer DWI offenders a reduction in the period of hard licence suspension as an incentive to participate in the interlock program. One of the foremost challenges faced by these programs is the ability to provide interlock services to a relatively small number of DWI offenders spread over vast geographic areas. Having to travel long distances for the installation and maintenance of an ignition interlock provides another disincentive to participation. Nevertheless, interlock programs are operational in these jurisdictions and, as the demand for interlocks grows, services will likely expand to meet the need. It may also be necessary to develop novel

approaches for the delivery of interlock services to clients in low populated areas outside of urban centres.

Summary. In recent years, interlock programs have proliferated across Canada. The development of ignition interlock programs is an element in the federal/provincial Strategy to Reduce Impaired Driving. Combined with the federal legislation allowing for a reduced period of driving prohibition for DWI offenders who participate in interlock programs, it is likely that other provinces and territories will begin to seriously consider implementing interlock programs. Meanwhile, in provinces that have interlock programs, there is a growing movement towards making participation a mandatory condition of license reinstatement.

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Program Diversity in the United States

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In the United States, ignition interlock programs have proliferated due to a favorable legislative climate created by the U.S. Transportation Bill known as TEA-21. This legislation encouraged states to establish interlock programs in order to maintain funding levels. Currently there are 43 states with ignition interlock programs and there are approximately 70,000 offenders on the device in North America. However, despite the expansion of these programs and the proven effectiveness of interlocks, there is still resistance to their use. Moreover, not all programs are available or applied uniformly throughout a jurisdiction, nor do programs operate consistently across jurisdictions.



In an effort to quantify the diversity among interlock programs and determine which elements are most common, TIRF undertook an international survey of interlock programs. Jurisdictions participating in the study include the United States, Canada, Australia and Europe. Data were collected using a special survey instrument designed to gather a range of key features, demographic, monitoring and administrative information. Surveys were completed by the relevant agency(s) in each jurisdiction.

To date, responses have been received from 32 states – 24 indicated they had a program and 8 indicated they did not. The data gathered from these surveys provide a comprehensive picture of the diversity that exists in interlock programs in the U.S.:

- 1) Forty-three states have legislation and a program; 5 states have no legislation and no program (AL, HI, ME, MS, SD); 4 states have legislation but no program (AK, CT, MN, ND).
- 2) Surveys were completed by a diversity of agencies including the Administrative Office of the Courts, various divisions of Departments of Motor Vehicles, Departments of Public Safety, Departments of Revenue, Departments of Transportation, DUI Associations, Municipal Courts, Probation Departments, Traffic Safety Offices, Secretary of State Offices, Service Providers and Traffic Safety Bureaus.
- 3) Programs are administered by a variety of agencies: DMV in 8 states; Courts in 8 states; Probation departments in 2 states; and 17 states reported that multiple agencies were involved.
- 4) Programs are generally divided into voluntary programs and mandatory programs. The former more frequently involve first offenders and sometimes repeat offenders and often have incentives to participate. The latter more frequently involve repeat offenders, and judicial discretion often results in offenders not being required to participate.
- 5) The other typical division is between administrative programs and judicial programs. Administrative programs are frequently run by a licensing agency and operate throughout the state; judicial programs are administered through the courts and can vary by county.
- 6) Common legislative characteristics include making it an offence to: drive a non-interlock vehicle (28 states); provide a sample to assist offender in starting vehicle (22 states); ask an individual to provide a sample (21 states); and, loan or rent a vehicle to an interlock-restricted driver (13 states). Only 3 states require offenders to own the vehicle in which the interlock is installed.
- 7) Program eligibility requirements typically include paying fines and fees, having proof of insurance, and completing the period of hard suspension. Offenders that are generally ineligible include those convicted of vehicular or criminally negligent homicide and drugged driving.
- 8) Programs in 16 states require participants to attend some form of alcohol screening, education, or treatment program.
- 9) The majority of programs are completed at the end of a specific time frame. Seven jurisdictions extend the program length for high-BAC tests or attempted circumvention; 2 states adjust the length of the program based on compliance.

- 10) Monitoring for compliance is managed by a diversity of agencies: DMV (2 states); Courts or probation (6 states); Service provider (7 states); and some other agency (15 states).
- 11) The frequency of sanctioning for non-compliance also varies considerably: never (17 states); rarely (10 states); occasionally (5 states); and, often (6 states). The ineffectiveness and/or lack of sanctioning for non-compliance is frequently noted as a main weakness of interlock programs.

Professionals associated with interlock programs report there are some changes that can improve the administration of these programs. There is general agreement that the period of hard suspension should be reduced to get offenders into programs before they become comfortable driving without a licence. Offenders should be required to drive the vehicle in which the interlock is installed. There should be more electronic transfer of information between relevant agencies to facilitate the monitoring process. The overall monitoring of offenders on these devices needs to be improved to ensure compliance and there should be graduated consequences for non-compliance. Finally, judges should be held accountable for ordering the device in appropriate cases.

In conclusion, considerable diversity exists in terms how interlock programs are organized and administered in the United States. There is variation regarding what agency(s) manages a program, which offenders are eligible, and how offenders are monitored and sanctioned. Not surprisingly, it appears that the diversity among interlock programs may have impacted the overall effectiveness of some programs as well as degree to which these programs are utilized. Hopefully this exchange of information can provide some guidance to address and resolve these concerns.



4.0 Problems and Solutions

Arizona Certified Ignition Interlock Program

Lorraine Brown

Arizona Department of Transportation

Interlock legislation has evolved substantially since its implementation in 1998. Initial legislation contained provisions to permit judges to order interlocks, at their discretion, for a DUI Extreme 2nd offense or an aggravated DUI offense. At this time, the Court could impose additional time to the Motor Vehicle Division (MVD) requirement, or they could order the interlock through a term of probation. However, very few interlocks were installed.

