Ignition Interlock Program Delivery Standards

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Ignition Interlocks are electronic breath alcohol testing devices connected to and linked with the operation of the ignition system of motor vehicles in which they are installed. Their function is to prevent a vehicle from being started or driven by persons whose blood alcohol level (BAC) is above a certain point.

Developed in the United States and introduced commercially there in 1986, ignition interlocks have so far been used primarily in programs for DWI offenders. To date, 34 U.S. states have enacted legislation authorizing the use of interlocks in such circumstances, and active programs are found in 30 states. In Canada, the Province of Alberta has had an interlock program since 1990, and Quebec has recently enacted enabling legislation with a program scheduled to commence in December, 1997. Outside North America, Sweden and South Australia are expected to have pilot programs operational by the fall of 1997. Overall, about 20,000 DWI offenders are currently participating in ignition interlock programs.

In an earlier paper the authors stressed the importance, given the type of person likely to be on an interlock program, of utilizing sophisticated interlock technology with an extensive array of anti-circumvention features (Collier et al, 1995). It is the contention of this paper that of equal importance are the type of program and how it is administered, as well as the key features or elements that govern eligibility and compliance by program participants. The criteria applied by public authorities in making decisions about these matters are referred to herein as program delivery standards. For purposes of this paper, interlock program delivery standards are to be distinguished from qualification and continuing compliance standards applicable to ignition interlock devices and to interlock service providers/ installers; these are undoubtedly significant factors affecting the success of an interlock program but, unfortunately, are beyond the scope of this discussion.

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Ignition interlocks were originally developed as a means of controlling drinking driving behaviour, and not as a rehabilitative tool. In spite of this, the fact that interlock programs have come to be judged by the extent to which interlock use correlates with a reduction in recidivism means it was perhaps inevitable that extended tracking of program participants would occur and, with it, an examination of their rehabilitative potential.

As it turns out, extended tracking has led to criticism in some quarters over data tending to show that improvements in recidivism rates fall off once interlock devices are removed from users' vehicles. It is suggested, however, that such criticism is less a reflection of shortcomings with ignition interlocks and interlock programs per se than a recognition of deficiencies in existing programs (Anheuser-Busch, 1996), and a desire for new countermeasure initiatives that have a significant and lasting impact in helping to overcome the problem of drinking and driving.

On the positive side, a growing body of evidence has emerged indicating that extended use of ignition interlocks in the context of a conscientiously applied program of close monitoring and supervision carries with it the potential to achieve long-term positive changes in behaviour patterns relating to drinking and driving (Collier, 1994; Weinrath, 1997).

Concerns about post-interlock "carryover" of gains made under current programs, coupled with promising results of recent studies touching on the rehabilitative potential of ignition interlock use, suggest that program delivery standards which foster or promote rehabilitation as well as control should be of interest to jurisdictions contemplating a new interlock program or undertaking the review of an existing one. The remainder of this paper will endeavor to highlight from this perspective what are perceived to be the most promising such standards and, conversely, some of the problem areas.

At the most basic level is a dichotomy between delivery standards involving judicial (or court-administered) interlock programs and those that are administered by driver licensing authorities (also known as administrative programs). Judicial programs regard interlocks primarily as a sentencing tool in the hands of judges who are charged with the responsibility of sanctioning illegal conduct. As such, they are subject to the vagaries of individual judicial discretion, and this tends to militate against both uniformity and widespread use. When imposed
as a condition of probation or the granting of a work-restricted driving permit, interlock use in the context of judicially administered programs represents an approach that emphasizes punishment and specific deterrence rather than rehabilitation. The term of interlock use is invariably of fixed duration, the length of which reflects the perceived seriousness of the crime rather than needs or other circumstances pertaining to the offender. Monitoring and supervision of offenders tends to be limited and perfunctory. Juducial interlock programs are also likely to encounter difficulties in dealing with non-compliance due to competing demands placed on probation officers with high-volume caseloads and because of the cumbersome, time-consuming nature of the judicial process and the limited range of options available in such circumstances.

Judicial programs account for the majority of U.S. interlock programs. However, nine states have instituted ignition interlock programs administered by driver licensing authorities and a tenth (Wisconsin) is expected to follow suit before the end of 1997. In Canada, both Alberta and Quebec have opted for interlock programs administered by driver licensing authorities. The underlying premise of administrative interlock programs is that driving is a privilege which citizens have a right to expect to be exercised in a manner consistent with public safety. It is therefore justifiable in the public interest that people who abuse the privilege or represent an unacceptable risk be subject to such measures to regulate and control their driving behavior as are reasonable and appropriate in the circumstances. Considered in this context, ignition interlocks are viewed as less of a sanction than as an aid to assessment and rehabilitation--i.e. helping to identify problem drinkers and giving those so identified an opportunity to modify their drinking/driving behavior while at the same time providing assurance that the public at large will be protected. The focus of administrative interlock programs is also quite different than their judicial counterparts--more on the offender and the level of risk involved than on past conduct (although, clearly, conduct as reflected in the offender’s driving record is of relevance in assessing risk).

