

HOUSE OF REPRESENTATIVES
COMMONWEALTH OF PENNSYLVANIA

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House Bill 1219

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House Judiciary Committee
Task Force on DUI

Room 205
Capitol Annex
Harrisburg, Pennsylvania

Friday, May 21, 1999 - 10:00 a.m.

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BEFORE:

Honorable Jane Orie, Majority Chairperson
Honorable Albert Masland
Honorable Babette Josephs

X

ALSO PRESENT:

David Bloomer
Majority Research Analyst

Judy Sedesse
Majority Administrative Assistant

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Submitted testimony by:

Pearre Dean
Area Cope Director
Pennsylvania AFL-CIO

Darrel L. Longest
Ignition Interlock

1 CHAIRPERSON ORIE: Good morning. We're going
2 to start the hearings right now in regards to the
3 Pennsylvania House of Representatives Judiciary Committee's
4 Task Force on DUI. The hearings today deal with House Bill
5 1219 which deals with the ignition interlock.

6 We're fortunate to have experts from across
7 the nation here to speak to us on what it has done in their
8 states. And since we have a pretty hefty agenda, I'm going
9 to start by introducing our first speaker; and that's Jane
10 Valenzia from the Maryland Motor Vehicle Administration.
11 Jane, could you please take the stand. You can begin.

12 MS. VALENZIA: Good morning. I was invited
13 here to tell you what Maryland does with the ignition
14 interlock program and how we do it. I'm sure you know that
15 drinking and driving has been a major concern to all of us.
16 And according to NHTSA, one in every -- three out of every
17 five Americans will be involved in an alcohol-related crash
18 sometime in their lives.

19 The ignition interlock is one of the tools to
20 be used in the fight against drunk driving. Briefly, an
21 ignition interlock is a device that connects a motor
22 vehicle's ignition system to a Breathalyzer that measures a
23 driver's breath alcohol level and prevents the vehicle from
24 starting if a driver's breath exceeds a certain level.

25 Having said that, let me also say that

1 ignition interlock is not a foolproof system for preventing
2 drunk driving. It does not prevent a driver from operating
3 a non-interlock equipped vehicle, and it does not prevent
4 circumvention between monitoring.

5 However, with proper monitoring and a strong
6 quality assurance program, ignition interlock is a useful
7 tool that allows an individual to drive for treatment,
8 work, and other necessary activities.

9 In 1997, Doctors Kenneth Beck, Elizabeth Baker
10 and William Rauch conducted a randomized trial in Maryland.
11 And I see Dr. Rauch is here today, and he'll give you a
12 more detailed review of that. The results of that
13 evaluation were extremely good news and helped strengthen
14 Maryland's Ignition Interlock Program.

15 In January of 1989, the statute regarding an
16 ignition interlock went into effect in Maryland. In
17 September of '89, the first interlock device was approved
18 for use. There are now four devices approved for use in
19 Maryland. They are the Guardian, LifeSafer, Draeger and
20 Sens-O-Lock.

21 Maryland Law and the Code of Maryland Rules
22 and Regulations establishes the regulations for
23 certification, installation, repair and removal of
24 interlocks, and establishes eligibility requirements for
25 the participants and minimum standards for service

1 providers under the ignition interlock systems.

2 In the past, Maryland had two separate Motor
3 Vehicle Administration Divisions monitoring interlocks.
4 Dual responsibility for this program was inappropriate, as
5 there was no consistency in monitoring the driver or the
6 service provider.

7 Consequently, in early 1998, the Ignition
8 Interlock Program was established in the Motor Vehicle
9 Administration's Driver Safety Research Unit. Maryland's
10 comprehensive program includes the following elements:

11 Prompt review process for approval of
12 applications from manufacturers. We formed an expert panel
13 of representatives from the National Highway Traffic Safety
14 Administration, interlock manufacturers, parole and
15 probation, research and academia, the Maryland State
16 Highway Administration, Office of Safety, and the Maryland
17 Driver Safety Research Unit.

18 We instituted an appropriate quality assurance
19 program. We're going to include an alcohol evaluation
20 program that will detect the need for education and/or
21 treatment as part of the program. We have developed
22 appropriate sanctions to be used when failure on the part
23 of the service provider or driver is detected.

24 And we've established a criteria for assisting
25 indigent individuals. Maryland accomplished this by

1 requiring that the providers agreed to -- and I quote --
2 The providers must set aside 5 percent of the devices
3 currently rented to be rented at 50 percent of the current
4 rental fee to individuals who are currently receiving or
5 have received within the past year federal food stamps.
6 And we've instituted appropriate reporting and electronic
7 database.

8 Maryland's program embraces these essentials
9 in its approach to managing our program. There are two
10 general categories of efforts: Driver monitoring and
11 vendor monitoring. Monitoring the drivers is carried out
12 in the Motor Vehicle Driver Safety Research Unit.

13 Referrals are received from courts, law judges
14 and the medical advisory board. And in some cases, drivers
15 can accept a reduced suspension if they participate in the
16 interlock program. In a few cases, drivers are monitored
17 by parole and probation agents only as a part of their
18 probation requirements and are not referred to Motor
19 Vehicle Administration.

20 When referrals are received, we send the
21 driver a letter explaining the requirements and requiring
22 proof of installation from the service provider. They must
23 also have a license issued showing that they have to have
24 the interlock restriction when they operate any vehicle.
25 If that proof isn't received, then the original sanctions

1 are imposed, which is a suspension or revocation of their
2 driving privilege.

3 When a subject has had their -- the interlock
4 installed, we require monitoring monthly. Although the
5 interlocks approved for use in Maryland are shown to be
6 accurate for greater than 60 days, we require the monthly
7 monitoring for several reasons. For instance, we look at
8 the number of starts and stops each month.

9 As I mentioned earlier, there's nothing to
10 prevent a driver from operating a non-interlock equipped
11 vehicle. By carefully monitoring the number of starts and
12 stops, we're aware of the driver's driving patterns. And
13 if the driver only has a few starts each month, he may be
14 operating something else.

15 In those cases, we conduct an investigation.
16 And depending on the response of that investigation, we
17 send a warning letter or invoke the original sanctions,
18 which again may be a suspension or revocation.

19 Because with an interlock we're enforcing
20 after the fact, if a driver has several high or borderline
21 BACs or has attempted to bypass the device, it's important
22 to know as soon as possible that the driver may be at risk
23 and in noncompliance with program requirements.

24 Monthly monitoring of the driver may result in
25 detection of violations such as alcohol use, circumvention

1 of the device, or failure to take a rolling retest. If the
2 service provider detects any problems, they're required to
3 call the office, fax a copy of the data logger report and
4 then mail the original.

5 It is imperative that immediate action be
6 taken if the driver is noncompliant. Drivers who complete
7 the program in full compliance are sent a letter in
8 issuance of a license without the interlock restriction.
9 Monthly monitoring and careful review of the data logger
10 information provides us with the understanding of the
11 driver and their acceptance of the program.

12 We have developed a software program, and
13 information on over 2,000 current interlock participants is
14 being entered into that program. When that's complete, we
15 will be able to sort the information by driver, service
16 provider, manufacturer, referral source, installation date,
17 vehicle tag and title number, and how long the interlock is
18 required. An electronic database is essential to analyze
19 the collected data and also allows our team to be very
20 efficient and cost effective.

21 In Maryland, after a device is approved for
22 use, the manufacturer contracts with a service provider to
23 install that device. The manufacturers of ignition
24 interlocks are responsible for training the service
25 provider and must certify that they have the ability to

1 service, install, monitor, calibrate and provide
2 information on ignition interlock systems.

3 Knowledge of the devices we are certifying and
4 monitoring is essential. To that end, the quality
5 assurance team is formed. We have completed training as
6 certified ignition interlock installers on three devices
7 and have received certificates from the manufacturers.
8 Training on the fourth device is scheduled.

9 An important part of Maryland's program is the
10 quality assurance program. How do we know that the
11 manufacturers and service providers are performing their
12 duties as agreed? We take care of this by conducting
13 random, unannounced quality assurance visits.

14 The quality assurance team consists of five
15 people, three who are certified automotive mechanics, one
16 person who manages the day-to-day workings of the unit and
17 me. To provide an efficient review of our vendors, a
18 checkoff sheet was developed. This sheet contains
19 appropriate components of the law, regulation and
20 participation agreement.

21 When we go to an installation location, we
22 make sure they're in compliance with facility requirements,
23 equipment and required documentation. A quality assurance
24 visit includes observation of a device being installed
25 either in a client's car or, if necessary, we take a state

1 car and have a device installed in it.

2 Following observation of the installation, the
3 vendor provides training on the use of the device, just as
4 they would to a client. This includes taking the car out
5 for a rolling retest and downloading the data logger
6 information. We also observe removal of the device to make
7 sure that the technician puts the car back into as near
8 original condition as possible.

9 Following the on-site quality assurance visit,
10 the vendor is given a copy of the checklist and all
11 findings are discussed. We have vendors who have been in
12 business in Maryland for several years and some vendors who
13 have just recently been approved. In both cases, we have
14 found conditions that need remedies. These problems range
15 from minor adjustments to the data logger to problems with
16 the anti-circumvention features.

17 I do have the authority to shut down a service
18 center or prohibit the distribution of a device from the
19 state until the manufacturer and/or service provider is in
20 full compliance. My experience, however, has been that the
21 manufacturers and service providers want to do a good job
22 and really go out of their way to comply with our
23 requirements.

24 That's just a brief story on Maryland's
25 program. And I've included an information packet that

1 gives a copy of the Maryland Law, participation agreement,
2 sample letters, and other information. I did not include a
3 copy of Maryland regulation.

4 They have been rewritten. They're being
5 reviewed now. They haven't been approved. They should be
6 done early this summer. If you'd like a copy, I'll send it
7 to you soon.

8 CHAIRPERSON ORIE: That would be great. And
9 at this time, I'm going to have the members of the Task
10 Force introduce themselves for the record. I'm Chairman of
11 the DUI Task Force. I'm State Representative Jane Orie
12 from Allegheny County.

13 REPRESENTATIVE MASLAND: I'm Representative Al
14 Masland. I represent Western Cumberland County and
15 Northern York County.

16 CHAIRPERSON ORIE: And we have also with us --

17 MR. BLOOMER: My name is David Bloomer. I'm a
18 Research Analyst for the Committee.

19 REPRESENTATIVE MASLAND: I hesitate to ask too
20 many questions since I came in in the middle of your
21 testimony. I will read over the rest of the testimony,
22 though. And I appreciate the amount of information you've
23 gone to the trouble to compile for us.

24 This will certainly -- certainly be helpful.
25 I didn't check before I came here. But out of curiosity,

1 since there are a number of DUI issues in addition to
2 interlock, which I think it would be very helpful, what is
3 the blood alcohol level in Maryland, the per se level? Is
4 it .08 now?

5 MS. VALENZIA: Yeah. .08, .10. We set our
6 interlock devices at .025.

7 REPRESENTATIVE MASLAND: So you have three
8 levels? You have a .08, and is that driving while
9 impaired; and then a .10, driving under the influence;
10 and --

11 MS. VALENZIA: We have impaired and
12 intoxicated.

13 REPRESENTATIVE MASLAND: Impaired to
14 intoxicated?

15 MS. VALENZIA: Yes, sir.

16 REPRESENTATIVE MASLAND: Okay. I might as
17 well ask this, too. I forget. Do you have administrative
18 license suspension in Maryland also?

19 MS. VALENZIA: Yes, sir.

20 REPRESENTATIVE MASLAND: We would have to try
21 and effect it. Then all we have to do is pass these three,
22 and we'll be just like you. And maybe that will help our
23 roads, too --

24 MS. VALENZIA: It was a pleasant trip up here
25 today.

1 REPRESENTATIVE MASLAND: -- in many ways.

2 Thank you.

3 CHAIRPERSON ORIE: I have a question. When
4 you say yours is set at .25, how is that number -- how was
5 that calibration set, .25?

6 MS. VALENZIA: On each individual device --
7 individual device is set to .025. So if an individual
8 blows and they get a .01, it will let them start the car
9 and drive. If it's .025, it's -- a violation's reported.

10 CHAIRPERSON ORIE: And I guess one of the
11 concerns has been assisting indigent individuals here in
12 Pennsylvania as well. Where do the costs fall? You've
13 explained to us that you have something in place for the
14 indigents.

15 What happens in regards to -- who pays for the
16 interlock other than in situations not involved --
17 involving indigence?

18 MS. VALENZIA: The individual pays. The
19 indigent --

20 AUDIENCE MEMBER: Can you excuse me for just a
21 second, please? Could you turn her mike on?

22 (Discussion off the record.)

23 CHAIRPERSON ORIE: I have no further
24 questions.

25 REPRESENTATIVE MASLAND: Just a couple of

1 questions, technical questions on the way the interlock
2 system works. Based on my familiarity with how we did it
3 in Cumberland County when I was an Assistant DA, the device
4 that you put in the unit or in the car requires the
5 individual to blow in periodically; is that not correct?

