



## **Improving road safety in the ACT by implementing: A comprehensive, collaborative and evidence-based alcohol ignition interlock program**

### **1. Proposal**

This is a proposal to improve road safety in the ACT and reduce impaired driving by supporting access to treatment for high range first and repeat drink driving offenders through implementing a comprehensive alcohol ignition interlock program as a collaboration between law enforcement and health services.

### **2. Background and rationale**

Addressing impaired driving is a road safety priority for action by the ACT Government and for the law enforcement, public health and alcohol tobacco and other drug agencies. The ACT Government acknowledges that impaired driving due to alcohol and/or other drugs is one of the main causal factors for serious injury and fatal road crashes in the ACT.

ACT Policing drink driving statistics (30 June 2010 – 1 July 2011) reveal that most people apprehended for drink driving were medium to high-range (e.g. over .05 g% blood alcohol concentration) and/or repeat offenders.<sup>1</sup> This clearly indicates that targeted law enforcement and health interventions are required to address this particular population, particularly since we know that:

- Approximately 70% of drink drive first offenders are not detected reoffending;
- High range and repeat offenders are the most likely to have established problems of alcohol dependence or abuse;<sup>2</sup>
- The majority of convicted drink driver offenders whose licenses are suspended choose to drive while suspended.<sup>3, 4</sup> For example, a Western Australian study of repeat drink drivers found that 74% admitted driving on at least one occasion whilst having their license disqualified.<sup>5</sup>

International research highlights the prevalence of problematic alcohol use in the drink drive recidivist, and high blood alcohol concentration (BAC), driving populations, and the challenges this provides for creating behavioural change:

“Preventing repeated drink-driving is difficult, in part, because many recidivists are alcohol dependent or suffer from other comorbid disorders. As many as 54% of repeat impaired-driving offenders may meet clinical criteria for alcohol dependence and 40% or more may meet criteria for lifetime drug abuse... As a result, recidivist drink-drivers may be less receptive to traditional deterrence and may need a more comprehensive approach”.<sup>6</sup>

These populations are unlikely to respond to brief educational interventions. A more intensive and comprehensive approach is needed.

ATODA understands that the ACT Government, law enforcement, public health agencies and the alcohol, tobacco and other drug (ATOD) sector have all expressed interest in progressing an alcohol interlock program in the ACT to seek to reduce and prevent the harms associated with high range and repeat drink-driving. A key challenge for these stakeholders is to collaborate to ensure that an effective and evidence-informed program is introduced in the ACT.

### **3. What are alcohol ignition interlocks?**

Alcohol ignition interlocks (interlocks) are devices fitted to vehicles with an aim of preventing the vehicle from being operated by a driver whose breath alcohol concentration exceeds a predetermined level. In order to operate a vehicle fitted with an interlock, the driver must first provide a specimen of breath below the predetermined breath alcohol concentration. Typically, in order to prevent alcohol affected drivers from circumventing the device (e.g. someone other than the driver providing the specimen), interlocks require additional retests at random intervals in order to keep the vehicle running.

### **4. Existing interlock programs**

Interlock programs currently operate in many international and Australian jurisdictions, including NSW, Victoria, Queensland and South Australia, and Tasmania plans to introduce this initiative soon.

There exists a body of scientific literature from studies and reviews relating to many programs allowing consideration of the most effective programs and the identification of successful features.

#### **4.1 Features of successful interlock programs**

The evidence shows that interlocks reduce drink driving recidivism whilst fitted to participants' vehicles and that good practice interlock programs utilise interlock devices as a component central to a coordinated set of activities. These activities should include:

- The provision of supports necessary to assist participant compliance (e.g. regular inspection, servicing and calibration of each device, visible evidence of the interlock restriction on the participant's drivers licence); and
- Incorporate treatment interventions to address underlying alcohol problems (e.g. regular motivational interviewing, engagement with treatment services);<sup>7</sup>

### **5. Purpose of an ACT interlock program**

The purpose of an ACT interlock program could be to:

- Improve road safety in the ACT;
- Reduce impaired driving by high range first and repeat drink drivers;
- Implement an evidence based interlock program which incorporates both sanctions and treatment interventions;
- Promote a law enforcement and health partnership to addressing impaired driving; and
- Address individual drink driving re-offending through installing interlocks and concurrently addressing problematic alcohol use and driving behaviours.

## 6. Effectiveness of interlock programs

The outcomes of interlock programs vary, with all sources struggling to show improved road safety at a population level owing to inadequate coverage of the target population in many interlock programs. Some sources report significantly reduced recidivism rates amongst participants for the programs' duration while other sources report programs producing little or no measurable benefit.