In August 1999, the legislation was again revised to remove discretion and make interlocks mandatory for a DUI 2nd offense, an Extreme DUI 1st or 2nd offense, or an aggravated DUI. Courts were then required to order the interlock for a period of at least 1 year. However, participation in the interlock program was still very low and judges did not always impose the interlock as mandated by law. Finally, in October 2000, the interlock legislation was revised such that it is no longer the responsibility of the judiciary to order interlocks. Instead, the MVD imposed an interlock requirement for a period of 1 year in order to facilitate entry into the program. Consequently, participation in the program expanded from 39 installed devices in 2000 to 2,700 devices installed by October 2003.

Currently in Arizona there are five manufacturers with six certified interlock devices, and more than 20 installers statewide. Audits are carried out to ensure that regulations are being adhered to and administrative rules, policies and procedures have been clarified. Compliance checks are carried out between 30 and 90 days but the average is every 60 days. Law enforcement has been educated about the interlock program so that they can identify interlock-restricted drivers and take action when appropriate.

The MVD typically receives many questions regarding the interlock program and use of the devices. It is not uncommon for participants to want to avoid participation in the interlock program. Issues that are commonly raised include, the participant is physically unable to provide a breath sample, cannot afford the cost of the interlock, does not own a vehicle, owns a motorcycle or drives an employer's vehicle or that the participant will be relocating to another jurisdiction. In each of these instances, the MVD takes steps to ensure that the participant is not able to avoid cooperating with the program and actually installs an interlock device.

California Research

Marie Andreas

**California Network of Employers for Traffic Safety
San Diego State University**

California has used interlock devices in varying levels since 1986 when a pilot program was conducted. Historically, usage rates were very low as interlocks were infrequently ordered by the courts. More recently, the law was revised such that judges are required to order IIDs for DWS/DUI offenders and *may* order them at their discretion for repeat DUI offenders. In addition, repeat DUI offenders have the option of completing half of their licence suspension, then installing the interlock device and completing the rest of their sentence driving with the IID until the sentence expires.

Even though the device is now mandated by law, a DMV report (DeYoung 2003) revealed that as few as 11% of qualifying offenders received the interlock order; and only a mere 18% of those actually installed the device. One of the main reasons why judges don't order the device is because they are not convinced the devices are effective in reducing recidivism. To address these concerns, a study was undertaken to examine the behaviour patterns of traffic violators who had been put on the IID program administered by Advantage Interlock in San Diego, CA.

Participants in the study were both male (85%) and female (15%) and had entered the program either as a result of a court order or at their own request. The average age of participants was 36 years and devices were installed for an average of 18 months. A majority of participants had a valid license (70%) and others had a suspended, revoked or expired license. Data obtained from the DMV was incomplete in some instances regarding licensing and licensing actions.

The results of the study showed that only a small percentage of participants sampled ended up with a new DUI after the completion of their IID time; 8.3% had one new DUI; 1.2% had two new DUIs; and .3 persons had three new DUIs. Participants who received a new DUI did so 22 months on average after the IID was removed, demonstrating that interlocks are effective in reducing recidivism.

There were significant differences between those that received a new DUI and those that did not in terms of the actions as reported on the DMV printouts. There was also a significant difference between new DUI violators and non-new DUI violators in terms of the total number of "violations" as reported on the DMV printout. In both cases, those people who received DUIs after the IID was removed were more likely to have exhibited more negative driving behaviour overall. Those participants with a new DUI were more likely to have completed the program for a longer period than those that did not have a new DUI. There was a positive correlation between the total number of violations and actions a participant had and whether they got into an accident later on. There was a negative correlation between those who had higher numbers of actions and violations and the total length of time of their installation. The majority of participants did not continue to receive traffic citations after the removal of the IID.

In conclusion, the study demonstrated that IIDs can reduce DUI recidivism when properly ordered by the courts and used by offenders. The majority of participants had not received additional DUI actions four years after completing the program. Judges



should be required to apply interlock laws in cases meeting the mandated requirements. Moreover, judicial support of interlock programs is imperative if they are to be successful, as is a law enforcement structure to ensure that offenders install the device as ordered. As a final note, assistance should be provided to offenders who lack financial resources to use the program.

Texas Program

Martin Simon

Texas Department of Public Safety

When the interlock program began in Texas in 1988, interlock regulations only required the Texas Department of Public Safety to evaluate and approve interlock devices for use in Texas. At this time, various vendors entered the state and set up business. While device approval was mandated by regulations, there were no associated regulations to structure business practices. Consequently, there was little consistency in business practices throughout the state, which created some problems.

In an effort to address these problems, in 1999 the Texas Legislature mandated that the Texas Department of Public Safety establish minimum standards to regulate IID vendors conducting business in the state. The resulting Texas Ignition Interlock Device Regulations became effective in July 2000. An abbreviated inspection began later that same year and full-time inspectors began full inspections in July 2002. These inspectors began inspecting the 94 service centers (73 fixed) run by 150 service representatives that had installed approximately 13,000 devices.

Several issues of concern relating to business practices that had been identified as problematic in Texas were subsequently addressed through these regulations and inspections. A brief description of these problems and their solutions is provided below.