6 MS. VALENZIA: Yes, sir.

7 REPRESENTATIVE MASLAND: Every 30 minutes or
8 every 40 minutes?

9 MS. VALENZIA: Randomly. We require a random
10 rolling retest.

11 REPRESENTATIVE MASLAND: So they can't -- as
12 you worry about -- drive a car to a bar, leave the engine
13 on, go inside and come out? Or for that matter, if they
14 have to drive all the way down to Florida, they're going to
15 have to pull over every now and then?

16 MS. VALENZIA: They don't have to pull over.
17 They can do just the rolling retest as they're driving.
18 Yeah, they don't have to pull over.

19 REPRESENTATIVE MASLAND: That's randomly done?

20 MS. VALENZIA: And we carefully monitor those,
21 the dialogue or report to ensure that the rolling retests
22 are being done. That's an important element in the
23 program.

24 REPRESENTATIVE MASLAND: Sure. Thank you.
25 That's all I have.

1 CHAIRPERSON ORIE: I just have one more. When
2 is the -- when is the license -- license changed, at the
3 point they plead guilty, at the point they're arrested?
4 How does the Department of Transportation coordinate that
5 with the court systems?

6 MS. VALENZIA: It really depends on the
7 circumstances. If it's an administrative hearing -- if
8 it's administrative per se, they have an administrative
9 hearing. At the administrative hearing, they can be
10 required to have the interlock.

11 At the court level, if they go to court and
12 the judge says ignition interlock, then they can take the
13 judge's referral and go have an interlock installed.
14 There's really not a cut and dry answer on that.

15 CHAIRPERSON ORIE: I guess what I'm trying to
16 say, is there a window of opportunity that these
17 individuals could be driving without the interlock on their
18 vehicle?

19 MS. VALENZIA: After it's been ordered?

20 CHAIRPERSON ORIE: Yes.

21 MS. VALENZIA: There's that possibility, yes.
22 We tell them not to. Once it's ordered and it goes on
23 their record, they're operating in violation of the
24 restriction.

25 REPRESENTATIVE MASLAND: I hate to -- is this

1 redirect?

2 CHAIRPERSON ORIE: Yes, it's re-redirect.

3 REPRESENTATIVE MASLAND: Re-, re-, re-. So it
4 works in conjunction with the administrative suspension as
5 well?

6 MS. VALENZIA: Yes, sir.

7 REPRESENTATIVE MASLAND: So you could have a
8 person on the interlock system during the administrative
9 suspension or maybe not? Is that --

10 MS. VALENZIA: That's correct.

11 REPRESENTATIVE MASLAND: -- up to the -- okay.

12 MS. VALENZIA: Yeah. Some of them are
13 suspended for like 30 days or 45 days and pending an
14 installation of the interlock and then the interlock for
15 nine months.

16 REPRESENTATIVE MASLAND: Okay. Thank you.

17 CHAIRPERSON ORIE: Thank you very much. The
18 next speaker is the Honorable Richard Culver, Superior
19 Court Judge from Indiana, the State of Indiana. Welcome.

20 JUDGE CULVER: Hello. I'm Rick Culver. I'm
21 the Judge of Hancock Superior Court No. 2. I'm located
22 just east of Indianapolis off I-70. By local rule, my
23 court handles all DUI cases in the county.

24 I'd like to thank you for the opportunity to
25 discuss a few issues that I believe are very important

1 between the Legislature and the Judiciary, and those are
2 communication and cooperation to improve our judicial
3 system.

4 I, along with my fellow judges across the
5 country, want to be fair as well as effective on the bench.
6 Unfortunately, we are all too accustomed to the revolving
7 door on the courthouse. We consistently see the same
8 people making the same mistake with their lives.

9 This high rate of recidivism, especially on
10 alcohol cases, causes the public to question if in fact we
11 accomplish anything when we impose a sentence. The
12 recidivism rate on alcohol cases is a complicated issue.
13 And to a great extent, it's a function of the problems in
14 dealing with addicted persons.

15 Over the years, judges have learned that
16 addicted individuals will continue to abuse alcohol despite
17 its negative consequences. Some will drink and drive
18 despite the fact they have to pay a fine. Some will drink
19 and drive despite the fact that they spent a weekend in
20 jail. Some will drink and drive despite the fact that I
21 have suspended their license. Some will even drink and
22 drive while their license are suspended.

23 Judges need the freedom and the authority from
24 the Legislature to fashion fair as well as effective
25 sanctions. The Legislature can best assist the Judiciary

1 by providing us with a broad range of effective sanctions
2 from which we are free to choose. Short-term jail
3 sentences, fines, court costs and license suspension all
4 play an important role from the DWI criminal justice
5 system.

6 Unfortunately, these sanctions have their
7 limits when judges lack the authority to go beyond these
8 traditional penalties. These traditional measures are more
9 effective when used in combination with alcohol and other
10 drug assessments, treatment, counseling, electronic home
11 detention, drug and alcohol testing, as well as ignition
12 interlocks.

13 Over the last seven to eight years, I have
14 found the interlock to be an extremely effective sentencing
15 tool. When the interlock is imposed as part of the DUI
16 sentence, it drives home the very essence of my message.
17 Alcohol and vehicles do not mix.

18 This message is consistently reaffirmed to the
19 offender, sometimes over 700 to 1,000 times a year. Each
20 time they try to start their car, they have to take a
21 breath test. They have to be alcohol-free or their car
22 won't start. Multiple breath tests in the vehicle not only
23 promote behavior modification of the individual, but it
24 also starts to change the public's perception that a DUI is
25 treated as nothing more than just an expensive traffic

1 ticket.

2 These consequences are real, and they are
3 effective. In addition, interlock records the attempted
4 breath test which can be printed and then forwarded to the
5 probation department. I have found this additional
6 information to be an effective post-sentencing probation
7 monitoring device.

8 Those individuals who are unable to obtain it
9 are referred to more intensive counseling or treatment to
10 make sure that we don't have a tragedy. This is not to say
11 that interlocks are not without their limitations. Some
12 addictions are so severe that the offender is re-arrested
13 after sentencing but before I can get the device installed
14 on their vehicle.

15 This, however, is really more of a problem
16 with trying to deal with the reduction of the delays in
17 executing my court orders than actually a problem with the
18 interlock itself. Once the interlock has been installed,
19 we've had tremendous success.

20 I've imposed approximately 2,000 interlock
21 sentences. Once installed, only four offenders had been
22 re-arrested within the first year for DUI. The first
23 individual used two sets of car keys, which a member of the
24 panel referred to on the old devices before we started the
25 rolling retest.

1 There was the possibility that an offender
2 could start his car stone-cold sober, make sure you have
3 enough gas in your gas tank, drive to a bar, take two sets
4 of car keys, leave your car running, lock it, pocket the
5 other set of car keys, go in, drink, theoretically come
6 back out intoxicated, open it up and drive away drunk.

7 I had a person do that, and it's probably been
8 six or seven years ago that that happened. He was caught,
9 and he was caught by a responsible bar patron. People like
10 the individual who did this are the ones that give the
11 alcohol industry and social drinkers a bad reputation. And
12 the social drinker who was going to the bar felt the same
13 way. And he said that's outrageous. He called the police,
14 and the person was arrested.

15 The second individual used a rental car. And
16 I can't -- and I won't name the name of the rental car
17 company, but it was a large reputable firm. Clearly on his
18 license, he's restricted to an interlock use. Clearly on
19 his driving record is restricted DWI conviction, and he was
20 able to get a rental car.

21 The third individual created a mechanical
22 bypass to simply bypass the system, which was discovered
23 because we require tampering checks. And the installers
24 police that for us.

25 The fourth individual was caught, and she

1 simply refused to explain how she started the car. She
2 ended up doing her time in jail and didn't feel that she
3 had any incentive to tell us what she did. So we don't
4 know if that individual bypassed it, if the device failed
5 to function or how that happened.

6 But only four failures that I've been able to
7 document. All four of these cases I viewed as a judicial
8 learning experience. These were not simply good people
9 suffering from an alcohol problem or poor judgment. These
10 were problematic people intentionally violating court
11 orders.

12 When these cases are heard, the court has
13 proved that that person is no longer appropriate for
14 probation. Also, I lack the resources to track the
15 long-term effects of the interlock in terms of running
16 driving records on all the people who had the interlock
17 five, six, seven years ago. So I can't give you any
18 statistics as to what it does long term from my own
19 perspective.

20 However, I can give you my perceptions from my
21 court; and that is, very few of these people come back even
22 after the interlock has been removed. The few that have
23 come back, when they come in and they ask for our second
24 offender program, you say this is what happens on second
25 offenders in your county. I say no. The last time we went

1 through this, you had the alcohol assessment, you had the
2 interlock. And if you've taken 700 to 1,000 breath tests
3 in your car and you still can't have that message driven
4 home that alcohol and vehicles don't mix, we need to do
5 something more substantial in your case because you're a
6 greater problem for us.

7 The problems that we have with the interlock
8 -- the interlock is great if you really have faith in
9 humanity like I do. There are a lot of people out there,
10 hard working people that have spouses, that have children,
11 that have jobs; but they have alcohol problems.

12 And I view my job on the bench is to be fair
13 and effective and help these people. And on those people,
14 the interlock is a tremendous sentencing tool. Now, that's
15 not going to say that there is not a small minute
16 percentage of the population that are very problematic
17 people. There are people that will scream and connive to
18 do things, and whether it's cheat on your income taxes or
19 try to evade a court order, personally try things.

20 On the very first equipment that I started
21 using seven years ago, there was a reference to the balloon
22 trick. Allegedly -- I never saw this happen. But this was
23 sort of the information in the literature and taught among
24 defense lawyers at the time that, well, what clients will
25 do is they'll simply blow up a balloon with fresh

1 alcohol-free airtight in a knot and then fill up their back
2 seat with a bunch of these balloons. They can go drinking.
3 And then when you need to, you untie the balloon, and you
4 sort of squeeze the air into the breath test to start the
5 car.

6 It makes for great stories. But I don't know
7 how many people in the audience have little children. I
8 have a 6-year-old and a 9-year-old. And at birthday
9 parties, blowing up a balloon itself and tying the knot is
10 difficult. To untie that knot stone-cold sober is
11 difficult.

12 I just cannot imagine that this was ever
13 really an effective way to try to evade the interlock by
14 being intoxicated and being able to untie that little
15 rubber knot in the balloon. But that was an issue. And
16 again, it's no longer effective because the technology has
17 changed. So what they have now is a breath code sequence,
18 and you sort of hum into the devices.

19 And it's like a kazoo, I guess would be the
20 best analogy that I could come up with. So even if you
21 have the manual dexterity to untie the knot in the balloon,
22 you'd have to be able to have the appropriate rhythm to
23 kind of play this little tune with the balloon into the
24 breath machine. And so I don't think it ever worked, and
25 certainly it does not work now.

1 Another issue that's consistently raised is
2 the cost. I'm of the opinion that our system -- and I'm
3 sure as well as criminal justice in Pennsylvania -- does
4 everything they can to be fair and effective in terms of
5 criminal justice. Most of those things that you do, most
6 of those things that I do cost the taxpayers money.

7 My program, I try to sell it on the idea that
8 if you have a problem, you are responsible for the
9 consequences of your own action. I want you to pay for
10 your own interlock device. The cost is an issue that is
11 consistently raised, that is consistently raised with
12 insurance.

13 In Indiana, we have a rule. If you're
14 convicted of DUI, our legislature requires that you have a
15 certain type of high risk insurance that costs more than
16 the insurance that I have on my family vehicle to make sure
17 that this segment of the population that has exhibited a
18 propensity to drink and drive will have the best possible
19 insurance and make sure that we have certain minimum
20 limits.

21 The legislature sent a message. If you can't
22 afford to have this type insurance, we can't afford to let
23 you drive. I tell the people the same thing on my DUI
24 cases. If you can't afford to have that interlock on your
25 car after all these problems you've caused with drinking

1 and driving, then you can't afford to drive in the first
2 place.

3 The other issue -- this is my first time to
4 your city so I really didn't get a chance to tour it to see
5 what type of downtown area you have. I don't know if
6 there's an issue of homelessness and street people in your
7 city. We do have that in certain large cities in Indiana
8 as well as other places.

9 But those -- that's really not the DUI
10 population. I mean, those people may be in and out of the
11 courts for drug addictions or for mental health problems or
12 for public intoxication. But they, by their very nature,
13 lack the resources to be out there drinking and driving in
14 a couple of thousand pound piece of steel that costs
15 thousands of dollars in the first place. Drinking and
16 driving is a crime committed by people who can afford
17 vehicles.

18 The other way I handled the issue of cost is I
19 will, in cases where I think it is a legitimate issue,
20 order my interlock provider to put them on a pauper status.
21 And they will actually carry that person at a loss. And I
22 have -- I've not had any objections.

23 And I think if your judges want to do the same
24 type thing, you'll get the same support from the interlock
25 industry and take a certain percentage of those cases at a

1 pauper rate. And certainly, I've never let an offender who
2 does have a job use the excuse that he's got too many
3 credit card bills or he's not good at managing his money.
4 Two dollars a day is a very, very cost effective protection
5 for society when you weigh that against potential damages.