The assumptions and focus evidenced by interlock programs based on an administrative model suggest a more remedial approach to interlock use--one that stresses individual needs, and is less likely to involve a term of fixed duration. A decision making process that is typically flexible and responsive to both individual circumstances and changing conditions when compared to the judicial system also serves to facilitate such an approach.
Having drawn a distinction between judicial and administrative ignition interlock programs, it should be noted that considerable variations exist among programs within each category. In particular, the fact that a program may be administered by driver licensing authorities does not necessarily mean it will have a rehabilitative orientation. Iowa’s program, for example, is restricted to five-month interlock work permits for first offenders. The point is merely that administrative interlock programs in general would appear by virtue of their organizational and operational structure to have a greater potential for achieving long-term reductions in recidivism than judicial programs.

Beyond matters of administrative framework, a key element of interlock program delivery standards involves decisions about program duration. It is widely accepted that most DWI offenders are people with alcohol problems. The causes of such problems are myriad and, depending on the individual, the time required to address the problem and make constructive lifestyle changes can vary greatly. Yet, even with programs administered by driver licensing authorities, most jurisdictions prescribe a fixed term of interlock use without regard to these or other rehabilitative considerations. In contrast, Alberta, Illinois and Maryland have set minimum (but not maximum) program terms, allowing for extensions or even indefinite terms as the circumstances require. Discretionary reinstatement allows the decision of when an interlock can safely be removed from a vehicle to be addressed in the context of the individual offender’s needs and circumstances, and postponed if necessary until evidence of rehabilitation or positive lifestyle change is available to satisfy administering authorities not only that the risk of recidivism has been reduced to acceptable limits but that the reduction in risk is likely to be long-term. It is interesting to note in this regard that Alberta has developed a risk assessment scale using driver records and related information as a predictor of future conduct. One of the principal uses of this scale is by interlock program administrators to help them gauge the risk of recidivism by offenders seeking full restoration of driving privileges.

Standards affecting program duration are closely related to those involving early termination or revocation of interlock-restricted permits as a result of non-compliance with program conditions. Most jurisdictions revoke in the event of detection of a deliberate attempt to tamper with or circumvent interlock equipment, but many also provide for revocation if monitoring reports indicate repeated attempts to drive after drinking. However, in some jurisdictions (i.e. typically those that have adopted a more open-ended approach to program
duration) there are indications of a trend toward extending participants who are having difficulty separating drinking from driving to the extent required to comply with program requirements. From a rehabilitative perspective, as long as the interlock is doing its job of preventing the vehicle from being started or driven and the participant does not take steps to try to circumvent the device, the latter would seem to be not only the preferred course of action but almost a necessity.

Standards applicable to monitoring and reporting requirements are also perceived as a strong factor in promoting rehabilitation among interlock users. Frequent monitoring checks involving direct, face-to-face contact between the offender and the service provider have long been advocated as affording an opportunity to physically inspect the vehicle for evidence of tampering that may not be detected by the data logger, and therefore indicative of a program with superior controls over its participants. As a by-product, though, monitoring of this kind also represents an opportunity to review data logger records with participants and, in the process, provide them with valuable feedback on their performance.

Accepting the desirability of delivery standards as guidelines for ignition interlock programs which not only help to control drinking and driving in the short term but also contribute to long-term reductions in impaired driving recidivism, several standards emerge as offering promising possibilities. These include:

i. programs administered by driver licensing authorities;
ii. open-ended participation requirements;
iii. sanctioning violations involving BAC fails (as opposed to tampering or circumvention) through extension rather than revocation; and
iv. providing feedback to program participants at frequent intervals.

In the final analysis, however, such standards in and of themselves cannot be expected to result in interlock programs that eliminate the necessity for measures designed to deal directly with DWI offenders’ drinking problems. Thus, perhaps the kind of program delivery standards that hold out the most promise in terms of long-term rehabilitative effects are standards directed toward including a therapeutic intervention component as part of the interlock program or, alternatively, linking the interlock program to other resources with capable of providing therapeutic intervention.
An example of the linking approach is currently found in Alberta where, as part of a research project, program participants meet with case managers during monitoring sessions to review data logger records. The case managers, who have postgraduate qualifications in behavioural sciences, assess and assist clients in developing rehabilitative strategies tailored to their own individual needs and circumstances. To the extent that such strategies involve other community resources, case managers serve as a broker or “clearing-house” to direct clients to the appropriate agency. The case managers’ role has been described as a combination of advocate, linkage resource, and behavioural-coach (Marques & Voas, 1995).

Although the Alberta case management study is ongoing, an interim report is expected shortly. It is anticipated that the preliminary data collected to date will lend credence to the view that with suitable program delivery standards in place, the long-term rehabilitative potential of ignition interlock programs is considerable.

RÉFÉRENCES