- 1) Inadequate service centers and unacceptable levels of service: Service center locations were frequently inadequate and provided unacceptable levels of service to clients. A common practice in Texas involved service representatives meeting end-users at the roadside in random locations with no consideration for weather conditions or scheduling instead of having end-users meet with representatives at a fixed service center with proper facilities. To halt this practice, the Texas regulations were revised to mandate that service centers be located "in a facility which accommodates all IID service center functions". Moreover, on-site evaluations were performed prior to certifying the location to ensure compliance with the regulation.
- 2) Device integrity and calibration confirmation: Since the measurements and readings from the IID device are used as a basis for imposing sanctions on the client it is imperative that these readings and measurements be accurate. Inspectors found some IIDs were not functioning properly due to a lack of proper maintenance and calibration requirements. In response to this problem, a strict regulation has been imposed requiring a calibration confirmation test to ensure the device functions properly and provides accurate readings.
- 3) Representative integrity: Previously in Texas, service representatives underwent no screening process and this sometimes resulted in questionable persons

acting as service representatives. This was deemed to be unacceptable considering representatives are responsible for working with offenders and reporting to probation authorities. Consequently, service representatives are now required to undergo a background and criminal history check prior to certification. The IID industry as a whole, like many others, should strive to maintain a high level of integrity and professionalism among their employees due to the responsibilities associated with these programs. In this way, a strong business reputation can be developed.

- 4) **Representative education:** It was also found that service representatives had varying levels of knowledge regarding the IID, the technology associated with it and the operation of the program. To address this problem, it has been recommended that representatives receive proper training from vendors to ensure the quality of service provided. This training should occur, not only as service representatives begin employment with the vendor, but also on a continuing basis to ensure that representatives have current and accurate information.
- 5) **Report interpretation:** In some instances, it had been noted that the interpretation of the monthly upload data from the datalogger can sometimes be “clouded” by the relationship between the service representative and end-user. One possible solution to this problem is to designate the representative that makes out the report that is forwarded to the probation department for review. As another possible solution, to ensure that probation officers can access the full datalogger reports, it may become a requirement that these reports be posted on the internet to be accessed by probation departments. This will permit officers to make their own independent evaluation of the data and determine what, if any, action is necessary.

To date, full-time inspectors have been conducting inspections for a little more than a year. Other issues that may be considered for regulation include: defining violations; the use of citations versus suspensions or revocations; and, instituting a practice of re-certifying locations or re-examining a location's certification on a regular basis – perhaps every two years. It is also a future goal to have the inspectors interact with the probation departments and possibly act as a facilitator between probation and service representatives.

Maryland's Ignition Interlock Program: Driver and Vendor Monitoring

Jane Valenzia

Maryland Motor Vehicle Administration

Maryland's interlock program has evolved significantly since its inception and is now a model program for other states that are in the process of developing an interlock program. The process of evaluation and revision of the program has been substantial and the implementation of needed changes has significantly improved the overall effectiveness of the program.

Interlock legislation passed in Maryland in January 1989 with the first device being approved later that September. At this time, 2 separate divisions (one for vendors; one



for drivers) monitored the use of interlocks and each division had very different requirements. This resulted in problems for both the interlock industry and the Motor Vehicle Administration (MVA). Consequently, five years ago a two-pronged approach to monitoring was developed in which both drivers and vendors can be carefully monitored by a single unit.

Vendors. Vendor standards were developed to provide quality assurance through on-site inspections, device regulations, and imposed standards for facilities and documentation. These standards are enforced by the MVA using specially trained employees, who work with Vehicle Safety Program (VSP) employees. These employees are trained by each manufacturer on how to install, download, and de-install their interlock device to ensure that they know what to look for when conducting a quality assurance inspection. VSP employees are also certified mechanics and they work with MVA employees as a team to conduct inspections.

Each vendor is subject to on-site, random, unannounced or scheduled visits. At this time, MVA/VSP inspection teams examine the facilities, equipment, and documentation. They observe the installation of the devices, the training provided to clients, tamper-resistant procedures and the data logger download. In the past, some employees have randomly selected a device, had it installed in a state vehicle and driven it for a short or lengthy period of time. These inspectors also have informal meetings with manufacturers and vendors to discuss best practices and gather information that will assist in the development of regulations. With regard to service facilities, vendors must maintain enclosed buildings for installations and removals, however, mobile facilities can be used for downloads. They must also have a separate waiting/training area.

Drivers. Driver monitoring has also been improved. Following the installation, the vendor provides the client with a form that has a raised seal. This form is required to have a restricted driver's license issued. This license restricts the driver to operating only vehicles equipped with an interlock. The driver must acquire the form from the vendor and the restricted driver license before the restriction period begins.

During the restriction period, vehicle registration, driver license and court records are monitored to ensure that all are valid and that there are no charges pending. The interlock device is monitored every 30 days, even though the devices are calibrated and certified to be stable for greater than 60 days. The data logger reports are carefully reviewed and evaluated.

Information captured by the data logger contains the personal information of the customer, including the driver license number, vehicle tag, make and model. The data logger records every vehicle start, breath test and BAC levels, efforts to circumvent or tamper with the interlock device and rolling re-test compliance, among other factors. The data logger information is reported directly to the monitoring unit and if the vendor detects any problems with the device the monitoring unit is contacted immediately.

Program violations include a BAC in excess of .025; failing or refusing a rolling re-test, a low number of starts, unauthorized bypass or removal, failure to appear for monitoring and power disconnect. In some of these instances, an investigation may be conducted to determine the validity of the violation. For example, a power disconnect could have resulted from a new battery being installed in the vehicle or when other repairs are being carried out. Vendors also have an integral role in identifying violations because the

vendor sees the client and the vehicle, whereas the monitoring unit only sees the data logger report. The vendor can provide information on the condition of the client's vehicle, and can take pictures of any attempted bypasses.

Consequences for repeated violations can be substantial. In the first month on the device, there is usually a learning curve for clients. They are learning how to use the device and possibly experimenting with their friends. For first violations the client receives a warning letter. Subsequent violations can result in the imposition of the original suspension/revocation. Continued violations can result in a referral to the medical advisory board, as opposed to being removed from the program. Motor vehicle administration investigators can also observe the driver and have the authority to issue citations. Convictions for bypass violations can result in a maximum penalty of 60 days in jail, 3 years supervised probation, alcohol counselling, a \$500.00 fine and court costs.

