

Testimony of Robert B. Voas before the State of Pennsylvania

House Transportation Committee.

March 25, 2009

Chairman Markosek, Committee members, and others in attendance, it is a great privilege to appear before you this morning. For those of us in research seeking the facts about the effectiveness of public policies, you are the action arm that translates science into practice. Our goal is to achieve the benefits from new technologies being developed to improve our health and safety. For the past 40 years, I have been engaged in the study of the drunk-driving problem with an emphasis on methods for reducing the death and injury associated with those who drive impaired by alcohol. I am sure I don't need to stress to the panel the extent of the impaired-driving problem that took the lives of 500 Pennsylvanian citizens in 2007, so I will turn immediately to the topic before this committee: vehicle alcohol interlocks. I will try to summarize briefly, in a few key points, what is known to scientists studying the effectiveness of interlocks and then await your questions.

As you know, the vehicle alcohol interlock requires the driver to take a breath test before starting the car. If the driver's blood alcohol content is found to be over .025, the vehicle will not start. To prevent someone else from starting the car, a rolling retest is required once the vehicle is underway. Every breath test and every vehicle start is recorded, and the record is downloaded and reviewed at monthly maintenance inspections. The current system, which conforms to the model standards issued by the National Highway Traffic Administration, have proven to be reliable and very difficult to circumvent.

Although the first vehicle with an interlock was demonstrated to me 40 years ago on a General Motors car in 1969, it took approximately 20 years to perfect the devices with recording systems and making them tamper proof. So, they have only been in general use in the United States for about 20 years.

Each year, 1.4 million drivers are arrested for impaired driving in the United States. Recent surveys suggest that there are about 150,000 interlock units in use by the courts and motor vehicle departments, indicating that currently only about one in ten DUI offenders are installing interlocks. But the number is increasing. Some states, such as New Mexico, are approaching 50% interlock usage by their convicted offenders.

There have been over a dozen studies of the effectiveness of interlocks. Most of them involved studying over a thousand convicted impaired drivers, comparing the recidivism

rates of offenders who are driving cars equipped with interlocks with similar offenders who have their licenses suspended and are not supposed to be driving at all. A recent summary of those studies found that the interlock devices reduce recidivism by 65%.

Why are interlocks needed?

Individuals convicted of driving while impaired (DWI) are high-risk drivers who are four times more likely than the average driver to cause an alcohol-related fatal crash. From a third to a half of those impaired drivers will be convicted again in their lifetimes.

The identification of these high-risk drivers through an impaired-driving conviction provides the government with an opportunity to assist them in overcoming their drinking-and-driving problem and an obligation to protect the public against the risk they pose to innocent road users. The DWI offenders' driving needs to be controlled during the period required for them to gain control over their drinking.

Traditionally, we have controlled that driving risk by suspending the driver's license. Although this has had some benefit because suspended offenders drive less and more cautiously, in recent years, it has lost much of its effectiveness because our roads are so crowded with traffic, police manpower has been limited, and police do not have the authority to stop motorists to merely check their driver's license status. As a result, we are failing to deter suspended drivers from using their cars as evidenced by the fact that 75% of suspended offenders admit to illicit driving and undercover studies that have observed suspended drivers have confirmed that figure. Perhaps the best evidence of all is that suspended offenders who are not supposed to be driving continue to be arrested for DWI.

The experience with interlocks over the last 20 years indicates that they can go a long way toward reducing this problem. In exchange for the relatively minor annoyance of taking a breath test for starting the car, offenders with interlocks on their cars can continue normal driving, reduce the chance that their jobs will be affected, and can meet other family transportation needs. The government benefits from a program paid for by the offender, and the public benefits from safer roadways.

According to surveys, most of the public accepts the need for interlocks for convicted DWI offenders who have evidence of drinking problems, such as multiple offenders and those arrested at very high blood alcohol levels. However, concern is often expressed over the first-time offender under the belief that the imposition of the interlock control system is too extreme for a first offense. Unfortunately, research has shown that the belief that a driver charged with a first offense has not previously driven over the limit is largely a myth. Studies indicate that the chances of an over-the-limit driver being apprehended in the United States is somewhere between 1 in 88 and 1 in 200. Thus, most first offenders have driven while impaired many times before. A study in Maryland

found that first offenders were very similar to multiple offenders in their drinking-driving backgrounds.

Thus, most first offenders, *just like multiple offenders*, can benefit from educational and treatment programs designed to reduce their drinking, and the public—to say nothing of the offenders themselves and *their families*—*need protection from the impaired driving* of first offenders. The science is clear. The interlock devices are very effective. I would urge you to consider requiring alcohol ignition interlocks for all convicted DUI offenders in Pennsylvania.

Thank you for your attention. Please let me answer any questions you may have.

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Dr. Robert Voas Ph.D. has been involved in research on alcohol and highway safety for 40 years, initially as Director of the National Highway Traffic Safety Administration's Office of Program Evaluation and more recently as Principal Investigator for government research programs in drinking-driving and community alcohol problem prevention. Dr. Voas presented the first scientific paper on interlocks in 1969. He and his colleague, Dr. Paul Marques, have published 37 articles in scientific journals on interlock programs, tracing their history from the earliest application of the technology to the current status of interlock programs. Their work has involved the effectiveness of interlocks in reducing the recidivism of drivers convicted of driving while impaired and the utility of interlock records for predicting future recidivism. Dr. Voas is a Past President of the International Council on Alcohol, Drugs, and Traffic Safety. He holds that organization's Widmark Award for lifetime achievement in research on alcohol in relation to safety. He also holds a Lifetime Achievement Award from the Research Society on Alcoholism, the James Howard Trailblazer Award from the Governors Highway Safety Association, and the Public Service Award from the National Highway Traffic Safety Administration.