6 The other issue that I've come across is the
7 discussion of, Well, isn't it real easy just to have
8 somebody else blow into the device for you? To a certain
9 extent, the breath code sequence gives us some protection
10 from that because, again, you have to be able to, while
11 you're intoxicated, try to teach somebody else this breath
12 code sequence in terms of how to start your car.

13 But the other thing is this goes back to my
14 very earlier point about having faith in people. My
15 experience has been that it just doesn't happen. Of the
16 problems we've had, other than the one lady -- and that
17 may have happened in her case because she didn't explain
18 how she did it. -- we don't have people arrested for
19 driving while intoxicated with the interlock in their car.

20 Common sense would tell you that if you're
21 sober and your friend is intoxicated and your friend says,
22 Hey, I'm too drunk. I can't start my car. Will you blow
23 in this so I can drive home? Say no, give me the keys.
24 I'll drive it. You're not going to do that. And we have
25 not had a problem with it.

1 The other issue is a family car. A couple of
2 issues in there. One is the family who only has one
3 vehicle and the innocent spouse complains that this is not
4 fair. It's my spouse who's broken the law and caused these
5 problems. I do sympathize for those people.

6 There's consequences to everything we do in
7 life including consequences to who we marry and the
8 life-style that they lead. And if you're married to a
9 spouse who's going to drink and drive or commit crimes,
10 they're going to end up in jail.

11 And that loss of love, support, companionship,
12 loss of income while that person is in jail, that's a lot
13 more intrusive and damaging to the relationship than if I
14 make them put an interlock on the family car. The other
15 issue on family cars is today's society, you know, we've
16 got -- we've got the economy really putting -- a lot of
17 people are at work, husband and wife.

18 So you'll find a situation where, within the
19 offender's family, both spouses have a vehicle. And
20 sometimes there's even a third car for the teenage driver.
21 If one of those family members makes a mistake, I don't
22 then go overboard and say, You have to put three interlocks
23 in there and cover all the vehicles.

24 What I will do is simply designate the
25 offender vehicle and say, Which one is your car? What are

1 you going to drive? You have to put the interlock on
2 there. Your spouse, your adult children, they can drive
3 the other cars. They can even drive your interlock car,
4 but you cannot drive their non-interlock cars.

5 Again, overall, these interlock cases that
6 I've had, I have not yet had a single person arrested for
7 DUI in my county driving their spouse's non-interlock car.
8 I mean, I think it goes back to my earlier point of having
9 faith in human nature and that there are a lot of good
10 people out there.

11 These people are dealing with that problem.
12 This is much a family problem, sometimes more so than it is
13 a legal problem. They have been dealing with a spouse who
14 drinks too much, drinks at inappropriate times. And they
15 are very supportive of the fact that the court makes that
16 spouse get treatment.

17 The court does not want that person drinking
18 and driving. And my experience has been that they simply
19 don't allow it. They don't hand the spouse the car keys
20 and say, Take mine, you're drunk. And so we've not had
21 that type product.

22 I've taken up a lot of your time. And thanks
23 for the opportunity. I'm willing to answer any questions
24 that you have.

25 CHAIRPERSON ORIE: I guess one of the

1 questions I have is in regards to the delay in executing
2 your order. What has been done in Maryland to correct
3 that? Or what do you suggest in Pennsylvania so we can --
4 so we can, you know, address it head-on versus having it
5 happen here?

6 JUDGE CULVER: Yeah. The -- because I had
7 those problems of some people being arrested after I
8 ordered it but before they got there, I started looking at
9 the issue. And a typical first offender, in Indiana we
10 have an administrative license suspension that takes effect
11 and runs up to six months or until they come to court and
12 resolve their case.

13 When they resolve their case, they can have
14 their license suspended for 30 days and then get the
15 restricted license that allows driving to and from work.
16 And so what we tried to do is make sure that we never
17 schedule these appointments to install it out past the 30
18 days.

19 Now, you still have that theoretical problem
20 that people will drive when their license is suspended and
21 they will drink and drive when their license are suspended.
22 And so what we started to do was offer an incentive. If
23 the person comes in at the date of their guilty plea and
24 has the interlock already installed -- I didn't mention in
25 my earlier options of what we do. We also do community

1 service as a condition of probation, that they do community
2 service ranging from 20 to 80 hours.

3 And very often what we'll do is the incentive
4 is if you come into court at the time that you plead guilty
5 and take your sentence and your rules -- if you show us you
6 already have the interlock on, then we reduce the amount of
7 community service you have to do.

8 And that's been an incentive for lawyers then
9 to tell their client go do these things before you talk to
10 the judge. And it's helped us cut down on that delay.

11 CHAIRPERSON ORIE: And my next was, when you
12 had indicated the four individuals at least over those
13 2,000 interlocks that had been installed --

14 JUDGE CULVER: Right.

15 CHAIRPERSON ORIE: -- when they -- as a
16 condition of parole, is that put -- placed back on them in
17 regards to when they're released from this kind of sentence
18 to have this interlock on?

19 JUDGE CULVER: I could have -- I think,
20 though, on every one of those cases they did their time.
21 And, you know, once they do their time, they get a fresh
22 start and I lose jurisdiction. I couldn't continue to
23 impose restrictions on their life.

24 Theoretically, I could have, if they were not
25 outrageous cases, given them some type lesser penalty of

1 maybe 30 days in jail and referred back and then put the
2 interlock on. And I have had cases that I do things like
3 that because with our home detection, particularly on
4 multiple offenders, they'll be on electronic monitor home
5 detention.

6 And I said there were four people arrested for
7 DUI. That doesn't mean all 2,000 cases that the day I
8 talked to them they stopped drinking for the rest of their
9 life. Very often they're drinking at home while on home
10 detention. Our community corrections officers will find
11 them.

12 There may be some penalty based upon that for
13 relapsing and drinking while you're on probation. But then
14 after some short-term penalty, then we go back and say, Now
15 you're back to interlock status and you're back to
16 counseling. But on all four of those cases, the conduct
17 was so, I felt, outrageous that I did not put them back on
18 probation.

19 CHAIRPERSON ORIE: And my last question deals
20 with our American Civil Liberties Union. Larry Frankel had
21 submitted testimony that indicated his concerns with the
22 protections against self-incrimination with the data that's
23 provided to the courts.

24 Have there been any challenges along those
25 lines or any problems in your state with that issue?

1 JUDGE CULVER: It has not been raised in that
2 form in our state. For the most part, our state has been
3 what we call a testimonial state, that we would have
4 protection against requiring a person to testify against
5 themselves in a testimonial fashion.

6 But we don't consider it self-incrimination in
7 terms of blood tests, breath tests, fingerprints or
8 anything like that. And so it hasn't been raised. I think
9 our supreme court would back me. Cross my fingers.

10 CHAIRPERSON ORIE: Okay. And Al.

11 REPRESENTATIVE MASLAND: Just a couple of
12 questions. Obviously, you used the interlock device
13 prominently for first-time offenders. And you said
14 basically if somebody has the interlock, blows and comes
15 back a second time, you don't use it at all? Or do you
16 ever use it in those circumstances?

17 JUDGE CULVER: It started the other way
18 around. When I first looked at the interlock device, it
19 was on multiple offenders only. And when I first started
20 the program, I used that on the cases that I sort of put my
21 hard core label on it or cases that had certain red flags
22 that says, Hey, this person has all the characteristics of
23 being a repeat problem case.

24 And after I started doing that, I started
25 getting this feel that my hard core cases, my multiple

1 offenders or my first offenders that had outrageously high
2 tests, they were now, once the interlock was on, being
3 re-arrested less frequently to none at all as opposed to
4 some of my first offenders who would get re-arrested, say,
5 six months or nine months after they went to sentencing.

6 And so over the years, I've made the --
7 basically a general rule now that even on first offenders
8 we use it. So the general rule in my court is if you're
9 convicted of a DUI, an interlock will be a part of that
10 sentence.

11 When I look down through my menu of options
12 from jail, home detention, treatment, counseling and I put
13 this blend together of what's the best sentence for this
14 individual, I always start with the premise that the
15 interlock is one of my most effective ways to do it.

16 Now, from there, some cases do not end up with
17 it. I actually had a person who, once was home, was denied
18 the vehicle. He stole the vehicle while he was drunk. You
19 know, certain just unusual cases like that we don't do it
20 on.

21 You get some real problematic people who might
22 want to come into court and say this is just an alcohol
23 problem and you should get me a probation. When I look at
24 their record and, you know, they've got drug dealing
25 convictions and crimes of violence and a lot of other

1 things, and I then have to make that tough judgment call
2 that says you're just not appropriate for probation. You
3 have to be sentenced to jail.

4 If I give them the maximum penalty and take
5 them off the street, then I don't use the interlock.

6 REPRESENTATIVE MASLAND: It sounds like you
7 have a great deal of flexibility under the Indiana statutes
8 as to when you do or do not use interlocks. So you can use
9 it on a first offense, second or third, however you want to
10 set up the sentence?

11 JUDGE CULVER: Correct.

12 REPRESENTATIVE MASLAND: Do you also have
13 mandatory prison sentences for first, second and third
14 offenses?

15 JUDGE CULVER: We do not have an absolute
16 mandatory prison sentence on first offenders with the
17 exception that we have a chart at all county jails that has
18 minimum numbers of hours before you can bond out for safety
19 and liability reasons.

20 So if you're arrested for DUI and you test
21 .25, there's a bond schedule that says you pay X number of
22 dollars and you're free pending your court appearance. But
23 the sheriff cannot let you out until on this chart it says
24 you're going to be alcohol-free. Then he can let you go.

25 So a first offender, you know, it's typically

1 going to be a number of hours as opposed to a number of
2 days. Second offense requires five days in jail. We have
3 a rule that a second offense within five years is a felony.
4 And so by reason of possible other offenses, prior
5 felonies, within a certain time period, they may be
6 non-suspendable and they may have to do six months in jail.

7 And so actually, a third offense DUI, if your
8 second was a felony and your third was a felony and they
9 happened close enough together, you may be looking at six
10 months in jail. We had a good time statute in Indiana that
11 says if I give you six months, you're out in 90 days. You
12 get two for one.

13 REPRESENTATIVE MASLAND: You had spoken about
14 the need for -- needs for legislators to give you a broad
15 range of effective sanctions. And since I asked earlier,
16 do you have -- asked of Maryland, the woman from Maryland
17 -- do you have different levels of degrees of intoxication
18 in the Indiana statute, like .08 impaired, .10 intoxicated,
19 something along those lines?

20 JUDGE CULVER: We have -- the per se offense
21 is .10, and then there's a separate offense for driving
22 while intoxicated that depends upon proof. And if the
23 officer can prove driving while intoxicated, even at less
24 than .10, based upon driving or a combination of some
25 alcohol and other drugs, you could still make the

1 intoxicated count even if you don't get the per se.

2 But our per se level in Indiana is .10. There
3 was an effort to go to .08 and failed.

4 REPRESENTATIVE MASLAND: Thank you.

5 CHAIRPERSON ORIE: Thank you very much. Our
6 next testifier is Scott Bradley, a Deputy District Attorney
7 in Allegheny County. He's here to testify on behalf of
8 Stephen Zappala, District Attorney in Allegheny County.

9 MR. BRADLEY: Good morning.

10 CHAIRPERSON ORIE: If you could wait for a
11 second.

12 MR. BRADLEY: Sure.

13 (Discussion off the record.)

14 MR. BRADLEY: Initially, I would like to
15 convey Mr. Zappala's words of regrets. He had hoped to be
16 here to testify in this most important matter; however,
17 other concerns of being the District Attorney of Allegheny
18 County prevented his appearance here this morning.

19 You've already heard or will hear about the
20 science and technology of the ignition interlock device and
21 the success of the ignition interlock program in other
22 jurisdictions. I would like to take a few moments to
23 discuss the context into which an ignition interlock
24 program, if passed, would be introduced here in
25 Pennsylvania.

1 At the outset, however, I want to indicate
2 that the focus will be on two reasons as the basis for the
3 support from the Allegheny County Office of the District
4 Attorney for an ignition interlock program. The reasons
5 are two: One, the extent of the DUI problem in Allegheny
6 County; and two, the program's ability to impact the
7 Commonwealth-wide problem of the recidivist drunk driver.

8 While drunk driving is certainly a problem
9 both nationwide and throughout this Commonwealth, driving
10 under the influence remains a particularly troublesome
11 problem in Allegheny County. Recent statistics show that
12 approximately 11 percent of all incidents of DUI reported
13 in Pennsylvania occur in Allegheny County.

14 This is over 4,000 of almost 36,500 cases in
15 1997. To give this number some significance, Philadelphia
16 County comes in at second at 7 percent, and Montgomery
17 County is third at just under 6 percent. The numbers for
18 DUI arrests in Pennsylvania tell the same story. Allegheny
19 County is first with about 11 percent of all DUI arrests
20 occurring in the Commonwealth, with Philadelphia again
21 second at 6.8 percent and Montgomery County third at 5.8
22 percent.