Interlocks are effective in reducing drinking and driving when vendors and clients are closely supervised and monitored. Vendors can also play an important role in the monitoring process because they have direct contact with the offenders; therefore they must be viewed as partners. Effective communication is essential among the monitoring unit, vendors, manufacturers and those who refer offenders to the program. Data logger review and evaluation is also critical to the process to ensure that offenders are compliant. Treatment is required in order to change behavior, and sanctions must be used to enforce compliance.

The Pennsylvania Ignition Interlock Program

**Anthony Tassoni
Pennsylvania DUI Association**

Initial ignition interlock legislation became effective in September 2000. Under this legislation both second and subsequent impaired driving offenders were eligible for the program. The interlock could be imposed by either the Department of Transportation or the Courts and offenders were required to complete a 12-month period on the interlock. Act 63 of the 2000 legislation also stipulated that offenders could "opt-out" of the program in exchange for an additional one year driving suspension. Not surprisingly, in the first year of the program some 80% of eligible offenders did not have an interlock installed.

Shortly after its passage, the ignition interlock law was immediately challenged and brought before the Pennsylvania Supreme Court. The primary argument cited in the challenge was that the PennDOT does not have the authority to impose an interlock restriction on drivers. In addition, other problems with the law were identified. There was frequently minimal supervision of program participants after probation/parole terms expired; there was no DMV review prior to the restoration of the driving privileges, and, judicial cooperation with the program was sporadic.

In response to these issues, the interlock law was revised in 2003. This new law closes the "opt-out" loophole and imposes more stringent penalties for non-compliance. More importantly, this new legislation brought Pennsylvania into compliance with the TEA-21 provisions as it pertains to interlock programs. This legislation also included an "economic hardship exemption" and required PennDOT to promulgate regulations on



this procedure. As well, the legislation created an employment exemption that required employers to consent to the installation of the device, which required a notarized verification of the installation. However, in certain situations these conditions may not apply.

The new legislation also provided for occupational limited licenses. These were permitted in instances of 18-month license suspensions. Offenders must serve 12-months of the suspension and could serve the remaining six months on an interlock.

Other changes included in the 2003 interlock legislation included the identification of specific offenses and penalties. Legislation made it a summary offense to operate a vehicle without an interlock system, punishable by a fine from \$300 to \$1,000 and incarceration not to exceed 90 days. Other offenses include operating a vehicle without an interlock with a BAC greater than .025 or controlled substance and tampering with an interlock system.

While the revised legislation has taken significant steps to strengthen and improve the interlock program in Pennsylvania, there is still room for improvement. Greater monitoring of interlock participants is needed, license restoration should be outcome-based; technicians can benefit from more training and there is a need for public awareness campaigns to educate the driving public about the interlock program.

South Australian Interlock Overview

Chris Coxon

Transportation South Australia

The South Australian program has been in operation for 2 years. There were 107 participants enrolled in the program by the end of September 2003. While there are 3,000 drivers with a drink driving conviction annually that are interlock eligible, but only slightly more than 100 offenders have completed time on the interlock device. Low program participation is an issue, comparable to other jurisdictions.

Several agencies are involved in the interlock program. The Courts order the device. Registration and Licensing agencies are responsible for processing applicants, ensuring counseling takes place, monitoring service providers and reinstating the driver license at the completion of the program. The Health department provides counseling to clients and Transport South Australia reviews the safety benefits of the interlock program.

Following a drink driving conviction, the Courts advise offenders that the interlock program is available. The applicant may then apply for an interlock after completing the mandatory suspension period using forms at the registration and licensing office. After the fees are paid, the service provider installs the interlock. Offenders also attend an alcohol counseling session during this period.

All convicted drink drivers are eligible to apply for an interlock. Repeat offenders (within a 5 year period) can apply but they must attend an alcohol addiction medical examination so their eligibility can be determined. If they do not suffer from an addiction they can enter the program; however, if they are addicted they are ineligible for the program.

There are several problems associated with this program. The cost of the program for the offender is a significant disincentive. Moreover, few drivers qualify for a fee reduction because the application process is challenging. There is no public education campaign to inform convicted drivers of the interlock program. Consequently, in rural jurisdictions, people are generally unaware of the program and are slow to make use of it. Most convicted drivers hold the view that it is easier to wait out the suspension period. In the past two years there has been no effort to enhance participation and a review of the program is due in Parliament later this year.

In light of these concerns, several strategies have been suggested to enhance program participation: the monthly Transport Administration fee can be removed; a media campaign can be developed to increase public awareness; the driving disqualification period can be reduced; and/or, driving unlicensed can be made less attractive using penalties and sanctions.

Other problems have been identified in relation to monitoring program participants. In general, the current monitoring by the Transport Department is poor. The system is essentially self-managed by forcing participants to return the vehicle for early servicing if the violation limit is exceeded. Service providers only advise the Transport Department if there is a problem with the user (e.g., when the interlock is damaged). It is recommended that a change be introduced that would require participants to stay on the interlock until they can complete three months without any violations.

Those convicted drink drivers that did not participate in the program reported several reasons for their non-participation. Most importantly, the cost of the program was considered too high and many felt that the scheme favoured wealthier participants. It was also felt that there were complications if the drink driver needed to use more than one vehicle. In addition, the voluntary program lacked sufficient incentives to encourage participation.

In conclusion, there are several aspects of the interlock program in South Australia that need to be revised. The interlock program can only have a limited impact at this point because there are too few drivers involved in the program. Reasons for low participation include: the cost of the program; and, the subsidy eligibility is too complex to act as an incentive. The lengthy initial suspension period and the low risk of driving unlicensed only compounds this problem.

