Professor Desmond O'Neill

Consultant Physician in Geriatric and Stroke Medicine,
Tallaght Hospital and Trinity College Dublin

Action 23 Working Group Report

Prof Des O'Neill

Dr Margaret Ryan

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ETSC/RSA

Safe and Sober

19th Jan 2024

Government Road Safety Strategy (2021 – 2030)

- Action 23: Establish a **working group** to consider and make recommendations for the implementation of an **alcohol interlock programme**, supported by a **drink drive rehabilitation course** in Ireland, for high-risk drink drive offenders

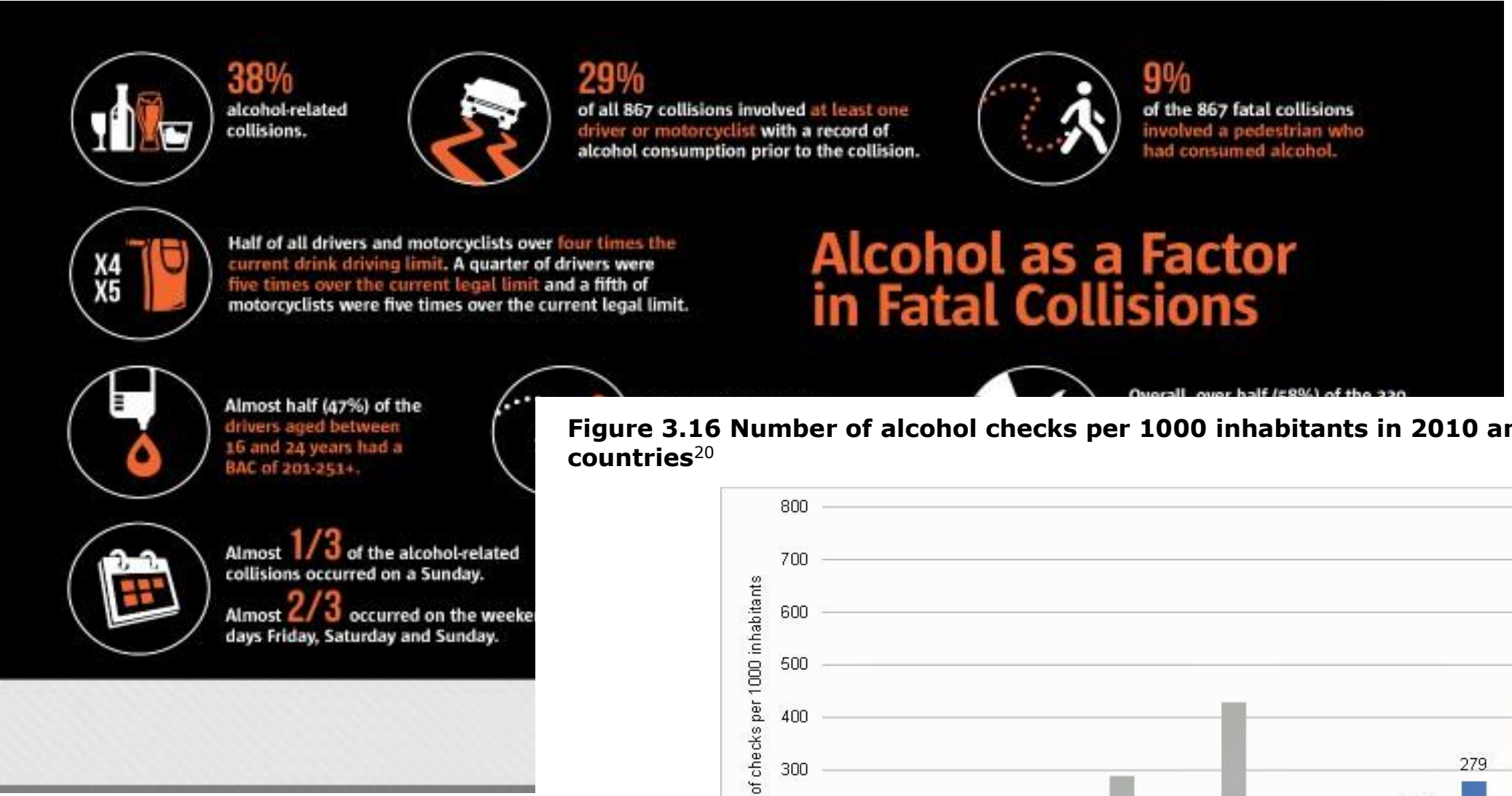
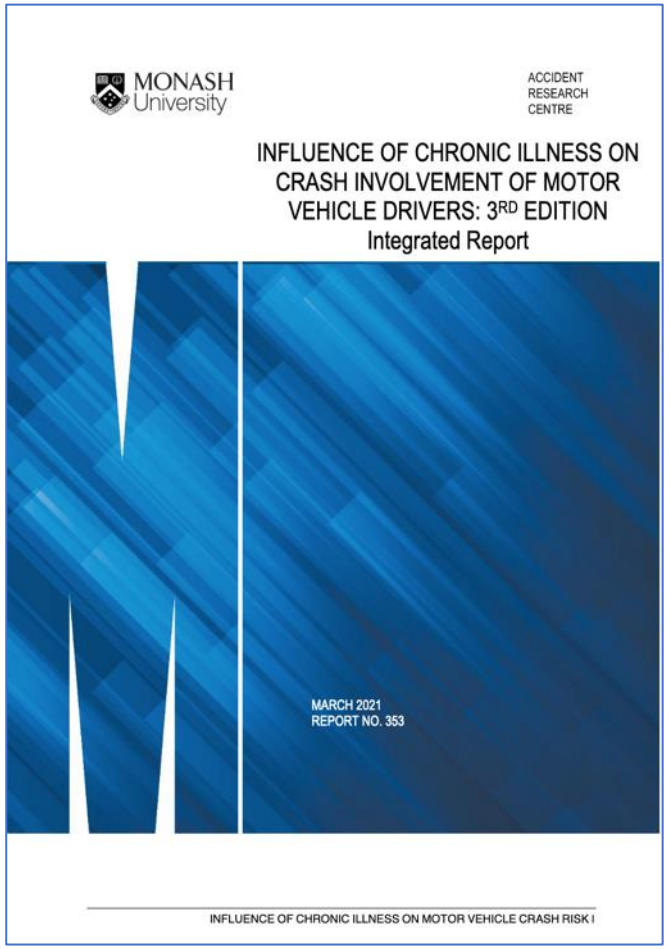