23 Even controlled for population, Allegheny
24 County ranks among the highest in the state for rates of
25 DUI offenses per 100,000 population. Lastly, in talking

1 with the prosecutors who handle DUI cases on a daily basis
2 in Allegheny County and in talking with the overall case
3 law management in our county, it's estimated about 22
4 percent of our work load consists of DUI cases. So it's a
5 substantial problem, and it has been for a number of years
6 in Allegheny County.

7 Nevertheless, the preceding numbers,
8 notwithstanding the recent history of DUI enforcement both
9 in this country and in this Commonwealth, must be viewed
10 generally as a success. Through tougher legislation, more
11 aggressive prosecution and education initiatives, we have
12 addressed the issue of drunk driving and taken significant
13 steps toward making our streets and highways safer.

14 Indeed, a recent National Highway Traffic
15 Safety Administration study found that the proportion of
16 traffic deaths resulting from alcohol use in the United
17 States has decreased since states began cracking down on
18 drunken driving in the early 1980s.

19 According to the study, between 1982 and 1997,
20 traffic deaths attributable to alcohol use declined from 57
21 percent of the total to 39 percent. During that span of
22 time, the proportion of drivers subject to a .10 percent
23 blood alcohol drunken driving limit increased from 32
24 percent to 98 percent.

25 And during that same time period, the numbers

1 of population subject to a .08 percent blood alcohol limit
2 has increased from zero in 1982 to 28 percent in 1997.
3 This study also found that during 1982 and 1997, the
4 population covered by license revocation laws had increased
5 from 6 percent to 78 percent.

6 These numbers demonstrate that over the last
7 two decades, we have been able to reach a significant
8 portion of the population through a variety of DUI
9 initiatives and impress upon them the considerable dangers
10 of drinking and driving.

11 However, there remains one substantial concern
12 that the increased efforts that have been mentioned have
13 been unable to address or impact in a meaningful way the
14 hard core recidivist drunk driver. Although great strides
15 have been taken in the past two decades, drinking and
16 driving still remains a significant and dangerous threat to
17 the safety and welfare of each individual in our nation and
18 here in the Commonwealth of Pennsylvania.

19 According to Mothers Against Drunk Driving,
20 traffic crashes are the number one cause of death for every
21 age from 5 to 27; and almost half of these crashes are
22 alcohol-related. Proportionally consistent with the
23 national average, 575 people died in alcohol-related
24 crashes in 1997, representing 39 percent of the total
25 traffic fatalities.

1 I was just talking with Representative Ori
2 this morning. And recent studies have indicated that
3 Pennsylvania's actually up over the last year. So again,
4 strides have been made, but it still remains a critical
5 issue here in Pennsylvania.

6 The good news is that through aggressive
7 public awareness campaigns, increased penalties, better
8 drunk driving laws and changing attitudes, alcohol-related
9 fatalities have decreased since 1987. The bad news is that
10 the hard core drunk driver remains unresponsive to these
11 tougher penalties and other efforts.

12 Statistics show that nearly 50 percent of
13 first time drunk driving offenders are subsequently
14 convicted of a second drunk driving offense. Nearly 80
15 percent of second offenders become multiple offenders.

16 The persistent drinking driver and repeat DUI
17 offender have become the primary concern of the highway
18 safety community and special interest groups and their
19 efforts to combat the DUI problem in the United States and
20 in Pennsylvania.

21 This group is estimated to represent 5 percent
22 of all drinkers nationally or roughly one million people,
23 yet they are disproportionately responsible for 60 percent
24 of all alcohol-related fatalities and serious injuries each
25 year.

1 Hard core drunken drivers have a high
2 tolerance for alcohol and can operate a vehicle without
3 signs of impairment at blood alcohol levels reaching .15
4 percent. On average, these individuals have -- will drive
5 intoxicated four times per week or 200 times a year.

6 As these facts indicate, the people who are
7 the prime targets for drunk driving campaigns are obviously
8 not getting the complete message. Conventional thinking
9 might urge legislators to simply toughen the penalties
10 against this group just as they have for other offenders.

11 One of the ways of doing this has been through
12 long-term license revocation. However, the threat of
13 license revocation simply does not stop these problem
14 drinkers from driving drunk. Studies indicate that over 80
15 percent of suspended DUI offenders continue to drive after
16 their license has been revoked due to the perception that
17 the threat of detention is low and the economic and time
18 barriers for re-licensing are high.

19 Further, in the first year of license
20 reinstatement, DUI offenders are at the greatest risk for a
21 crash or rearrest. Although anecdotal, two recent cases
22 are nevertheless representative of the problem we face in
23 Allegheny County.

24 On June 12th, 1998, at about 8:00 a.m., 8
25 o'clock in the morning, a young woman on her way to work

1 was struck head-on by a vehicle driven by Steven Vucho.
2 Vucho had a blood alcohol content of .169 percent and was
3 driving an uninsured and uninspected vehicle.

4 Vucho himself had three prior convictions for
5 driving under the influence, and his driver's license was
6 then under suspension as a result of one of these prior DUI
7 convictions. Fortunately, the young woman escaped without
8 suffering any life-threatening injury but suffered both
9 physical and emotional scarring as a result of this
10 incident.

11 On December 7th, 1996, two others were not so
12 fortunate. Nicholas Kurch, while speeding down Ohio River
13 Boulevard, crossed the highway divider and sailed through
14 the air and onto an oncoming vehicle, killing both
15 occupants who were visitors from Nepal. Kurch had a number
16 of prior motor vehicle convictions, including at least
17 three prior DUIs; and his license was under suspension
18 until the year 2014.

19 This brings us to our purpose for being here
20 today. Both of these habitual drunk drivers would have
21 been appropriate candidates for an ignition interlock
22 program. And while we cannot say with certainty that an
23 ignition interlock would have saved the lives of those two
24 young men and spared the young woman of the injuries she
25 suffered, we have stark evidence to the consequences of not

1 having an ignition interlock program.

2 And as Judge Culver indicated in his
3 testimony, we can never completely eliminate the risk of
4 individuals drinking and driving unless the offender
5 himself or herself stops drinking or at least controls
6 their drinking while driving.

7 Yet attacking impairment and addiction as a
8 lack of judgment and responsibility and punishing offenders
9 after the fact is too simplistic an approach. A more
10 effective solution is one that combines punishment and
11 rehabilitation, monitoring behavior over the course of
12 treatment with the objective of allowing hard core drinkers
13 achieve some control over their addiction. An ignition
14 interlock program appears to be just such a solution.

15 The interlock device was developed as a
16 countermeasure to control the drinking and driving behavior
17 of problem drinkers and repeat offenders. The device is
18 emerging across the country as a recognized and highly
19 effective tool that, when combined with a carefully
20 monitored rehabilitation program, is the most cost
21 effective way to combat the drinking and driving behavior
22 of the alcohol impaired individual.

23 Recent statistics show that 37 states have
24 passed some form of ignition interlock legislation. The
25 experience of these jurisdictions has produced reductions

1 in recidivism by as much as 95 percent.

2 In House Bill No. 1219, Representative Ori
3 has proposed a comprehensive ignition interlock program for
4 Pennsylvania. For first time offenders, the program is
5 discretionary with the courts, permitting the sentencing
6 judge to make an assessment of the offender's potential for
7 short term re-offending.

8 For youthful and repeat offenders, the program
9 is mandatory with installation of an ignition interlock
10 required precondition to reinstatement of the offender's
11 operating privileges. The proposal also establishes rigid
12 sanctions for such violations as driving an unequipped
13 vehicle and tampering with or circumventing the interlock,
14 as well as penalties for any third party who would
15 knowingly aid or assist an offender in operating a vehicle
16 in violation of the statute.

17 To achieve success in this area, we must focus
18 our resources on programs such as the ignition interlock
19 device which will attack this problem at its root rather
20 than waiting to respond only after another tragedy has
21 occurred. If we can focus our attention on the type of
22 offender who continues to disrespect the law and human
23 life, by taking this proactive approach, perhaps we can
24 eliminate the deadly manifestations of driving under the
25 influence.

1 Experience has shown that we cannot trust
2 drunk drivers to refrain from drinking and driving and that
3 sanctions such as license suspension and revocation will
4 not sufficiently condition all offender behavior. In fact,
5 here in Pennsylvania, we have a law which predicts that
6 just such behavior -- driving with a suspended or revoked
7 license while driving under the influence -- will be
8 perpetrated by drunk drivers.

9 I believe that the ignition interlock program
10 will provide the ongoing behavior oversight and
11 modification that is necessary for that small but dangerous
12 percentage of the population that will continue to drink
13 and drive regardless of the consequences to them or to
14 others.

15 The threat of sanction, be it loss of
16 operating privileges or even incarceration, has proved
17 insufficient with that limited but deadly segment of our
18 society who will continue to drink and drive. The ignition
19 interlock gives us the ability to monitor on a 24-hour
20 basis the drunk driver's relationship between consumption
21 of alcohol and operation of a motor vehicle.

22 Of course, no matter what we do, there will be
23 those subject to the program who will find a way to drink
24 and drive. However, the ignition interlock will make it at
25 least more difficult for most repeat offenders to drink and

1 drive and gives us our best chance as a society of keeping
2 these dangerous offenders off the road.

3 School tragedies like the one last month in
4 Littleton, Colorado and previously right here in
5 Pennsylvania and in fact yesterday in Atlanta, Georgia have
6 focused the nation's attention on school violence. And
7 while it is clear that school violence is and remains a
8 significant issue, we cannot lose sight of the fact that
9 drunk driving has been and remains the nation's most
10 frequently committed violent crime.

11 Indeed, national statistics will predict in
12 the 31 days since the incident in Littleton, Colorado,
13 nearly 1,400 more people will have been killed and over
14 89,000 more people will have been injured in
15 alcohol-related crashes on our nation's highways.

16 Unfortunately, the ignition interlock program
17 cannot prevent all drunk driving deaths and injuries. But
18 this approach will certainly make it more difficult for
19 hard core drunk drivers and repeat offenders to gain access
20 to a vehicle while intoxicated. We must and we should act
21 now because this technology is available. And it is, I
22 think, the time in Pennsylvania to take the initiative on
23 this type of program.

24 Just last Thursday, May 13th, Steven Vucho,
25 the individual who's involved in the incident where the

1 woman on her way to work was struck, he was sentenced to
2 one to two years on his fourth DUI conviction with an
3 additional 90-day sentence for driving while under a
4 DUI-related suspension.

5 Although Vucho assured the judge that this
6 would never happen again, we cannot be certain that it
7 won't. But perhaps if an ignition interlock device is
8 installed on Mr. Vucho's vehicle upon his release from
9 prison, we won't have to take his word for it.

10 I would conclude by pledging the office's full
11 support to the Legislature's efforts to address this
12 important issue and to support the adoption of an ignition
13 interlock program here in Pennsylvania. I thank you for
14 your time and your consideration.

15 CHAIRPERSON ORIE: I have no questions. Thank
16 you very much.

17 MR. BRADLEY: Thank you.

18 CHAIRPERSON ORIE: We're going to be jumping
19 up the schedule because our next speaker is running a
20 little late. So we're going to call Deborah Beck,
21 President of the Drug and Alcohol Service Providers of
22 Pennsylvania.

23 MS. BECK: I spent a lot of years of working,
24 and we do confrontation therapy so you learn to protect
25 sometimes. Thank you very much for your courtesy to me and

1 for inviting me this morning. Good morning, Dave. Good
2 morning, Representative Masland. I appreciate this.

3 I was listening to the testimony, in fact
4 reviewing the material that was in here. I have a couple
5 general remarks before getting into the testimony itself.
6 My name is Deb Beck. I've been in the drug and alcohol
7 treatment field since 1971. And that -- that means I know
8 an awful lot of folks who do an awful lot of driving under
9 the influence.

10 And I know the words we use in the treatment
11 field differ from the words that are used in the
12 enforcement community. But we always have a little chuckle
13 about the words "first offender" because we know our guys
14 are out there doing a heck of a lot of driving under the
15 influence. It's just the first time they got caught. So
16 we refer to them as first-time arrests. You can take it to
17 the bank that on first-time arrests, most of the folks that
18 are getting picked up have full-blown drug and alcohol
19 addictions.

20 I also just want to express that these are two
21 different populations you're looking at. I think the
22 social drinkers -- I think the consequences and all of the
23 stuff we have on the -- on the books works, as a social
24 drinker gets terribly embarrassed the morning after that
25 they endangered their job, embarrassed their husband or

1 wife. And the consequences really work. It really
2 embarrasses the social drinker to not be able to get to
3 work the next day.

4 If you know about addiction, you know the
5 first thing -- one of the first symptoms of addiction is an
6 inability to calculate consequences. So once you
7 understand that these are two different populations, we
8 have to go a couple different routes: One, to address the
9 social drinker, which is a smaller group who gets arrested;
10 and the other, two, to arrest the bulk of the population
11 who does the driving under the influence.

12 One will be able to calculate the
13 consequences, the other won't. I'm not blaming. I'm just
14 stating that as a fact. I talked to many, many friends of
15 mine in recovery who had a lot of experience with driving
16 under the influence before coming here today, have done so
17 since 1971. And they made a couple of comments to me.

18 They said to me -- these are people in
19 recovery who have lots of experience driving under the
20 influence. Most of them, by the way, were not arrested.
21 Most of them will tell you they probably should have been.
22 And they blame no one for that. They know the police can't
23 be everywhere they are. There's no blame involved there.