New Mexico's Program

Mike Sandoval
New Mexico Department of Transportation
Traffic Safety Bureau

New Mexico's first ignition interlock law became effective July 1, 1999. Similar to other jurisdictions, the program had low participation because judges were not mandated to include the interlock as part of sentencing. Moreover, there was no reasonable or cost-effective incentive for offenders to voluntarily participate as a condition of receiving a limited license. In response to these problems, a mandatory law was subsequently passed in March 2002 that made the device mandatory for an aggravated 1st offense as



well as 2nd and all subsequent offenses. As well, an indigent offender fund was established. In April 2003, the Ignition Interlock License Act passed and required an IID license for anyone who had their license revoked for a DUI offense. Included in this law was a 30 day hard revocation prior to installation of the device. The IID license could be required for an indeterminate length of time and was issued in one-year increments.

In New Mexico there is an average of 20,000 DUI arrests a year, 18,000 of which resulted in a revocation. Only 13,000 of the arrests resulted in a conviction and between 6,000 and 8,000 of these convictions resulted in a mandatory installation. Since the implementation of the new legislation, installations have increased significantly and few offenders have applied for indigent funding.

There are a number of strengths associated with the New Mexico program. Information is contained in a web-based database that helps identify problems. Not only is this information accessible 24 hours a day, 7 days a week, but it provides an excellent research tool. There is essentially no monitoring required for some IID license holders.

However, there are also weaknesses associated with the program. To begin with, there are multiple agencies involved which can serve to complicate the administration of this program. In addition, there are multiple providers servicing approximately 70 locations so achieving consistency can be challenging. Finally, the sanctions that are imposed because of section 164 in TEA-21, which specifies minimum penalties for repeat offenders, can deter offenders from entering the program.

Quebec's Interlock Program

Gilles Blondeau

Société de l'assurance automobile du Québec (SAAQ)

Overview

The Societe de l'assurance automobile du Quebec (SAAQ) is the department responsible for highway safety in Quebec. They manage the interlock program with regard to eligibility, follow-up, and decisions to suspend or revoke driver licences. The interlock program, which was implemented in December 1997, uses the WR2 interlock device by Guardian Interlock Systems (GIS) and the preset BAC threshold value is .02. The legal blood alcohol concentration is .08 for adult drivers and zero tolerance for young drivers.

Currently there are 4,600,000 drivers in Quebec, with approximately 14,000 drivers under penalty for alcohol-related offences annually. Since December 1997, nearly 24,000 people have registered with the program with approximately 3,300 offenders currently enrolled. Until recently, participation in the interlock program was voluntary. However, due to recent changes, the program will become mandatory for nearly all offenders. The main issue in developing the program was determining an appropriate preset level. Following consultation with other highway safety partners, it was agreed that a zero tolerance level was appropriate and the calibration was at 0.02. To date, no major problems have been encountered.

Program Growth

Since its inception, participation in the program has been exceptional. The number of annual participants is approximately 4,000. While there have been no significant increases in participation over time, there have been variations due mainly to legislative changes at the federal and provincial levels. Factors that have contributed to moderate growth include a network of 22 installation centers across the province, the information package sent by SAAQ to every driver convicted of impaired driving, and increased measures to halt driving while under suspension/revocation such as vehicle impoundment. Moreover, attorneys who are aware of an offender's right to a restricted licence presumably encourage their clients to participate in the program.

Monitoring and Compliance

When drivers enroll in the interlock program they must sign a lease agreeing to comply with a set of ten conditions developed by the SAAQ. Monitoring itself is completed by three separate agencies: police, the service provider (GIS) and SAAQ. The police are able to control compliance with the vehicle use conditions on the road. Police may seize the vehicle and initiate proceedings against the driver and well as impose heavy fines for failure to abide by these conditions. The service provider informs the SAAQ of driver non-compliance with the device's conditions of use, and SAAQ reviews every case referred and may suspend or revoke the licence.



Improvements

To date, there have been no significant changes to the interlock program since its inception. However, a few minor adjustments have been made in response to changes in federal and provincial legislation. File processing has been improved by using better criteria to identify cases that are to be referred to the SAAQ. Also, in cooperation with the service provider, SAAQ has made sure that individuals running installation centres are subject to ongoing training. In addition, SAAQ regularly updates and revises the literature packages that are distributed to convicted drivers.

The success of Quebec's interlock program is attributed to the commitment of all involved agencies to achieve common goals – to ensure that drivers convicted of impaired driving are permitted to drive both legally and safely, to closely monitor driver behaviour, to ensure drivers receive necessary information, and to develop a strong partnership between agencies.

Alcolocks in Belgium

**Ward Vanlaar
Belgian Road Safety Institute (IBSR)**

Belgian Trials

In 2002, the Belgian Road Safety Institute (IBSR) undertook a small-scale research project to examine the use of interlocks. This project was to be completed in two phases. In the first phase, four alcolock devices were installed in cars owned by the IBSR that were driven by employees. The goal was for researchers to experience themselves what it was like to drive with an alcolock. Each driver completed a log and these notes were summarized at the completion of this phase.

The second phase of the project consisted of a trial involving 20 drivers that were divided into two groups – recidivist drink drivers and alcohol dependent patients identified according to the DSM-IV criteria. The former group would include recidivist drink drivers representing both the Dutch-speaking and French-speaking regions. Negotiations were reached with a judge from each region who would sentence drivers to the interlock. The latter group of alcohol dependent patients would be identified by CARA (a department of BIVV/IBSR), the official institute in Belgium responsible for assessing driver fitness. Moreover, a relative of each participant will also be included in the project so that qualitative data on the impact of using an interlock could be gathered.