Figure 3.16 Number of alcohol checks per 1000 inhabitants in 2010 and 2019 in selected countries[20]

BAC equivalent levels	Number of specimens	% above each level
>0	5878	66.3
>20	5515	62.2
>50	4921	55.5
>80	4202	47.4
>100	3733	42.1
>200	2390	26.9

Background to DUI and AUD

- Almost 80% of first-time offenders, 89% of second-time offenders and 98% of third time DUI offenders had alcohol use disorder(AUD)
- Hard core of 10% of all drink-driving offenders is involved in two-thirds of all alcohol-involved crashes



Ethical debate

Why are doctors ambivalent about patients who misuse alcohol?

BMJ 1997;315:1297–1300

It is not unusual for doctors to see patients who they strongly suspect are misusing alcohol. Should they ignore it or try to intervene? And what should they do if the patient's alcohol misuse puts other people at risk? In this ethical debate a lawyer, two psychiatrists, and an oral and maxillofacial surgeon give their views.

Alcohol Use Disorder

A blind spot for healthcare professions and licencing authorities

Stakeholder engagement

- Working Group Alcohol Interlocks & Driver Rehabilitation
  - Road Safety Authority
  - Department of Transport
  - Department of Justice
  - An Garda Síochána (police force)
  - Medical Bureau of Road Safety

Project Plan

Phase 1 Background & Context

- Review WG activities
- Summary of international evidence
- Best practice examples from other countries

Phase 2 Engagement with WG & other stakeholder

- Progress report to RSA – Sept 2023
- Iterative engagement with WG & other stakeholders
- Revised draft report
- Submit full draft to RSA
- Incorporate RSA feedback
- Submit final report

Criterion	ETSC	PACTS	EU Commission	Other
Effectiveness				
Reducing reoffending	2016, 2020, 2023		ECORYS (2014)	
More effective than alternatives	2016			NOTM (2022)
Impact on road traffic crashes	2016		ECORYS (2014)	NOTM (2022)
Impact on fatalities	2016		ECORYS (2014)	NOTM (2022)
Effects of rehabilitation	2016			
Health & social benefits				
Consumption of alcohol				
Health benefits	2020		ECORYS (2014)	
Improvement in relationship with families				

Criterion	ETSC	PACTS	EU Commission	Other
Effectiveness				
Mobility & economic benefits				
Cost benefit analyses	2016		ECORYS (2014)	SWOV (2020)
Securing jobs for offenders	2016		ECORYS (2014)	
Societal factors				
Acceptability				
Public perspective				
Offender perspective				
Driver awareness	2023			
Offender integration	2023			
Reducing unlicensed driving	2016			
Enforcement	2023		ECORYS (2014)	

Cost Benefit Analysis of the Irish alcohol Interlock programme 2020 (SWOV)

Table 5.2. Summary of the results of the total incremental benefits and costs for the base scenarios and the resulting Benefit Cost Ratio and Net Present Value

Overall summary of benefits and costs (€) over the appraisal period of 2021-2030

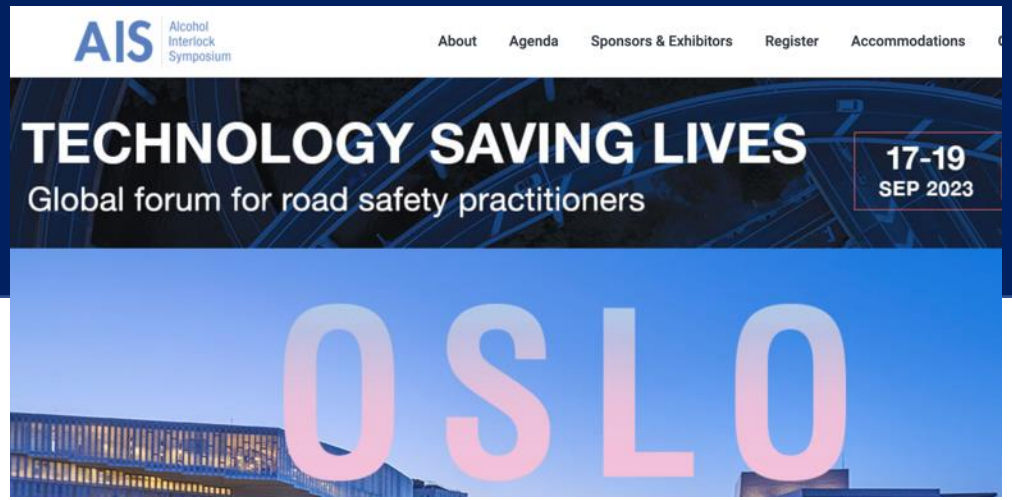
Scenario	Scenario 1, low reduction range	Scenario 1, high reduction range	Scenario 2, low reduction range	Scenario 2, high reduction range
Present value of total benefits	58,399,655	88,690,060	75,939,328	115,316,855
Present value of total costs	10,412,462	10,412,462	15,804,622	15,804,622
Net present value (NPV)	47,987,193	78,277,598	60,134,706	99,512,232
BCR	**5.6**	**8.5**	**4.8**	**7.3**