24 What they said to me is please tell the
25 legislators gathered that yeah, interlock devices will

1 probably have some marginal statistical effect. And is
2 that worth it? You bet because then a police officer
3 doesn't have to tell a family about someone who was killed
4 on the highways.

5 Is it worth doing? You bet. But tell them
6 that it's not enough. It's nowhere near enough. You got
7 to go further than that. We're not tough enough in this
8 area. That was what I was told by people in recovery who
9 used to do a lot of driving under the influence.

10 They also asked me to tell you don't let them
11 cut corners, don't let them stop there. A couple of quick
12 points I want to make. A lot of states have made a
13 mistake. They've mistaken assessment for treatment. And I
14 looked through the literature, and I listened to the
15 testimony ahead of me. And everyone combined interlock
16 devices with treatment.

17 It raises the question, Is anybody getting
18 treatment? In some states, assessment has been mistaken
19 for treatment. It isn't the same thing. The key is -- a
20 key there, too, is what are the qualifications of the
21 assessor? I have a good mental health background. I'm
22 also a social worker.

23 None of my training prepared me to do
24 assessment in drug and alcohol for either of those
25 disciplines. You need to know that. The qualifications of

1 the assessors are not entirely clear how you do that. You
2 need people with a lot of experience because otherwise,
3 you're going to turn someone back to the street having
4 missed a diagnosis; and they're going to endanger the
5 public.

6 You don't want to have a beginner, a social
7 worker right out of school, a mental health worker, Deb
8 Beck, a BA out of school doing these assessments because
9 these folks may kill someone on the highway. My patients
10 are dangerous. They will tell you that they are.

11 The second error that is common in many states
12 that I need to stress with you is that education is not
13 treatment. I really need to stress that because I think
14 that's going on here in Pennsylvania. I think we are
15 mistaking education for treatment.

16 Again, education works with social drinkers.
17 If you already have tuberculosis, educating me on how to
18 avoid getting it doesn't do much good. You better treat
19 the tuberculosis. So I also need to tell you that as an
20 old-time clinician, I continue to be impressed with the
21 untreated drug and alcohol addicted population's ability to
22 develop ways to get around whatever law enforcement comes
23 up with.

24 And that doesn't mean law enforcement
25 shouldn't keep coming up with new things. In fact, you

1 should. You just need to be prepared to keep moving. For
2 instance, when we started to do urine testing broadly,
3 there was quickly a black market of clean urine and the
4 technology to get around it.

5 There is something of a technology on how to
6 unhook interlock devices. And I know the interlock folks
7 are busy figuring out how to trigger alarms when that
8 happens, but I think you need to be prepared to keep moving
9 the envelope very quickly.

10 I'm here on behalf of the Drug and Alcohol
11 Service Providers. We have over 400 prevention, education,
12 treatment programs in the state of Pennsylvania and the
13 PRO-Alliance. The PRO-Alliance is a brand new coalition in
14 Pennsylvania of past consumers of services, their families
15 and other interested servants, public servants, and others
16 who are involved in this issue.

17 And I'm here to testify on behalf of the
18 interlock device bill. Make no mistake of that. What
19 you're doing, Representative Orie, and on behalf of those
20 two organizations, both want to be counted in support but
21 that it needs to go a little further.

22 And I congratulate you for continuing to look
23 for ways to make our highways safe for all of us. I think
24 that's very important. I think there is no panacea here
25 and we've just got to keep chipping away and work on how to

1 improve the situation.

2 A couple of years ago Pennsylvania took the
3 lead. Pennsylvania needs to be proud. The Court Reporter
4 Network was an innovative thing that was set up here years
5 ago in the state, and they began to assess people at
6 first-time arrests.

7 And they found that over half the time -- my
8 memory is 70 percent of the time. -- on first-time arrests,
9 people already appeared to have an untreated drug and
10 alcohol problem. Already they were separating the
11 populations. And in response to that research then,
12 Senator John Shumaker amended the state's DUI law exactly
13 to reflect that difference so that on second and subsequent
14 offenses, all individuals be assessed for alcohol and drug
15 problems. And people that need D and A treatment receive
16 it, in addition to whatever legal penalty you think should
17 be affixed.

18 And we think, by the way, society has a right
19 to restitution. I think that's up to the legal system. We
20 would never advocate that that be dealt with in any way
21 other than the legal community wants to deal with it. We
22 just say it isn't enough.

23 But the Shumaker amendment we think is a
24 lifesaving amendment. The problem is, we're not sure it's
25 being enforced statewide. And in fact -- I'm being kind

1 here today. -- I know it's not being enforced in a routine
2 fashion around the Commonwealth.

3 So in this regard, we're here, in addition to
4 the interlock devices, to enhance the interlock devices,
5 make them work by enforcing the accountability provisions
6 that are listed on page 3 of my testimony. It needs to be
7 publicly transparent how the Shumaker amendment is working.

8 And that would include annual reporting to
9 you, the public watchdogs, the number of DUI arrests;
10 number of second and subsequent DUIs; the number sent to
11 drug and alcohol treatment, that's number three on here;
12 the number of people who complete treatment; the level of
13 care and length of stay; are they getting real treatment;
14 are they being -- are they using licensed drug and alcohol
15 treatment programs. I know in some parts, that is not
16 occurring. And you see other things listed there.

17 I want to spend a minute on the case of the
18 multiple offender in Pittsburgh. I had talked to
19 Representative Orié about this. One of the problems that
20 we have with the case is we can't find out anything about
21 whether this guy actually was sent to treatment, court
22 sentenced treatment.

23 Did he succeed or fail? If he failed, he
24 should have not been given back a license ever. Or maybe
25 his sentence should have been lengthened. And by the way,

1 confidentiality laws in no way violate this sharing of
2 information. This is stuff that should be public records.

3 We can't find out where the ball got dropped.
4 We don't want to blame. We think as a management tool, we
5 need to figure out where the ball got dropped. We think if
6 these accountability provisions were in place as part of
7 the interlock device bill that we would know was the
8 gentleman in Pittsburgh properly assessed by a qualified
9 assessor, was he treated at the present time, did the
10 treatment program mess up?

11 We need to know that that's a management tool
12 for us. Was he given the right level of care and length of
13 stay, did his managed care firm interfere with his level of
14 care and length of stay? It happens not uncommonly. Was
15 the program licensed, was education instituted for
16 treatment?

17 A past treatment failure, by the way, would be
18 an indication of a longer sentence in addition to
19 sentencing to treatment. So in closing, we believe access
20 to this kind of data would greatly strengthen any of these
21 devices, greatly strengthen their ability to work.

22 And it's, you know, it's the common
23 denominator in addition to all of the other technology and
24 all of the research that is here. But enforcement of these
25 provisions is absolutely critical. Treatment won't work

1 all the time either, and we need you at that point to
2 re-incarcerate.

3 But without treatment, I will assure you that
4 my folks will go back and do DUI; and they will bypass the
5 best technology you can come up with. It isn't going to
6 work without treatment. I guess that's the final issue. I
7 think in general, they don't get treatment in Pennsylvania
8 even though there's an insurance law and a Medicaid law.

9 I think we need to go back and do that
10 consistently. Please count us as supporters of your
11 proposal but also of tighter enforcement of the existing
12 DUI laws through the establishment of accountability
13 provisions.

14 One final note about why this is important. I
15 hear from wives many times where the DUI system has worked.
16 The domestically violent husband was finally identified and
17 sent to jail and to drug and alcohol treatment. So I get
18 calls of gratitude.

19 I also get calls of dismay from the wife who
20 is too terrified to make the report. The DUI system picked
21 up the husband, did not force the treatment or the legal
22 penalties, and he has come back home. And she is
23 terrified, and she was hoping for this outside kind of
24 intervention.

25 It's a very interesting thing. I think the

1 DUI laws have done well, have ramifications for wives and
2 terrified children. I appreciate your time.

3 CHAIRPERSON ORIE: I thank you. I also agree
4 with you in regards to the managed care with the issue
5 that's going on now in regards to coverage for treatment.
6 And when you hear -- Judge Culver testified that they have
7 a high risk insurance for these individuals; but yet they
8 don't recognize the problem, the crux of the problem to
9 provide that. That is an issue I certainly think we have
10 to take into account.

11 REPRESENTATIVE MASLAND: Yeah. It was pretty
12 clear that you are a proponent of treatment.

13 MS. BECK: Yes.

14 REPRESENTATIVE MASLAND: Not surprisingly.
15 What do you think the system should do with a first-time
16 offender?

17 MS. BECK: Unfailingly do the assessment piece
18 right. By the way, we're also for legal penalties. I
19 mean, legal penalties by themselves fix nothing. But
20 sometimes they slow our folks down long enough to let
21 something else also happen.

22 I have friends in recovery who will tell you
23 the law enforcement penalty saved their lives by slowing
24 them down. However, if it wasn't combined with treatment,
25 they were back out again.

1 REPRESENTATIVE MASLAND: Do you think -- I
2 guess what I'm getting at, do you think if someone has a
3 first offense and they are .15, there should be mandatory
4 treatment, inpatient, outpatient, 30 days, 90 days? I
5 mean, do you have any of those type parameters --

6 MS. BECK: I do.

7 REPRESENTATIVE MASLAND: -- to suggest --

8 MS. BECK: And they would probably not be ones
9 that will answer the question the way you wish. It needs
10 to be a properly done clinical assessment by a properly
11 trained clinician. That means someone who is not getting
12 paid to deny a service, managed care. It means it needs to
13 be not a newcomer in the field.

14 I mean, you need a heavy-duty clinician doing
15 these because these people may kill someone on the highway.
16 There's time to play with lower levels of addiction. Not
17 everybody's going to have an addiction and need treatment.
18 That's the other reason -- the most important -- we have to
19 do the assessment right.

20 I'd say that the data is still about the same,
21 that 30 percent don't have an addiction. There should be
22 an assessment of that because even the assessment process
23 is embarrassing a little bit to the social drinker. It
24 usually means they're not going to do it. You don't have
25 to go through that stuff.

1 In response to level of care and length of
2 stay, that decision should be clinically driven. I
3 sometimes had trouble in the past -- I don't do hands-on
4 treatment at this point. -- where the court would decide
5 that when the court sentence expired that the treatment was
6 over. And we were recommending much longer care.

7 Some people will do well in outpatient. The
8 DUI population is interesting. The last time I saw data, a
9 third of the folks were still working, still had some kind
10 of insurance. I'm sure they probably couldn't have
11 accessed the care.

12 But what that also means is they're a higher
13 number. Alcoholics are addicts so you're going to have a
14 higher number of qualifying outpatient in that sample than
15 you will with the -- as was stated by the Judge. Another
16 third were probably Medicaid eligible.

17 Folks who are deteriorated enough to be on
18 Medicaid are going to be longer lengths of stay in
19 inpatient or outpatient. If you have a trained clinician,
20 a qualified trained clinician with no financial incentive
21 to do anything but the right thing, you don't have to worry
22 about levels of care and length of stay that assessments
23 will be done.

24 REPRESENTATIVE MASLAND: A couple of other
25 questions. Although you're looking at things more from the

1 treatment perspective, how does a .08 versus .10 play into
2 that? Does that help you pick up more people earlier or
3 what --

4 MS. BECK: Oh, yes, sir. I mean, you're
5 average social drinker can't -- cannot be walking around
6 and acting sane enough to even drive a car most of the time
7 at a point like .18. At the higher levels, it's almost
8 diagnostic. If you are somewhat functional at some of
9 those higher levels, it's almost diagnostic.

10 A three-time DUI or a two-time DUI is almost
11 diagnostic on the face of it. In fact, I've never had
12 anyone I've done an assessment on with a two-time DUI who
13 wasn't an untreated alcoholic/addict. That's why you want
14 to qualify an assessor.

15 I mean, we have tons of people to treat. In
16 fact, we're getting them from the criminal justice system
17 all the time because the health care system is not
18 supporting them anymore. We have not sufficient funding
19 for them. But you still want to screen the population.

20 There are going to be some who do blow a .18,
21 walk around who are social drinkers. Very rare. .20 is
22 almost diagnostic.

23 REPRESENTATIVE MASLAND: I was saying a .08.

24 MS. BECK: Yeah, I know. You're down at the
25 lower levels. I'd want to do -- personally I would want to

1 do a good clinical workup. That's not diagnostic in
2 itself. Personally I don't think anyone should be driving
3 with one drink.

4 I mean, it's a -- that's where we're at in our
5 philosophy of the field because we know it has motor
6 impact. But it is diagnostic at the higher levels, not at
7 the lower.

8 REPRESENTATIVE MASLAND: Thank you.

9 CHAIRPERSON ORIE: Thank you very much.

10 MS. BECK: Thank you very much.

11 CHAIRPERSON ORIE: Our next speaker is William
12 McCollum, the Executive Director of the Commission on
13 Virginia Alcohol Safety Action Programs. You can begin.
14 Thank you.