During the preparation for this project, it appeared that the European Union would issue a call for proposals concentrating on alcolocks, so the Belgian trials were postponed in order to form a consortium to submit a proposal. The proposal for a qualitative field trial involving Belgium (IBSR) as the coordinator, Germany (BAST), the Netherlands (SWOV), Norway (TOI), and Spain (University of Valladolid) was approved in September 2003. The objective of the European trial is to reduce the number of victims on European roads by implementing interlocks. Funding from the EU permitted the expansion of the scheduled Belgian trials.

Target Population

The Belgian study includes recidivists, defined as drivers who have been caught and sentenced more than once for drink driving, or who have been caught and sentenced only once with a BrAC of 0.53 mg/l (120 mg/dl BAC). This level is lower than the 0.79mg/l (180 mg/dl BAC) sometimes mentioned in the literature as a limit because according to Belgian law, the lower value corresponds to the limit value for an immediate withdrawal of the driver licence. Alcohol dependant patients had to achieve six months sobriety for inclusion in the project because at this point the driver licence could be reinstated. Due to European funding, IBSR is able to run two trials involving 30 drivers each.

Objectives

The objectives of this project include:

- studying the perceptions of the two groups and their relatives about driving with an interlock;
- studying the sociological impact of alcolocks on drivers and their families;
- studying the impact of alcolocks on drinking, driving, and the drink driving habits of the two groups of drivers;
- studying the practical consequences for these drivers and their relatives; and,
- forming a solid basis for theoretical and practical input in order to develop larger quantitative experiments on efficiency.

Participation

The inclusion of alcohol dependent patients was straightforward. Patients of CARA are typically drivers sent by their insurance company, physician, or relatives to be assessed for fitness to drive. These individuals were informed about the interlock project and participation is a condition for licence reinstatement. This group can be expected to include subjects that have varying levels of motivation to participate.

However, some issues arose with regard to the inclusion of recidivists. Researchers were looking for diversity in socio-demographic variables in this group, resulting in a selection bias. Judges could also be expected to exhibit some bias in sentencing offenders to an interlock. Those offenders selected by each judge for participation will also be subject to an evaluation by a probation assistant to assess the usefulness of including the offender – whether an interlock “sentence” is adaptable to the living conditions of the offender. If selected, the offender is then presented with a choice between an interlock sentence and a fine with the suspension of driving privileges.

Each subject included in the study will also sign an agreement with the IBSR that imposes certain conditions for participation in the study. Conditions include refraining from driving after drinking, refraining from driving a non-equipped vehicle, all information obtained from the datalogger will be assumed to originate from the participant, and the onus is on the participant to ensure safe conditions to take the running retest.



Methodology

The European/Belgian trial will take 24 months to complete. The work has been broken down into four distinct phases in which various objectives must be met. Generally speaking, subjects will drive with an alcolock for one year, undergo in-depth interviews at the beginning of the project, at various points during the project if failures or other problems arise, and again at the completion of the project. Subjects must complete a driver improvement course after six months in the program, a log must be maintained, and an in-depth interview is also conducted with one relative who resides with the participant. This program will be pseudo-mandatory for subjects, and voluntary for relatives. Monitoring techniques include the datalogger, in-depth interviews and evaluations by probation assistants.

Obstacles

Problems arose due to a conflict regarding confidentiality. The confidentiality restrictions are less-strict in the French-speaking region than the Dutch-speaking region. This difference could result in the loss of important contextual information on subjects that could help to interpret the data and draw conclusions as well as losing insight into the inclusion process. This could also lead to problems in monitoring offenders.

A second issue involves the use of the datalogger reports. The French probation assistants track the datalogger results, as well as interview the offender, in order to prepare an evaluation recommending the offender's discontinued participation in the program. This information will be available to researchers. The Dutch-speaking probation assistants will not use the datalogger report but will evaluate offenders regularly.

A third issue resulted from the privacy concerns that emerged with regard to IBSR staff having knowledge of judicial proceedings involving offenders, access to the medical data of the alcohol dependent subjects, and access to the datalogger records and the information derived from in-depth interviews with subjects. It was necessary to seek approval from the Privacy Commission and to ensure confidentiality will be maintained to a reasonable extent.

Conclusions

Significant issues include the definition of recidivist offenders, selection bias, different approaches to confidentiality and probation supervision. The inclusion of relatives is viewed as a factor critical for success that will allow researchers to determine the impact of the alcolock on the lives of subjects.

Westchester County, NY Ignition Interlock Program

**Terrence Gorman
Westchester County Department of Probation**

Under the Westchester County ignition interlock program, DWI offenders who have lost their driving privileges due to court-imposed sanctions may be allowed to obtain limited driving privileges through the installation of an approved ignition interlock device once all revocation time has been served. Interlocks are usually mandated by the Court as a condition of probation. If approved, monitoring commences upon the issuance of either a valid post revocation conditional license or a full license. A probationer must also complete a treatment program prior to eligibility for an interlock, although this criteria may be waived if the Court feels that an interlock is warranted as soon as possible, based on community safety or hardship. The requirement of the interlock device to drive is clearly noted on the driver's license.

This monitoring of offenders is conducted by a specialized DWI unit. Surveillance is both random and in response to suspected violations. Once the device is installed, probationers are required to have the device calibrated every 30 days. Monthly field visits are set up where the probation officer meets with probationers at the interlock vendor site. All data from the previous month is calibrated and summarized and monthly reports are generated. BAC violations are interpreted by the vendor and probation officer, and those resulting from an alcohol-induced relapse, result in treatment referrals or a violation of probation.

Other monitoring tasks performed by probation officers include: general surveillance checks, residence checks in day and evening, arresting offenders violating conditions of probation or vehicle and traffic laws, enforcing compliance with the interlock program, collecting fines and fees, random testing for alcohol and drugs, interviewing and counseling offenders at scheduled appointments, maintaining collateral contacts with treatment programs and family, supporting sobriety and relapse prevention, treatment referrals, and intervening early in the relapse cycle.