.The most likely implementation of the AIP,
will result in a BCR of 6.1 and an NPV of 52 million euros.

https://www.rsa.ie/docs/default-source/road-safety/r4.1-research-reports/safe-road-use/cost-benefit-analysis-of-the-irish-alcohol-interlock-program-20201e8ac850-22a5-47d0-8da2-86e000556367.pdf?Status=Master&sfvrsn=966c13fa_3

Consultations

Stakeholder	Contact
An Garda Síochána	Sean O'Reardon
MBRS	Denis Cusack, Helen Kearns, Louise Lawlor
Dept Transport	Nora Butler & Lisa Kiely
Dept Justice	Ben Ryan
Insurance Ireland	Moyah Murdock (CEO), Michael Horan, Ruth Nic Ginnea
District Court	Judge Paul Kelly, President Angela Denning, CEO
HSE	Prof Eamon Keenan, Director, Addiction Services
Dept Health	Siobhan McArdle AS TBC Breda Smyth CMO TBC



Stakeholder	Contact
ETSC	Antonio Avenoso
Norway experience	Bjarne Eikefjord
Dutch experience	Sjoerd Houwing
Arkansas	Laura Bales
Finland	Marguerite Haakanen
Belgium	Annaliese Heren

Spectrum of responses to alcohol problems

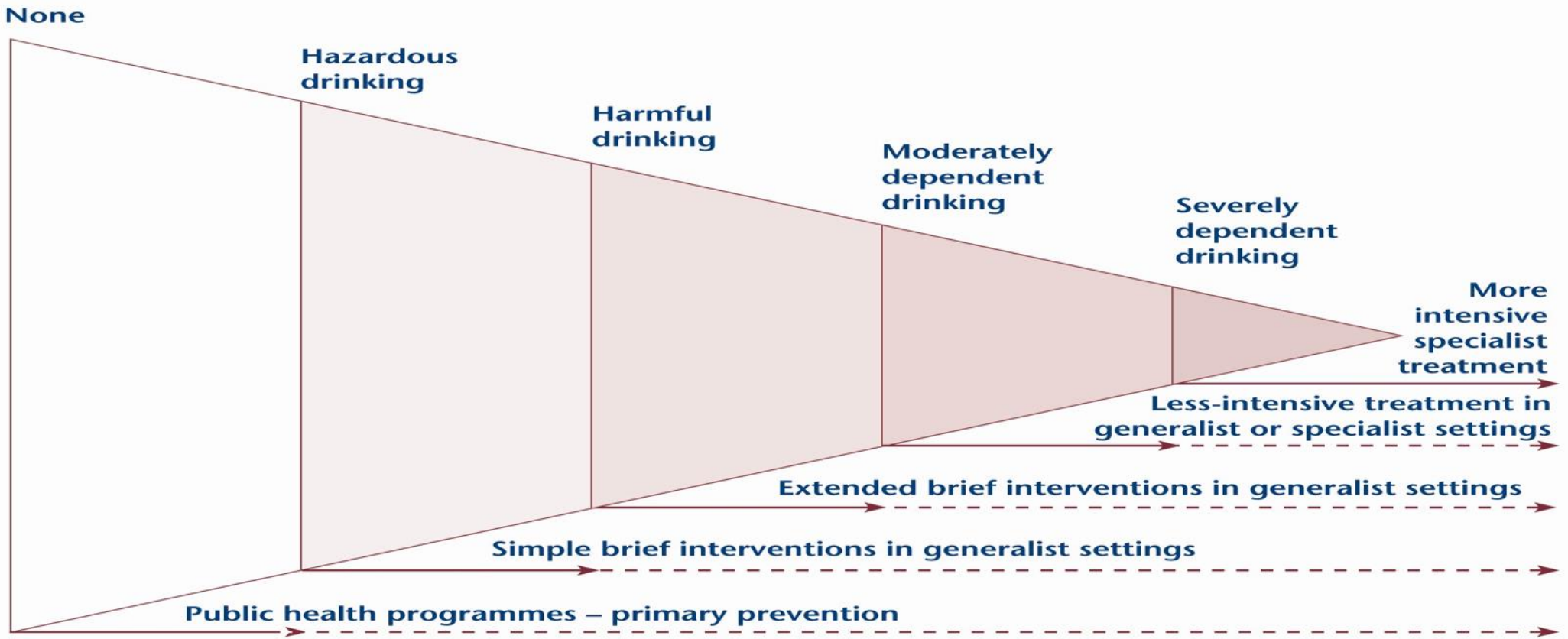


Figure 1 A spectrum of responses to alcohol problems

Source: *Rastrick et al. (2006),[1] adapted from Institute of Medicine (1990).[2]*