“Ignition interlocks are an effective DUI [drinking under the influence] countermeasure, but they do not work of all offenders, and they do not work in all situations. This strongly suggests that ignition interlock devices and their programmatic use needs to be targeted to offenders and situations where they work most effectively, and integrated carefully with other DUI countermeasures that have been shown to be effective.”<sup>8</sup>

Interlocks can effectively separate the drinking from the driving (thus making the roads safer), at the same time as treatment interventions and education can address the underlying cause of offending (e.g. alcohol dependence and abuse).

The greatest road safety improvements from the use of interlocks will very likely come from ensuring that people most likely to reoffend are physically restricted from doing so.

## 7. A comprehensive approach to interlocks is effective as a means of preventing re-offending

### 7.1 Interlocks, on their own, prevent re-offending when installed

In its simplest form, interlocks are one means of preventing drink driving. The evidence indicates that:

- The majority of interlocks programs are effective in reducing drink driving recidivism of participants while the interlocks were installed;
- Interlocks reduce drink driving amongst program participants until removed from the vehicle.<sup>9, 10</sup>
- Once interlocks have been removed, participants' levels of drink-driving return to the level seen before fitting the interlocks.<sup>11, 12</sup>

### 7.2 Example: interlocks may prevent re-offending after removal when alcohol consumption is addressed as part of the program

The Swedish interlock program aims to change previous drink driving habits as well as reducing the alcohol consumption of participants. The program has led to lower levels of alcohol consumption and significantly lower ongoing recidivism post program completion.<sup>13, 14</sup> The program is described as “a voluntary 2-year program for DWI [driving while intoxicated] offenders involving strict medical requirements, including counselling and regular checkups by a medical doctor.”<sup>15</sup>

“Of the participants, 60% had diagnoses of alcohol dependence or abuse and 68% self-reported dangerous or harmful alcohol habits when starting the 2-year program. During the program, alcohol consumption generally decreased significantly as measured through five biological alcohol markers, and the rate of DWI recidivism fell sharply from a yearly rate of approximately 5% to almost zero. Successful completion of the program appears to have lasting effects in terms of far lower rates of DWI

recidivism, even 2.5 years later. The effects on DWI recidivism are paralleled by reduced rates of traffic accidents involving injuries.”<sup>16</sup>

Those with continually high levels of alcohol consumption (some 40% of participants) are not permitted to remain in the program. This feature is in contrast with approaches elsewhere (including Australia). Schonfeld and Sheehan’s 2004 critique of Australian interlock programs reported that participants in the 2001-03 Queensland interlock trial “were not expecting to reduce their alcohol consumption levels (despite consuming harmful levels), and the participants’ propensity to report “false positives” and attribute violations to “machine error” rather than examine their own inappropriate drinking behaviours.”<sup>17</sup>

## **8. Priority population**

### 8.1 Targeting interlocks for maximum benefit

Interlock program eligibility criteria needs to be targeted to maximise benefit, including maximising participation and creating opportunities for the greatest road safety improvements. However, ‘maximising participation’ does not automatically lead to the greatest road safety improvements.

### 8.2 High range first and repeat offenders

High range first offenders and repeat offenders constitute the greatest risk of drink driving recidivism. As this group includes offenders most likely to be alcohol dependent, these same offenders are the most likely to reoffend prior to being relicensed.<sup>18</sup>

### 8.4 Interlocks are ineffective with low range first offenders

Low range first offenders are the drink drivers least likely to be alcohol abusers or alcohol dependent and are statistically the least likely to be detected drink driving again. While it may be tempting to maximise program participation by making interlocks mandatory for this group, doing so is unlikely to be cost-effective and is unlikely to return measurable road safety improvements. Furthermore, due to the typically short periods of licence suspension set by the courts for low range first offences, mandating interlocks for this group is likely to unintentionally increase the rate of disqualified driving.

## **9. Balancing use of interlocks with other sanctions**

How soon after being convicted of a drink drive offence should a person be eligible to participate (i.e. drive legally) in an interlock program?