Overall, the DWI unit supervises approximately 1,100 DW offenders, including 500 felony cases and 600 misdemeanor cases. There were approximately 100 active interlock cases annually from 1998 to 2003. Of the total number of DWI offenders, 20% (220) never drive while on probation; 80% or (880) do drive at some point. Only about 12% of offenders have an interlock; hence this program illustrates the low participation rate demonstrated in other programs. Of this 12% of interlock offenders, approximately 60% are felons and 40% are misdemeanants. Felons remain on the interlock device an average of 3 years, whereas misdemeanants average 1.5 years. On average, non-interlock participants do not regain driving privileges until 2/3 of a misdemeanor sentence and 3/5 of a felony sentence is served whereas interlock participants regain them much earlier.



5.0 Workshop Discussions

This year's symposium featured two workshops in which participants were divided into smaller groups to discuss issues related to the theme of the symposium. The purpose of the workshops was to provide participants with the opportunity to voice their thoughts, opinions, and concerns about these issues in a more informal setting. The questions addressed in the workshops were:

- ◆ *What are (or have been) the greatest barriers to getting interlock programs accepted and implemented as a countermeasure program for DUI offenders?*
- ◆ *How can these barriers be overcome?*
- ◆ *What are (or have been) the greatest barriers to enhancing interlock program participation and ensuring compliance?*
- ◆ *What factors or conditions are most conducive to participation and compliance?*

At the conclusion of the workshops, moderators gave a brief report of the discussions in their groups. The following is a synopsis of some of the common ideas and themes that emerged from the workshop discussions.

Barriers to acceptance and implementation

One of the principal obstacles hindering the acceptance of interlock programs is a lack of knowledge and/or understanding of interlock devices and programs by a variety of audiences -- the general public, legislators, judges, motor vehicle administrators, the law enforcement community, and probation officers. In particular:

- a) The general public has very little knowledge about interlock devices or interlock programs. If they were aware of the program, family members of DWI offenders would be in a position to encourage and support participation in an interlock program. Upon learning of the availability of interlock programs, many families of offenders have contacted providers to say that they were happy to have the device installed on their vehicle to help prevent repeat offences. In fact, some parents have requested the device be installed on their car when their children start to drive as a way to prevent impaired driving.
- b) Many agencies involved in driver licensing/sanctioning are not aware of these programs. It is not uncommon for employees of DMV or probation to be unaware that interlock programs are operating in their jurisdiction. More needs to be done to raise awareness so that they will utilize this resource and be able to provide information to those requesting information regarding the use and availability of interlocks.

In a broad sense, the criminal justice system was highlighted by many as a significant barrier to more widespread acceptance of interlock programs. Some of the particular issues included:

- a) Legislation is often ambiguous, making it difficult to interpret. This sends mixed messages and anything that is too complicated or convoluted won't be used.
- b) Criminal justice professionals are often resistant to interlock programs because they know little about interlock programs or their knowledge is contaminated by the "myths" that plague interlock programs. This is particularly true of older, more established programs (e.g., CA) because many of these professionals have first-hand experience with the difficulties experienced by some of the earlier interlock programs. Therefore, not only is it necessary to provide credible information to those who need it, but a special effort must be made to overcome the misinformation and re-educate criminal justice professionals.
- c) Unfortunately, there is considerable disparity in the operation of courts and the individual interpretation of legislation by judges. Consequently, uniformity in practice is rare, creating considerable diversity in the use and application of interlock devices.

Recommendations to enhance acceptance and implementation

- a) Interlock providers (collectively – perhaps through an association) should put together an information package (or packages) for judges, DMV, prosecutors, defence attorneys, and clients that will include all of the relevant information as well as answers to some of the common questions about interlock programs. A variety of formats should be considered for this package in order to deliver information to divergent stakeholder groups. This kind of information package provided by the industry (as opposed to individual providers) would present less of an ethical conflict for DMV to use in their materials. An association of interlock providers should also work collectively with public relations experts to "package" the information in formats that are convenient and easy to use.
- b) There was also some debate about the use of the term "interlock". It was felt that many people don't identify with the term and that it doesn't have instant recognition. Something more appropriate is required to develop instant recognition and to encapsulate the idea behind the product (such as the term "house arrest" does).
- c) More work should be done within agencies to make employees of agencies responsible for interlock programs aware of these programs and to ensure appropriate information is available.
- d) More work should be done to raise general awareness about interlock devices and programs. Victims groups could be of considerable assistance by including information on these programs in their materials. Victims, possibly celebrities, should have a role in raising public awareness and lobbying for these devices. For example, when MADD representatives are in a court they can put pressure on judges to order these devices. There was some agreement that the "emotional" argument should be made in the case of interlocks and that victims were the appropriate source.
- e) Service providers need to work collectively to make government aware that they are partners in this effort. Service providers need to be kept informed regarding what requirements they need to meet, have access to who should have these



- devices installed, and provide valuable information to government agencies in the form of interlock data recorder reports.
- f) There is a need for model legislation to guide states in the development of these programs. For example, the National Committee on Uniform Traffic Laws and Ordinances (NCUTLO) and/or NHTSA could be encouraged to draft model interlock legislation.
 - g) Professionals who deal with DUI offenders -- judges, prosecutors, and probation officers -- often don't utilize these programs because they aren't aware of them. Efforts should be made for manufacturers and service providers to attend the training institutes of criminal justice professionals and to participate in their expos to familiarize criminal justice professionals with the technology and provide them with an opportunity to try the devices. These are typically held bi-annually by national associations and usually annually by state associations.
 - h) Some also suggested sanctioning judges who do not comply with legislation that requires DUI offenders to participate in interlock programs.
 - i) To enhance educational efforts, traffic safety conferences should be held in those states with a poor record of interlock program participation.
 - j) Researchers should be encouraged to "package" research findings in a way that is palatable for justice professionals. These individuals often have large caseloads and little time to locate scientific information as well as to digest what can often be highly technical information.