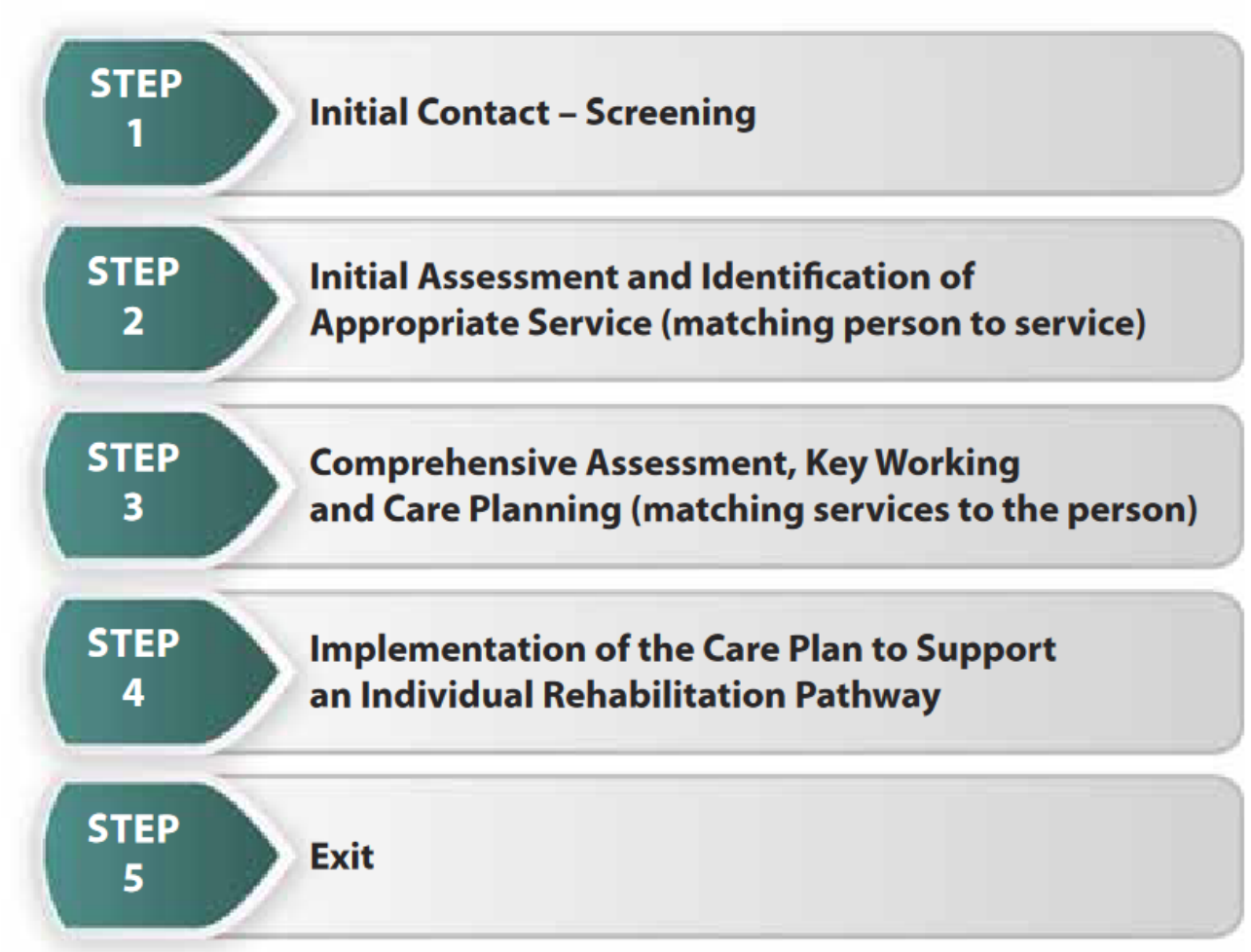
https://www.drugsandalcohol.ie/11335/

HSE SAOR Brief Intervention for Drug Users

- Support, Ask and Assess, Offer Assistance, Refer
  - Model (O'Shea, Goff & Armstrong, 2017)
- Theoretical and operational framework for the delivery of screening and brief interventions for problematic substance use.

https://www.hse.ie/eng/about/who/primarycare/socialinclusion/addiction/national-addiction-training/alcohol-and-substance-use-saor/

The *National Protocols and Common Assessment Guidelines* (NDRIC, 2011) and the NDRF (2010) process can be summarised as follows:



https://www.hse.ie/eng/about/who/primarycare/socialinclusion/addiction/national-addiction-training/alcohol-and-substance-use-saor/saor-2nd-edition-2017.pdf

SAOR Education & Training

- E-learning: ‘Brief Intervention Skills for Dealing with Substance Misuse’ and is based on the SAOR model.

Recommendation 1

- **A lead agency should be identified or established to take overall responsibility for the SARIIP programme**
- To plan and administer the programme, supported by Stakeholder and Expert Advisory Committee (SEAC) with expanded membership
- **Department of Health and HSE** need to be included in the current Working Group and SEAC given the need to provide a framework for screening, assessment and rehabilitation, bearing in mind the existing combined public and private healthcare system. A successful SARIIP will have a significant impact on the Trauma Clinical Programme of the HSE as well as in other areas such as domestic abuse.
- In terms of buy-in by the general public and drivers, consideration should be given to inclusion of a representative of drivers and/or those affected by death or injury arising from drink-driving.

Recommendation 2

- **The programme should form an integral part of the judicial approach to DUI with mandatory implementation for certain groups**