15 MR. MCCOLLUM: Good morning. I'm Bill
16 McCollum.

17 REPRESENTATIVE MASLAND: Could you pick up
18 that mike?

19 MR. MCCOLLUM: Good morning. I'm Bill
20 McCollum. I'm the Executive Director of the Virginia
21 Alcohol Safety Action Programs. I took this opportunity to
22 come at the -- I'm sorry. -- at the Representatives'
23 request -- in Virginia, called a delegate. -- because I
24 so firmly believe in what has to happen with the drinking
25 driver.

1 And I think that we in Virginia have begun to
2 make some small steps in the direction dealing with that
3 offender population. And I wanted to give you the benefit
4 of some of the things that we have done in Virginia which
5 we think have been successful in dealing with this
6 population.

7 Certainly, you are aware that Virginia, years
8 ago, instituted a statewide DUI countermeasure system where
9 all the citizens of the Commonwealth have access to an
10 intervention process which allows us to assess each person
11 charged and convicted with driving under the influence.

12 In Virginia, it is mandated that the first
13 offender must be assessed. Our rationale for doing the
14 first offender was that we would be able to get that
15 population at an earlier stage in his or her drinking
16 problem and begin to have some success with that
17 population.

18 I should make you aware that the General
19 Assembly in Virginia decided this past January to effect as
20 of July 1 that it would mandate that second offenders would
21 be assessed whether they had been in the system before or
22 not. They also made third offense or subsequent a felony
23 in Virginia.

24 So consequently, we've taken a large leap in
25 terms of dealing with the population. And I think what we

1 have done is made available to them education and treatment
2 as needed. We made available to them an assessment process
3 as needed, and we mandated to get into necessary treatment
4 and et cetera.

5 One of the things that we did about three
6 years ago to deal with this population was we implemented
7 an ignition interlock program. The Commission on ASAP, for
8 whom I work, is a legislative body. That legislative body
9 mandates how DUIs are handled in the state. And I'm the
10 administrative arm of that body.

11 They decided that we wanted an ignition
12 interlock program, and they mandated at that point that all
13 persons convicted of second offenses in Virginia must have
14 an ignition interlock installed in the vehicle in which
15 they drive.

16 We allow a limited license even with the
17 ignition interlock to and from work, to and from the ASAP
18 program. And if we in the ASAP program designate other
19 treatment, which most of -- in fact, all second offenders
20 are mandated into treatment. -- we mandate that they be
21 able to drive back and forth during the treatment process.

22 There's some emergency provisions in our code.
23 I think I saw some of those in the legislation that you're
24 proposing here. What I encourage you to do is whatever you
25 do in terms of your interlock program, you do as we did in

1 Virginia. Make it accessible to and beneficial to the
2 entire population; that whomever you bring into the state
3 and whatever protocols you would establish in the state,
4 that you do so with the thought in mind that all citizens
5 would have access to the interlock system; that regardless
6 of the financial position, that they have access; and
7 regardless of where they live in the state, they have
8 access to the system.

9 We found that that's the best way the system
10 works. We've been -- we have been pleased that the courts
11 in our state now have some reliability; that the
12 individuals whom have problems drinking and driving, we can
13 control, to a great extent, their abilities to drink and
14 drive with -- with the automobile on the ignition
15 interlock.

16 In fact, over a 3-year experience with the
17 ignition interlock, I have no report of any individual
18 driving an automobile -- who has driven an automobile after
19 drinking with an ignition interlock. We have reports which
20 show that the system itself is successful.

21 We have reports which show that along with
22 treatment, that ignition interlock itself doesn't work.
23 We've got two or three people who are on an ignition
24 interlock that the court decided we're solely going to put
25 you on the ignition interlock.

1 And it's our people that -- those people are
2 not successful individuals; that this has to be a systems
3 approach; it has to be the courts, the punishment; it has
4 to be the ASAP system, monitoring, probation and the
5 intervention; and it's got to be an interlock program.

6 If you have all of those pieces in place, I
7 think you can have a successful interlock program. If any
8 of those pieces are missing, then you're not going to have
9 a successful interlock program.

10 The other thing I encourage you to do is if
11 and when you establish a program, that you establish a
12 group to oversee how the interlocks are used and that you
13 select a vendor who has the capability of providing your
14 services statewide and your services at the level of your
15 expectations without the expectations that it will be
16 solely a money-making venture for the vendor.

17 We -- we just went through our process again
18 for our vendor process. One of the things I made very
19 clear to them is that you're in it for the long run; that
20 if your expectations are that you come into the system with
21 the thought of providing this level of service and that you
22 will be able to exit the system within a year or so having
23 made lots of dollars and ready to go away, that's not the
24 kind of vendor we wanted and that's not the kind of vendor
25 we selected.

1 And I suggest you do it through the same
2 process. I see that you formed a committee to set your
3 protocols, et cetera. I think that's excellent. I think
4 in forming your protocols that you again look at very
5 closely at the way your drunk driving system in
6 Pennsylvania works and then you look at what you project
7 your driving system to be four or five years out.

8 The ASAP model in Virginia is one which is
9 really unique in the country because, A, we are a
10 legislative agency; B, we are a statewide agency, and we
11 provide services to all offenders; C, we operate at no tax
12 dollars, zero dollars to the taxpayers.

13 Our system is fully funded and paid for by the
14 offender. They pay a fee, the cost -- the treatment cost
15 of participation in the program. It costs approximately
16 \$12 million a year to run the system. It's all paid for by
17 the offender. So there is methodology in place to
18 establish a system.

19 There is a system in place to not have the
20 taxpayers of the Commonwealth pay to have the system in
21 place. I've been in the ASAP system for 28 years now. I
22 left a law practice to come into the ASAP system. I firmly
23 believe in what the system does.

24 I think that this is the model. And I've had
25 an opportunity to talk to many states on our model and how

1 the model works. I think that this is probably a
2 successful model. The young lady who preceded me said a
3 lot of things that I think needs to be said, particularly
4 when you've got the offender before you and you can do an
5 assessment that he or she ought to be given an opportunity
6 for treatment.

7 That treatment is only a piece of the -- of
8 the puzzle, though. If you don't do away with -- with the
9 legal ramifications for a DUI to put an individual into
10 treatment, that you don't do away with the familiar
11 consequences of the DUI by simply putting a person in the
12 treatment.

13 I encourage those of you who -- who are going
14 to look at this bill and vote on this bill to give strong
15 consideration to passing this piece of legislation. I
16 think it's a piece whose time has come. I think it would
17 benefit the Commonwealth of Pennsylvania. And I so firmly
18 believe in what you're attempting to do.

19 It's a long drive from Richmond, but I was
20 glad to make the drive in order just to be able to give my
21 few remarks here today. The last time I was here, I
22 provided you with some written information. And I'd be
23 glad if you had an opportunity to look at that and have
24 some questions. Or if you want me to expand on any of
25 that, I will gladly do that.

1 But I think that most of it is
2 self-explanatory. And we would gladly do whatever we can
3 to assist you in this process. I'll certainly answer any
4 questions if you have any.

5 REPRESENTATIVE MASLAND: I really just have
6 one minor question. Not so much -- I appreciate the
7 information on the interlock system and the broad issue.
8 But you alluded at one point to a limited license that you
9 allow offenders to have to and from work.

10 And is that first time offender, second
11 offenders, with interlock, without interlock?

12 MR. McCOLLUM: Yes, sir.

13 REPRESENTATIVE MASLAND: How does that work?

14 MR. McCOLLUM: We give a limited license in
15 Virginia upon conviction of driving under the influence.
16 One of the limitations on the limited license may be an
17 ignition interlock. The -- but it's on first offense and
18 second offense but not after our second offense.

19 On the third offense, of course, it becomes a
20 felony. And that's mandatory minimum jail sentences and
21 fines and et cetera that go along with that.

22 REPRESENTATIVE MASLAND: So somebody -- if I
23 can interrupt. Someone can have an interlock device, but
24 they could be limited to just going to and from work?

25 MR. McCOLLUM: Yes. What -- what we want to

1 do -- what we do with our interlock program is assure the
2 courts and the General Assembly and the public that these
3 individuals are not drinking and driving wherever they
4 drive.

5 We can give to them a license without the
6 ignition interlock, but they may -- and you got an
7 individual in front of you who's got a BAC of a .24, you've
8 got an individual with an alcohol problem. If that
9 individual's got an alcohol problem, the fact that he or
10 she is sitting in a counseling facility does not
11 necessarily guarantee you that he or she is not going to
12 drive; and when they drive, that they're not going to drive
13 while drinking.

14 The only methodology that we've come up with
15 to deal with that population to ensure that they're not
16 drinking and driving is we installed the ignition
17 interlock. And we do that mandatorily with second
18 offenders. I'm sorry. If a person has gotten a first
19 offense and didn't get the message, then certainly on the
20 second offense we install the ignition interlock.

21 I want to say one other thing. We're not
22 seeing the social drinker. I see 65,000 individuals a year
23 in Virginia in my system. We are not seeing the social
24 drinker. So if we still are walking around with this
25 concept about the social drinker drinking and driving, it's

1 not happening.

2 Those of us who are social drinkers got the
3 message. We're not drinking and driving. The people who
4 are drinking and driving are persons who have problems with
5 alcohol and other substances. And we should -- we being
6 the people who have to deal with them. -- should be
7 prepared to deal with that population because that's who is
8 there. And the ignition interlock is another piece in that
9 fight with that population.

10 REPRESENTATIVE MASLAND: Thank you.

11 CHAIRPERSON ORIE: I just have one question.
12 With the third-time offenders and the felonies, is the
13 ignition interlock then part again of a parole or --

14 MR. McCOLLUM: At the end of the mandatory
15 minimum, he has to undergo an assessment with -- with us to
16 determine at what point he would be re-licensed. Part of
17 that assessment generally is a mandatory ignition
18 interlock. We -- when we revoke your license in Virginia,
19 it's forever.

20 But we have some time frames through which you
21 can reapply for re-licensure if certain conditions are met.
22 And if those conditions are met, then we would do the
23 assessment and make a recommendation to the court. And you
24 can only get your license back once it's been revoked by a
25 court giving you the license back.

1 The MVA doesn't have the authority. Once this
2 -- once it's suspended, revoked, it's gone. The only way
3 you get it back is you go into court, you file a petition.
4 The judge evaluates the petition, sends you over to the
5 local ASAP system. We do an assessment, and we say he's
6 still drinking or he's drinking at this level or he's out
7 of hand, we don't recommend he gets a license back, he
8 doesn't get a license back.

9 Generally what we do is because we wanted to
10 get that individual into some kind of treatment process, we
11 generally recommend the ignition interlock and limited --
12 very limited driving privileges so that -- because we have
13 data which shows that 40 percent of the people in the
14 Commonwealth whose licenses are suspended never reapply.

15 Now, if they never reapply, you think that
16 they're not driving? Certainly they're driving, or they
17 all moved to Pennsylvania. We hope they all -- they all
18 moved out of the state. But we know that's not realistic.
19 So in dealing with that population, rather than having them
20 driving or revoked or suspended, we give them a limited
21 license with an ignition interlock.

22 CHAIRPERSON ORIE: As the head of the Alcohol
23 Safety Action Programs, what impact has the ignition
24 interlock had on Virginia from your expertise?

25 MR. McCOLLUM: I think from my perspective, it

1 -- it has had a major impact because we've always had the
2 responsibility for monitoring the individual who has a
3 restricted driver's license. We have always been
4 responsible for telling the judge when the individual
5 drove, where he drove, what time of the day he drove,
6 whether or not he was drinking when he drove.

7 We didn't have any methodology for really
8 doing it because we couldn't get in the car with the
9 individual. What the ignition interlock does for us as a
10 probation area of -- a part of our probationary function is
11 it tells us exactly when he drove, it tells us exactly how
12 long they drove, it tells us what his BAC level was if he
13 attempted to start the automobile and how many times he
14 attempted to start the automobile.

15 So it gives us another piece in dealing with
16 that offender who's making a report for the -- for the --
17 what his or her status was. And when we say to the judge
18 he attempted to drive an automobile while drinking, we've
19 got the printout and the report there that demonstrates he
20 attempted to drive the automobile while drinking.

21 In the past, they always came in and said I
22 wasn't drinking, I didn't have anything to drink, the
23 police officer lied, the probation officer lied, the case
24 manager lied. But then we've got that report that tells us
25 what is going on in terms of that person's driving and

1 drinking.

2 CHAIRPERSON ORIE: Thank you. I have no
3 further questions. Before we break, Babette Josephs has
4 joined us. We are going to take a 10-minute break and come
5 back at 11:40 and continue the testimony. So I thank you
6 very much.

7 MR. McCOLLUM: Thank you.

8 (A brief recess was taken.)

9 CHAIRPERSON ORIE: We're going to continue
10 with the testimony. And we have Frank Donaghue, the
11 Director of Legislative Affairs for the Pennsylvania
12 Attorney General's office.

13 MR. DONAGHUE: Thank you very much. Good
14 morning, Chairman. And thank you for the opportunity to
15 appear before the House Judiciary Committee's DUI Task
16 Force. I would like to commend you for continuing to look
17 at the crime of driving under the influence and for taking
18 the initiative in developing legislation that will
19 certainly make Pennsylvania's highways safer.