Barriers to participation

- a) The total of all expenses associated with a DUI conviction -- fines, lawyer fees, rehabilitation fees, reinstatement fees, insurance surcharges -- may discourage participation in an interlock program.
- b) The overall process of becoming legally re-licensed following a DUI conviction may be too complicated. For some it may indeed be overwhelming. The complex array of fees, suspensions, fines, assessment and rehabilitation programs, probation, and community service may cause some to abandon any attempt to reinstate their driver's licence. For others, avoiding the interlock program -- or other requirements -- may be seen as a way to simplify the process.
- c) The time delay between when a driver is first suspended/revoked and when they become eligible for the interlock program is generally too long. During this time the offender rapidly learns that there is little chance of being apprehended for driving without a license and come to see no reason to re-license.
- d) During this time, agencies can lose track of offenders. There may be uncertainty over which agency has responsibility for the offender during this period. Greater accountability is needed to see that devices are installed, offenders are monitored, and agencies are able to perform their duties. In this context, there is a need for formal mechanisms for supervision or penalties for non-compliance.
- e) Providers also need more information to ensure that offenders get on the program. Providers cannot assist probation officers in detecting compliance if they do not know who should have one installed. Providers would like to be able

- to access a list of offenders sentenced to the device so that they can report when these offenders get devices installed and can identify who is not getting the device installed.
- f) Unfortunately, many agencies often work in isolation. They do not know what other agencies (or individuals) are involved in interlock programs, or how and where information is collected and maintained. It appears that only a few individuals and agencies are aware of their role in the interlock program as part of a larger system. The level of communication and cooperation seems to be very poor and many agencies do not know who else is involved or who to contact if problems occur or if information is required.

Recommendations to enhance participation

- a) Every effort needs to be made to ensure that offenders understand all the requirements they must fulfill to become re-licensed. For some, a brochure outlining the necessary steps may be sufficient. For others, their lawyer or probation officer or perhaps even a special DMV liaison may be appointed to assist in guiding offenders through the process.
- b) Strong incentives must be built into the system to encourage interlock program participation as well as disincentives for not participating. Incentives could include reduced fines, waving or reducing insurance surcharges, and significant reductions in the length of hard suspension. Disincentives could include vehicle impoundment, immobilization, or house arrest.
- c) All of the agencies involved in administering interlock programs should be made aware of the other agencies involved and what their respective roles are. Each agency should be made aware of how the system works as a whole, who is responsible for what tasks at what point in time, who collects what information and mechanisms should be put in place to ensure accountability. By doing this, each agency will have a better idea of what they are responsible for, who has authority over the offender, and what steps can be taken to ensure that offenders get into, and are compliant with, interlock programs.
- d) Shorten the period of hard suspension to get offenders into programs more quickly before they have an opportunity to learn they can drive without a license. However, the suspension should not be reduced if it is going to be replaced by a "weak" program.
- e) Agencies should have a clear understanding of who is involved in the system and who can be contacted for assistance.

Barriers to compliance

- a) Offenders avoid interlock programs because they can. Currently they find it easier to avoid the interlock program than to participate because of poor communication and exchange of information among agencies involved in these programs.
- b) There are insufficient incentives for offenders to comply with an order to participate in an interlock program. There are, however, many disincentives. For example, the device is itself very inconvenient (having the device installed, driving with it, having it serviced). More importantly, driving without a valid licence



- is seen as a viable alternative. There is limited chance of detection for driving without an interlock or of having significant penalties imposed for non-compliance with an interlock restriction.
- c) Clients may not receive sufficient information about the interlock program and the requirements for compliance. The information package sent to offenders from the DMV is usually limited and often vague; furthermore, some offenders are illiterate and unable to read the information. Many offenders end up relying on the service provider to provide much of the needed information.

Recommendations to enhance compliance

- a) Make it as inconvenient as possible for offenders to drive unlicensed by increasing enforcement as well as the penalties associated with driving while suspended/revoked. Greater use should be made of identifying plates, sobriety checkpoints, and seatbelt enforcement programs. Offenders should also be rewarded for compliance in the form of reducing program requirements to reinforce positive behavior. Insurance companies can also be brought in to increase premiums for drivers caught DWS/DWR. In these instances, it should be more difficult to get insurance.
- b) Hold focus groups with eligible/non-eligible offenders to determine what offenders like/dislike about the program, their reasons for non-compliance, and things they would find attractive in encouraging compliance.
- c) High-BAC, repeat and non-compliant offenders should undergo mandatory intensive evaluation and should be kept in interlock programs with stricter supervision.
- d) It was suggested that a first conviction for DWI might be expunged from a driver record to induce cooperation with interlock programs. Others indicated that before proceeding in this direction a serious review of diversion programs be undertaken. These latter programs can create a loophole that allows offenders to avoid being identified as repeat offenders.
- e) Family support is necessary for compliance. They can not only supervise, but they can encourage compliance. Every effort should be made to engage family and/or friends in the interlock program and the overall rehabilitation process.

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Appendix A

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Appendix B

List of Interlock Manufacturers

Interlock Manufacturers

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Canada

Telephone: +1 905 670 2288

Autosense International

683 East Brokaw Road
San Jose, CA 95112

Telephone: +1 408 453 1700

Consumer Safety Technology, Inc.

10520 Hickman Road, Suite "F"
Des Moines, IA 50325

Telephone: +1 515 331 7643

Draeger Interlock, Inc.

185 Suttle Street, Suite 209
Durango, CO 81303

Telephone: +1 970 385 5900

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Telephone: +1 513 651 9560

Smart Start, Inc.

4850 Plaza Drive
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