- DUI entering administrative route should be offered information on AUD and resources on treatment. .
- Inclusion in an integrated sanction and remedial strategy through the courts is important given the challenges of avoiding a dual sanction for DUI, and increased prevalence of procriminal cognition and history of criminality among drivers detected as DUI
- A mandatory programme should be considered in the first instance, in terms of effectiveness, enhanced therapeutic potential in terms of numbers, simplicity of administration, and equity.
- To remedy low participation and compliance rates, offenders can either be offered incentives (e.g., reduced fines, reductions in hard suspension periods) or face a more unpleasant alternative
- The restricted driving code 69 should be routinely applied to those in the SARIIP programme, and active consideration given to the introduction of digital driving licences
- A small proportion of drivers may not be able to use current ignition interlocks due to respiratory and neurological problems, and due allowance should be made for this.

Recommendation 3

- **Programme should be funded jointly by relevant government departments**
- Funding service for SARIIP should be congruent with current eligibility frameworks for health and transport as well as sanctions under administrative and criminal law.
- Four aspects to the programme to develop with HSE and DoH
  - screening, (HSE)
  - rehabilitation, (HSE)
  - alcolocks
  - monitoring.
- Ignition interlock provision is likely to be on the basis of rental or purchase, and cost may be an issue for lower income groups.
- ?subsidised ignition interlock provision for lower income groups based on eligibility criteria for welfare or health services?
- Funding of agency administering the programme should lie with the Departments of Transport and Health.