20 Attorney General Fisher supports House Bill
21 1219 which mandates the use of ignition interlock devices
22 for repeat DUI offenders, and he urges the full Judiciary
23 Committee to consider the bill promptly. I will not
24 reiterate the statistical information outlined by the
25 esteemed experts who have already spoken this morning,

1 statistics that paint a grim picture of an old problem.

2 However, I believe it bears repeating that
3 even though grass-roots organizations like Mothers Against
4 Drunk Driving and Students Against Drunk Driving have had a
5 tremendous impact on reducing the epidemic, the problem has
6 not gone away.

7 The last two decades witnessed increased
8 public awareness and reduced tolerance for behavior that
9 was historically, for the most part, overlooked or given
10 low priority on the national radar screen. For too long,
11 people drinking and -- people accepted drinking and driving
12 as a social norm.

13 Of course, steadily increasing highway use
14 over the decades and a correlative increase in
15 alcohol-related highway fatalities brought the epidemic to
16 the forefront of the nation's consciousness. Not only did
17 legislatures respond by demanding tougher DUI laws, but
18 public education campaigns to change attitudes toward
19 social behavior made driving under the influence seem
20 unacceptable.

21 Drinking established -- establishments offered
22 a free cab ride. People went out at night with designated
23 drivers. And high school students took a pledge not to
24 drink; but if they did, to call their parents if they did.
25 All of this concentration yielded results.

1 The percentage of alcohol-related fatalities
2 declined from 57 percent in 1982 to just 41 percent in
3 1996. But as so often happens after major changes in
4 national public policy, attention to the problem
5 dissipates. Success breeds complacency.

6 Public attention has moved on. Many people
7 feel that the job was done; that drunken driver no longer
8 poses an unacceptable threat to those of us who are on the
9 road everyday. But tell that to the parents of children
10 who have died at the hands of a drunk driver. For them and
11 all the victims who buried loved ones every year, the
12 problem with drunk driving has been the worst ever.

13 The fact is this crime is still very much with
14 us, and we as lawmakers and law enforcement officials need
15 to continue examining ways to attack the problem. House
16 Bill 1219 does just that. It aggressively attacks the
17 problem. Allow me to discuss the specifics of the bill by
18 telling you what I feel are some of the strengths as well
19 as offering a few suggestions.

20 The bill aims at DUI recidivism. As
21 Representative Orié has pointed out, 50 percent of
22 first-time DUI offenders will drive drunk again. Eighty
23 percent of second-time offenders will become multiple
24 offenders. While the gains we have made in the last 15
25 years have their strongest impact on those who do not

1 chronically drink and drive -- people who learn from their
2 lesson after one brush with the law -- hard core drunk
3 drivers continue to exhibit this dangerous behavior.

4 That is why this bill -- correctly I
5 think -- leaves the use of interlock devices within the
6 discretion of the court for first-time offenders while
7 mandating their use on second or subsequent convictions.
8 Repeat offenders are the ones who pose the most danger to
9 the public.

10 By ensuring that they are sober before they
11 are able to operate a car, this program will begin to drive
12 home responsible habits. Of course, the interlock device
13 won't do this on its own; but it will at least start the
14 practice of sober driving for the habitual offender.

15 The bill also mandates the use of interlock
16 devices for offenders under 21 years of age regardless of
17 whether or not the offender has committed the crime before.
18 Again, the use of the device will force the young driver to
19 develop safer driving habits at a young age that will help
20 to ensure that he or she is always sober behind the wheel.
21 In this way, the ignition interlock device should be seen
22 as an important tool in the rehabilitation of habitual
23 drunk driving.

24 House Bill 1219 provides for a protocol to
25 standardize the certification of interlock devices across

1 the state. This legislation makes the use of advanced
2 technology to place a check on criminal behavior. It is
3 imperative that the technology used by the Commonwealth to
4 this end is standardized and reliable.

5 Obviously, some type of oversight or quality
6 control will need to be established to make sure that the
7 standards of effectiveness are maintained. This would be
8 accomplished by the protocol committee established in
9 Subsection F.

10 This committee, which would include the
11 Attorney General's office, would be responsible for
12 certifying both manufacturers and service technicians to
13 ensure the devices are capable of reliably and accurately
14 performing the services they are designed to perform.

15 The makeup of this body, which includes
16 policymakers, the law enforcement community and the general
17 public, is broad enough to make sure that both issues of
18 fairness and administrative efficiency are addressed. I
19 believe the Attorney General's Information Technology and
20 Law Section will be uniquely suited to assist the protocol
21 committee.

22 This section of our office -- just
23 established in 1998 -- was designed by Attorney General
24 Fisher to both improve the office's use of technology and
25 to guard against criminals who use technology for illicit

1 purposes. The specially trained lawyers and technicians
2 who work in the section will be valuable in setting
3 criteria for approved interlock devices that cannot easily
4 be circumvented by crafty offenders. Our office looks
5 forward to helping the protocol committee to make sure that
6 the ignition interlock devices approved for the
7 Commonwealth conform with the intent of the law.

8 Please allow me to point out one area that I
9 feel needs to be addressed in the bill. Legislation is
10 silent as to who covers the cost of having the interlock
11 device installed in the offender's vehicle. One option
12 would be to place the cost on the offender, and that's an
13 option that I would support.

14 However, the installation of the device as a
15 condition of probation would result in only those offenders
16 who can afford the device being eligible. This, of course,
17 could raise equal protection issues. Pennsylvania courts
18 have held, for instance, that offenders may not be denied
19 admission into ARD based on the offender's inability to pay
20 costs or restitution associated with that program.

21 The alternative would be to have the counties
22 pick up the cost for the device, but this would not come
23 cheap. Consider that in 1997, Dauphin County arrested 822
24 drunk drivers. In Erie County, that number was 935. The
25 question that must be addressed is how much financial

1 burden will this put on our counties or, for that matter,
2 the state if they were responsible for the cost of
3 providing ignition interlock devices to a large number of
4 DUI offenders every year?

5 I merely raise this issue to the members of
6 the Task Force for their consideration and offer any
7 assistance that I or my office may lend you in addressing
8 them. Again, thank you for the opportunity to speak to you
9 this morning on this important piece of legislation.

10 The Attorney General's office feels that
11 increased use of ignition interlock devices will have a
12 profound impact on those who drive drunk, especially repeat
13 offenders who continually put the lives of innocent people
14 at risk.

15 Not only will these devices serve the
16 practical purpose of incapacitating the drunk while the
17 device is installed in their vehicle, but should also
18 establish habits of this acceptable conduct which will
19 hopefully continue after the device is removed.

20 I would be happy to answer any questions that
21 you would have.

22 CHAIRPERSON ORIE: I have no questions except
23 I'd like to make a comment in regards to some of your
24 questions. And with the cost, I think it is the intention
25 of this legislation that we would put the cost on the

1 offender at no burden to the taxpayers and then work with
2 the providers to again implement the 5 percent of
3 contribution by them for those that cannot afford it.

4 MR. DONAGHUE: I think it's a very good idea.

5 CHAIRPERSON ORIE: And I also want to
6 certainly commend the Attorney General's office in regards
7 to the technology section that's been developed. I think
8 this would be a natural link in regards to really putting
9 Pennsylvania forward with this type of technology. So I
10 also want to take the time to let you know that.

11 REPRESENTATIVE JOSEPHS: I just have a
12 question.

13 CHAIRPERSON ORIE: Yes.

14 REPRESENTATIVE JOSEPHS: You mentioned the ARD
15 program and the court decision. How is that handled now
16 with people who can't afford the cost of that program?

17 MR. DONAGHUE: Well, in that particular case,
18 they wanted to deny the person ARD. So they were -- they
19 were given ARD in the end. And I'm assuming the cost was
20 either picked up by the state or by the county.

21 REPRESENTATIVE JOSEPHS: So in other words, on
22 the ARD program, people who can afford to pay for the costs
23 are paying for them and people who cannot are being
24 subsidized by the government?

25 MR. DONAGHUE: That's correct.

1 REPRESENTATIVE JOSEPHS: Thank you.

2 CHAIRPERSON ORIE: Thank you very much. I
3 look forward to working with you. Again, because our next
4 speaker is not available, we're going to just hop to Dr.
5 James Frank, the Highway Safety Specialist from the
6 National Highway Transportation Safety Administration, the
7 Impaired Driving Division. You can proceed. Thank you.

8 MR. FRANK: Thank you for inviting me to
9 testify today. My name is James Frank. And I'm a highway
10 safety specialist in the Impaired Driving Division for the
11 National Highway Traffic Safety Administration, or NHTSA as
12 it's called, which is part of the US Department of
13 Transportation in Washington.

14 Our goal at NHTSA is to reduce the annual toll
15 of 41,000 deaths, 3 million injuries, and \$150 billion in
16 society costs due to motor vehicle crashes. Impaired
17 driving plays a substantial role in these crashes. Indeed,
18 nationally, 16,189 people died in alcohol-related crashes
19 in 1997; and 631 of those alcohol-related deaths occurred
20 in Pennsylvania.

21 However, the solution to impaired driving are
22 mainly on the state and local level. We conduct research
23 at NHTSA and evaluate programs to see what's working and
24 provide technical assistance to state and local
25 authorities. I am here today at the invitation of

1 Representative Orié specifically to talk about breath
2 alcohol ignition interlock devices and programs.

3 My remarks are divided into four areas, and
4 I'll discuss each in turn. They are a brief history of the
5 ignition interlock device and programs; understanding that
6 good technology does not make an ignition interlock
7 program; a brief summary of the evaluation research
8 addressing how ignition interlock programs are working; and
9 some of the requirements of the new Transportation Equity
10 Act of the 21st Century, or TEA-21 as we call it, as they
11 relate to ignition interlock legislation.

12 First a brief history. To my knowledge, the
13 concept of putting a breath tester in a car to prevent
14 someone with alcohol on their breath from starting the car
15 was first suggested in a paper called "Cars that Drunks
16 Can't Drive" back in 1969, 30 years ago.

17 Back then it was called an Alcohol Safety
18 Ignition Interlock System or ASIS. This work was
19 introduced by a researcher at the National Highway Safety
20 Bureau before NHTSA existed. The concept was in place, but
21 additional work was needed before such devices and programs
22 could become reality.

23 The first commercially available devices
24 appeared on the market in the mid-1980s, 15 years after the
25 original concept paper and 15 years ago. The first states

1 to enact statewide ignition interlock legislation followed
2 shortly thereafter, California in 1986, Oregon and
3 Washington shortly thereafter.

4 NHTSA took a look at the first generation of
5 ignition interlock devices by conducting some laboratory
6 evaluations of existing devices first in 1985 and a few
7 years later in 1988. Based on this early work in a climate
8 of heightened concerns about DUI offenders, NHTSA decided
9 to develop model specifications for ignition interlock
10 devices; that is, to establish performance requirements for
11 these devices.

12 These model specifications were meant to
13 ensure that equipment being used met basic requirements for
14 precision and accuracy, as well as guarding against
15 circumvention. The model specifications were published in
16 the Federal Register in 1992, and most states that enact
17 ignition interlock legislation have included a requirement
18 that devices used in their jurisdiction meet the NHTSA
19 model specifications.

20 Having a technologically sound ignition
21 interlock device, no matter what model specifications it
22 meets, does not guarantee an effective interlock program.
23 Early experience in California more than ten years ago
24 illustrated this point vividly.

25 In some jurisdictions, judges were ordering

1 ignition interlock devices installed; but no system was in
2 place to verify that they had been installed. Furthermore,
3 one judge could undo what another judge had ordered. There
4 was no central point where information was collected and
5 feedback given to the authorities that had ordered the
6 interlock in the first place.

7 Similarly, a good system for tracking what
8 happened to offenders who blew breaths above the allowable
9 limit was not in place. In short, there's no point in
10 having devices installed if they aren't part of a
11 well-managed interlock program.

12 If violations are reported, the state must
13 have a mechanism in place for implementing stated policies,
14 and the offender must learn that there are consequences for
15 his or her actions. Well oiled, statewide ignition
16 interlock programs have emerged in several different parts
17 of the country.

18 These programs, run administratively by the
19 motor vehicle departments, involve the interlock being a
20 condition of license reinstatement after a period of hard
21 suspension. Offenders -- this isn't, by the way, the only
22 way programs are set up. Offenders are required to meet
23 well-defined requirements, usually established by
24 rule-making, before any -- before being eligible for an
25 interlock.

1 While there is no perfect program, you may be
2 impressed by the ones in Maryland and Illinois, just as
3 examples. Both are relatively mature programs now, with a
4 number of years of experience under their belt. You should
5 certainly take advantage of their experiences when crafting
6 your own. And I can also put you in contact, if necessary,
7 with other state programs that -- as examples so you have a
8 wider range. These are just thrown out as illustrations.

9 Regarding evaluation research, in the early
10 1990s, the first studies evaluating ignition interlock
11 programs appeared. These early studies suffered from a
12 fundamental shortcoming that people who participated in
13 interlock programs were self-selected or court-selected,
14 certainly not randomly selected, and thereby biased.