The evidence indicates that, for maximum benefit, participation in an interlock program should be available to drink drivers as soon as possible after a drink driving conviction. Requiring a period of full license suspension prior to interlock eligibility may contribute to our inability to place the interlocks onto the vehicles of the most persistent drinking drivers.<sup>19</sup> Offenders who participate in an interlock programs have 50% to 75% lower recidivism rates while on the interlock than similar offenders whose licenses have been fully suspended (and therefore should not be driving at all).<sup>20</sup>

It may seem counter-intuitive to allow high range and repeat offenders to drive with an interlock as soon as possible after a conviction, however the evidence supports doing exactly that.<sup>21</sup>

“An early interlock installation must not be viewed as a reduction in punishment, but as a punishment that enhances public safety, even though driving is permitted.”<sup>22</sup>

This is a challenging consideration as the evidence may be counterintuitive with what many in the community have been conditioned to believe about deterring drink drivers by fully suspending offenders’ licences.

The evidence indicates that there are greater benefits of immediately installing interlocks compared with simply suspending licences.

## **10. Mandatory vs voluntary**

The evidence suggests that many offenders understand that the likelihood of being detected driving whilst disqualified is low and will decline the opportunity of participating in an interlock program (therefore avoiding the cost, the inconvenience and the stigma of participation) on that basis.

The weight of evidence, coupled with the recommendations of the Western Australian Repeat Drink Drive Working Group and the International Council on Alcohol, Drugs and Traffic Safety, supports the mandatory use of interlocks for high range and repeat offenders.

However the evidence indicates that interlocks should be voluntary for low range first offenders. Consequently, interlocks should be available to the courts in all circumstances involving drink-driving offences.

## **11. Implementation issues**

A number of other issues need to be considered prior to the implementation an interlock program in the ACT:

### 11.1 Length of the Program

The length of time an interlock is subject to the use of an interlock will vary depending upon with their use is voluntary or mandatory. In addition, because interlocks are an effective tool to prevent drink-driving, it is reasonable the risk of future drink-driving by offenders to be weighed heavily in the courts consideration about whether an interlock should be removed. There is no reason why interlocks could not be imposed, when mandatory, for an indeterminate length of time. If such an approach is taken, the courts should consider, at a minimum, the following:

- The offenders participation in therapeutic interventions
- The opinion of health staff about the offenders response to interventions
- The overall likelihood of the offender continuing to drink-drive

### 11.2 Consequences for non-compliance

ATODA believes that non-compliance with interlock requirements could warrant sanctions. However, exclusion from the interlock program should not be considered

an appropriate sanction in such contexts. Increased reporting requirements or more intense supervision or treatment could be warranted. Short-periods of license disqualification (e.g. over the weekend) may also be an appropriate sanction, but it would be desirable that they do not interfere with the offenders employment obligations.

### 11.3 Coupling the use of interlocks with therapeutic interventions

Coupling the use of interlocks with interventions to address the offenders problematic alcohol use, as well as other health and social interventions, is essential to ensuring the effectiveness of any interlock program and maximising it's cost-effectiveness. In the ACT, assessment and referral to appropriate alcohol and other drug services could be undertaken by the Court Alcohol and Drug Assessment Services (CADAS) run by the Alcohol and Drug Service, Health Directorate.

CADAS could provide alcohol assessments and a mechanism for making services available to offenders, monitoring their participation in therapeutic interventions, and providing information to the Courts about an offender's response to interventions and likelihood of continuing to drink-drive.

### 11.4 Who should pay

The cost of installing, maintaining, and removing interlocks should be borne by the offender if they have the resources to pay the costs. In circumstances where fines are also imposed, the Courts may consider it appropriate to have fines reduced by the total that the offender will pay for the use of interlocks. Among offenders with limited financial capacity, the use of Government funded concessions, subsidies, and instalment programs should be pursued. Persons reliant on Centrelink, or who may otherwise be driven to financial hardship as a result of the costs should be considered priorities for any financial assistance to engage in the program.

### 11.5 Evaluating the program

Evaluation of any interlock program in the ACT is essential. It will determine whether the program has achieved its aims and objectives and the relative costs of such a program compared with other approaches to preventing drink driving. A framework for any evaluation should be developed prior to the implementation of an interlock program. It would be desirable if any external bodies involved with the evaluation component of the program have experience with the ACT's legal system and alcohol interventions.

## **12. Policy context**

This proposal is consistent with the ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014, ACT Road Safety Strategy 2011-2020, ACT Road Safety Action Plan 2011-2013 and the Chief Minister's Targeted Assistance Strategy.<sup>23</sup>

## **12. Further information**

Please contact Carrie Fowle, Executive Officer, ATODA, on [carrie@atoda.org.au](mailto:carrie@atoda.org.au) or (02) 6255 4070.



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## References

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- <sup>2</sup> For further information see the ATODA proposal *Improving ACT road safety through implementing: Comprehensive, collaborative and evidence-based alcohol ignition interlock program*.
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