Recommendation 4

- **A health sub-committee within the SEAC should be established to support the Screening, Assessment and Rehabilitation elements**
- Defining Screening, Assessment and Rehabilitation programme elements and to support their implementation.
- The screening, assessment and rehabilitation programme should commence at the same time as, and be integrated with, the alcohol interlock element of the programme.
- Drivers detected as DUI should require a medical certificate to enrol in the programme, and a range of services will be applicable for those with AUD, depending on the pattern, ranging from primary care to specialised addiction services, and return to driving should be based on due medical certification.

Recommendation 5

- **Ensure rapid implementation of SARIIP after DUI detection including ongoing monitoring and effective enforcement**
- Delay increases crash risk and reduces compliance
- The SARIIP should be tailored to the demands of the different user groups.
- The potential to be able to monitor the alcohol interlock should be embedded in the ignition interlock systems,
- Appropriate levels of enforcement are key to the success of SARIIP.
- Clear programme pathways for entry, active engagement and exit should be delineated (NZ).
- Programmes also need to bear in mind higher levels of pro-criminal cognition, and prior criminal activity, among repeat offenders

Recommendation 6

- **A specialist sub-committee within the SEAC should be estabished to consider the legislative and regulatory aspects of programme implementation**
- Required to consider the legislative and regulatory framework involved in introducing a SARIIP.
- Although the Drug Treatment Courts provide helpful insights into therapeutic jurisprudence, the added issue of supporting safe driving means that the current framework of the Road Traffic Acts- ie, Sections 26 and 29 - (including mandatory length of driving bans) does not adequately cover the introduction of an SARIIP integrated with courts procedure, sanctions, and return to driving
- Alcohol interlock legislation needs to be well-founded in the legal system and clearly defined to avoid legal disputes.

Recommendation 7

- Engage with the insurance industry

- Insurance industry is broadly supportive of measures that reduce crash risk among its client base. Current focus on fleet policies and on measures (e.g. telematics), that have a proven track record in promoting a safe driving culture as part of a safe system approach to reducing risk on Irish roads.
- No mechanism currently for considering alcohol interlock use either as a proactive or reactive measure when calculating premiums for Group 1 licence holders.
- Nevertheless, engagement with the insurance industry may provide a further inducement to compliance with the SARIIP based on further development of Integrated Information Data Service (IIDS)
- The potential for collaboration and cooperation with the insurance industry in communicating information and promoting SARIIP should be examined.

Recommendation 8

- **Adopt the European standards for Alcohol Ignition Interlocks**
- Alcohol ignition interlock system used as part of SARIIP should comply with EU standards for these devices.
- The Medical Bureau of Road Safety is the lead agency for this action.

Recommendation 9

- **Identify a reliable provider for servicing interlock devices and managing monitoring data**
- Lead agency should focus on the total package of services that ignition interlock suppliers can offer.
- A reliable service provider for ignition interlocks is recommended that understands, and is committed to dealing with, the DUI offender population within an Irish context.
- The role of an ignition interlock service provider depends on the design of the programme and the requirements set by the lead agency responsible for the programme. Providers must:
  - be knowledgeable, competent and reliable;
  - maintain quality control, be able to provide service and support when required, and resolve problems efficiently and effectively;
  - have an appreciation for, and understanding of, their clientele and their needs;
  - be sensitive to the concerns of this population and be able to deal with clients of all kinds
- Service stations for installing, maintaining and uninstalling ignition interlock devices should be located throughout the whole country ?co-location with NCT or tachograph inspection centres?

Recommendation 10

- **Implementation for Group 1 drivers should be on a trial basis initially.**
- Enables information-gathering on practical, technical, and procedural issues. Shortcomings of the programme can be discussed among the stakeholders and improved during the trial phase.
- Participants should be members of the foreseen target group and all relevant stakeholders should participate in the role that they would face in the planned programme.
- Evaluation is important and should be built in from the very beginning of the process because it will provide feedback on possible shortcomings of the programme.
- Important to list the data that are necessary for the evaluation in advance and start collecting them during the evaluation period.
- The evaluation period should not only include short term effects, but also effects over the longer term. ETSC recommend an evaluation period of at least five years with at least two evaluation moments

Recommendation 11

- **Ensure good communication lines established from the design phase of the programme onwards**
- In many evaluations of alcohol interlock programmes communication is mentioned as an aspect that should be improved. Communication is a key factor for success
- During the alcohol interlock programme, two-way communication lines between different stakeholders should be as direct and clear as possible.
- All stakeholders and participants should get easy access to information on the background, the content and the procedures of the programme.
- We advise to prepare a communication plan including brochures or information leaflets to all stakeholders including participants, policy makers, courts and judges.

Recommendation 12

- **A strategic approach should be adopted regarding overall programme implementation, starting with a preventive approach to Group 2 licence holder groups.**
- This approach should form a key part of a strategy to engage public and driver support for SARIIP. This should be based on a broad stakeholder alliance, including transport providers and trade unions, to promote a positive and preventive approach of interlock use in Group 2 vehicles and vehicles requiring a Small Public Service Vehicle licence
- The strategy was to create a consensus between the different groups of stakeholders over the introduction of the alcohol interlock, both as an instrument for enhanced traffic safety, and as a quality instrument for improving the image of the transport companies towards commissioners and users of transport services..
- The stepped approach, 1. School buses in particular and buses in general; 2. Taxi and other passenger vehicles; 3. Transport Fleet sector; 4. Construction Machinery and Vehicles; 5. Heavy transport sector; and eventually 6. General preventative use of alcohol interlocks in passenger cars.
- This strategy then provides an ideal basis for the development of a DUI offender programme

Conclusions

A compelling, evidence-based case was developed for the introduction of a screening, assessment, rehabilitation and alcohol interlock programme (SARIP)

Impact on recidivism

- Between 60-75% effective in reducing reoffending and between 40-97% more effective than traditional punitive measures, however the benefits are short-lived without support of other measures

Impact on road traffic crash rates

- Reductions in DUI recidivism as a result of interlock use are paralleled by reduces rates of police-reported traffic crashes involving injuries and hospital admissions and a reduction in alcohol-related crashes while alcolocks are fitted

Impact on fatalities

- In the US where interlocks are mandatory for all DUI offenders fatal crashes decreased by between 7-8%
- Multi-component programmes can lead to a 7-9 decrease in recidivism and traffic crashes.

Conclusions cont.

Conclusions (cont.)

Health and social benefits

- Some interlock programmes, particularly those with rehabilitation, have been shown to reduce harmful drinking.
- Health benefits accruing from interlock use include less need for hospital care or sick leave. This points to a potentially significant impact on overall Irish Department of Health strategy on reducing all harms from AUDs.

Mobility and Economic benefits

- There is strong evidence supporting the mobility and economic benefits of alcohol interlock programmes. Alcohol interlocks support mobility: they enable people to drive who would otherwise be suspended. This was valued at around £1,000 per annum per driver. This is of potentially significant benefit to wider transport policy of the DoT

Cost benefit analyses

- All the cost-benefit studies reviewed report a positive cost-benefit ratio.
- A review and analysis commissioned by the RSA. This showed that most likely implementation of the SRAIIP in Ireland will result in a benefit to cost ratio of 6.1 and a net present value of 52 million euros (Goldenbeld, Houwing, Wijnen, et al., 2020)

Other considerations

- Higher levels of pro-criminal cognition, and prior criminal activity, among repeat offenders (Sarma & Cox, 2023) needs to be borne in mind in the development, application and monitoring of a combined alcohol interlock and driver rehabilitation programme.

Key Learnings

- Integrated SRAIIP effective for road safety and added societal benefits
- Requires broad stakeholder and public engagement
- Significant inputs needed from Depts Health, Transport and Justice
- Whole system approach is key to efficient and effective development and implementation