15 In other words, people on the interlocks were
16 those most likely to succeed. But given that selection
17 biases probably played some role in the outcomes, these
18 studies must still be taken seriously as the first glimpse
19 of what existing interlock programs were doing.

20 In general, these studies suggested that the
21 use of interlocks suppressed the occurrence of repeat
22 offenses when the devices were installed on vehicles. But
23 one study in particular -- they obviously have come through
24 with this since then. -- Popkin, et al., reported that
25 recidivism rates returned to pre-interlock levels when

1 devices were removed. These findings are consistent with
2 what psychologists report about the high risk of relapse
3 among people treated for alcohol problems.

4 There is another generation of evaluation
5 studies completed in the second half of the 1990s which is
6 exemplified by the random assignment study in Maryland that
7 you have or will hear about in this hearing. This study
8 addressed the selection bias problem.

9 The chances of being assigned an interlock
10 upon license reinstatement were the same as not getting one
11 for the control group. Comparisons were made between the
12 interlock and control subjects. The bottom line from this
13 study is that the researchers found that use of the
14 interlock program, quote, reduced the risk of an alcohol
15 traffic violation within the first year by about 65
16 percent.

17 Other research is also underway examining such
18 dimensions as whether a form of short-term treatment in
19 combination with the use of the interlocks will produce
20 greater success in reducing recidivism rates than
21 interlocks without the treatment condition. That's NIAAA,
22 National Institute on Alcohol Abuse and Alcoholism, but a
23 funded study that's being conducted in Alberta, Canada.

24 There's also a NHTSA-sponsored study currently
25 underway that is -- is just getting off the ground,

1 examining whether leaving the interlock on for a longer
2 period of time -- say two years instead of one year as an
3 example -- will have a greater impact on the reoccurrence
4 of alcohol-related offenses after the interlock is taken
5 off.

6 These are all important research questions
7 worth asking to better determine the effectiveness of
8 ignition interlock programs and how devices are best used.
9 In the context of where we have come from, I believe they
10 are the second generation research projects, building on
11 the base knowledge that interlocks, when part of a
12 well-managed program, do have an impact on the recidivism
13 rates of users.

14 Finally, I want to say a few words about the
15 new federal legislation enacted in the Transportation
16 Equity Act for the 21st Century called TEA-21. In
17 particular, the TEA-21 Restoration Act established a new
18 Section 164 which encourages states to enact laws that
19 require the installation of ignition interlock systems.

20 Under this new program, beginning in the
21 fiscal year 2001, each state must have in effect and
22 enforce a repeat intoxicated driver law that establishes
23 certain minimum penalties for individuals convicted of a
24 second or subsequent offense for driving while intoxicated
25 or driving under the influence.

1 The federal statute provides that any state
2 that does not have a conforming law in effect or is not
3 enforcing such a law will be subject to a transfer of
4 funds. Any funds transferred under this program may be
5 used only for impaired driving or hazard elimination
6 activities.

7 In accordance with Section 164 and the
8 agency's implementing regulations, to avoid a transfer of
9 highway construction funds under the Section 164 program, a
10 state must have a law that requires the following mandatory
11 sanctions for all repeat intoxicated drivers:

12 One, a mandatory minimum one-year hard
13 driver's license suspension; two, a mandatory impoundment
14 or immobilization or installation of ignition interlock
15 system on all motor vehicles registered by the repeat
16 intoxicated driver; three, an assessment of the degree of
17 alcohol abuse and treatment as appropriate; and four, a
18 mandatory minimum sentence of not less than 5 days
19 imprisonment or 30 days community service for a second
20 offense and not less than 10 days imprisonment or 60 days
21 community service for a third and subsequent offense.

22 With regard to the impoundment, immobilization
23 or ignition interlock requirement mentioned above, states
24 may demonstrate compliance by providing for either the
25 impoundment or immobilization of motor vehicles or the

1 installation of ignition interlocks on motor vehicles.

2 It is important to note, however, that to
3 qualify under this criterion, one of these sanctions must
4 apply to every motor vehicle owned by or registered to
5 every repeat offender driver convicted of driving while
6 intoxicated or driving under the influence two or more
7 times within a 5-year period. That's defined.

8 Under the implementing regulations, since the
9 Section 164 program also requires a mandatory minimum
10 one-year hard driver's license suspension, if a state
11 wishes to demonstrate compliance with this criterion based
12 on the installation of ignition interlock systems, the
13 state's law must require that such systems must be
14 installed for a period of time after the end of that
15 one-year period.

16 If a state wishes to demonstrate compliance
17 with this criterion based instead on an impoundment or
18 immobilization program, the state's law must require that
19 motor vehicles or license plates and registrations must be
20 impounded or immobilized for some period of time during the
21 one-year suspension period.

22 In conclusion, 37 states now have passed some
23 form of statewide ignition interlock legislation. Some of
24 these states have formal statewide ignition interlock
25 programs. You've heard about a few of those here today.

1 But few, if any, of the current programs meet all the
2 requirements of the Section 164 program.

3 It is very clear that having good interlock
4 tec -- good technology does not make a good interlock
5 program. However, I believe that breath alcohol ignition
6 interlock programs, when well-managed, preferably by a
7 single state agency, can have a significant impact on
8 recidivism rates of offenders who have been required to
9 install them on their vehicles.

10 Ignition interlocks may be part of the puzzle
11 of impaired driving, but no one has ever argued that they
12 are the solution to the problem. Nevertheless, if we chip
13 away at all the edges of the problem, we can have an
14 influence on the overall numbers while working to meet the
15 national goal to reduce alcohol-related motor vehicle
16 fatalities to no more than 11,000 by the year 2005.

17 I'm sure that Pennsylvania wants to do its
18 part by reducing the 631 alcohol-related deaths you
19 experienced in 1997. Again, I thank Representative Orie
20 for the invitation to testify today. I'll be glad to
21 answer any questions you may have.

22 I'm going to say also that I'm not the best
23 expert to speak to you about the provisions of the federal
24 legislation; though, we've tried to summarize the
25 highlights of them in the testimony. But if there are

1 questions that come up, I'm sure that people in the -- in
2 our agency will be more than happy to make clarifications
3 to the extent to which whatever legislation you're crafting
4 dovetails with the federal legislation.

5 CHAIRPERSON ORIE: I guess that would have
6 been one of my questions. You said 37 states have passed
7 some form of the statewide ignition interlock legislation
8 but that few of them meet the --

9 MR. FRANK: Well, actually because this law
10 has only -- the federal legislation has only been in place
11 for a couple of months now, many of the states have not
12 even submitted copies of their material for the chief
13 counsel's office to evaluate it and determine whether it's
14 been in. And those that have, very few of them have met it
15 so far but I think take it a separate time.

16 CHAIRPERSON ORIE: That would have been it.
17 I'm certain we'll have more questions specifically about
18 the TEA-21 fines, and we'll follow up with that.

19 MR. FRANK: I left my cards and also the name
20 of the people to contact in our chief counsel's office with
21 Ann Longfeldt (Phonetic). She knows how to get in touch
22 with us. And we'll be glad to provide any assistance we
23 can.

24 CHAIRPERSON ORIE: I appreciate that.
25 Representative Josephs.

1 **REPRESENTATIVE JOSEPHS:** Thank you, Madam
2 Chairwoman. The question I have has to do with other
3 members of the family who might be trying to use the car
4 that has this interlock device. Do you have any knowledge
5 how other states have handled this?

6 And in spite of their disclaimer about the
7 federal statute, is there -- do you know of nothing in the
8 federal statute that deals with that problem?

9 **MR. FRANK:** Well, we don't deal with it in our
10 model specifics. There was one company that tried to build
11 a device, what they called a hum code, which was a way of
12 requiring a person to go through an additional barrier to
13 get the car started where other members of that family
14 could learn that hum code as well and would be able to pass
15 it.

16 But if -- if they pass it and they don't have
17 alcohol on their breath, other members of the family should
18 be able to use the vehicle. It simply means they have to
19 go through a little bit more effort to get it started. But
20 that's a small price to pay for having the ignition
21 interlock on the car. I don't see that as being a big
22 problem.

23 **REPRESENTATIVE JOSEPHS:** Well, I'm thinking of
24 a situation in which other family members are social
25 drinkers. They're not -- whatever the legal limit for

1 driving is, they're well below it. And yet they would not
2 be able to use this car, I assume, which is also their car.

3 MR. FRANK: If their BAC's above the
4 threshold, which is usually set at .025 or .02, no, they
5 would not be able to use that car. That's true.

6 REPRESENTATIVE JOSEPHS: But if it's below the
7 threshold but there is alcohol --

8 MR. FRANK: Then they're okay.

9 REPRESENTATIVE JOSEPHS: Okay. That was --
10 that was the question.

11 MR. FRANK: Yeah. I mean, if there's no
12 alcohol or they're below the threshold that the device is
13 set at, then the car will start.

14 REPRESENTATIVE JOSEPHS: Thank you.

15 MR. FRANK: Not a problem. I'd like to add
16 that none of this legislation -- or none of these rules are
17 intended to infringe on the social drinker. The legal
18 limit for driving in many states is either .08 or .10. And
19 those limits don't infringe on the social drinker.

20 A person can have a number of drinks in a
21 casual social setting and have no fear of being over the
22 legal limit. It's simply the .08 and .10 levels are
23 impairment, and people shouldn't be driving at those
24 levels. And people who have a long history of drinking and
25 driving and have convictions for DUI who might have an

1 interlock on their system shouldn't be driving at .025
2 either.

3 And so these devices are to block them from
4 getting behind the wheel of the car, and I think that's
5 very important.

6 REPRESENTATIVE JOSEPHS: I agree with you.
7 Thank you.

8 MR. FRANK: Thank you.

9 CHAIRPERSON ORIE: Thank you very much.

10 MR. FRANK: My pleasure. I brought enough
11 copies of this up on the table so if anybody that wants one
12 can get one.

13 CHAIRPERSON ORIE: Our next speaker is Dr.
14 Jeffrey Coben, Executive Director for Center for Violence
15 and Injury Control at Allegheny General Hospital.

16 DR. COBEN: Thank you. Good afternoon. My
17 name is Jeff Coben. I direct the Center for Violence and
18 Injury Control at Allegheny General Hospital in Pittsburgh.
19 I very much appreciate the opportunity to speak with you
20 today, and I believe I can provide you with perhaps two
21 different perspectives on this issue.

22 The first perspective is how I view this as a
23 practicing emergency medicine physician who works in a
24 level one trauma center in one of our major cities. The
25 second perspective comes from my experience as a researcher

1 who has critically examined and evaluated the effectiveness
2 of ignition interlock programs.

3 Let me begin by saying that I've worked in
4 this medicine for nearly 15 years now. For me, ER is not a
5 television show. It's the real thing. I've worked in
6 emergency departments in the City of Chicago and Florida
7 and throughout several regions of Pennsylvania. And
8 everywhere I've worked I've seen the devastating effects of
9 drunk driving.

10 After 15 years of working in emergency
11 medicine, I can tell you that drunk driving causes more
12 pain, grief and suffering than any other illness or disease
13 that I have to deal with. That includes cancer, heart
14 disease and diabetes.

15 As an emergency physician, one of the most
16 difficult things that I have to do is talk with families
17 who have lost a loved one or had someone critically injured
18 as a result of drunk driving. As I'm sure you've heard
19 already today, we've made some progress over the last 15
20 years in reducing the number of deaths and injuries from
21 drunk driving.

22 But it's also clear that we have now reached a
23 plateau and that new strategies are needed to help confront
24 this problem. Most importantly, new strategies are needed
25 to help prevent drunk driving among those individuals who

1 are the most difficult ones for the courts and the legal
2 system to deal with, the repeat or hard core drunk drivers.

3 I believe that the legislation being
4 considered today is one of those new strategies that is
5 urgently needed. And as such, I would like to publicly
6 thank and congratulate Representative Orié for her
7 leadership on this issue.

8 Now I want to put my other hat on and speak to
9 you as a researcher. And I need to first give you a little
10 bit of background for perspective. As a result of working
11 in emergency medicine, I recognized some time ago the
12 problem of violence and injuries and the need for better
13 research on the causes of these injuries and how they might
14 be prevented.

15 In 1992, while at the University of
16 Pittsburgh, I established the Center for Injury Research
17 and Control. And in July of 1995, that center was
18 designated one of 10 injury control research centers in the
19 country by the Centers for Disease Control.

20 In 1997, the directors of those 10 injury
21 centers came together and developed a new research project
22 which became known as the Systematic Reviews of Strategies
23 to Prevent Motor Vehicle Injuries. The simple idea behind
24 this project was that over the years, a large amount of
25 research had been conducted on motor vehicle injuries and

1 how to prevent these injuries.

2 But this research was not in any one single
3 identifiable place, and it had not been synthesized in a
4 meaningful way to help decision-makers choose among the
5 different strategies to prevent motor vehicle injuries. So
6 we initiated this project that would gather all of this
7 information and try to make some sense out of it.

8 Each of the 10 centers chose their own topic,
9 and several different topics were chosen. For example,
10 researchers at Johns Hopkins examined the effectiveness of
11 high school drivers education programs. Researchers in
12 Seattle examined the effectiveness of primary versus
13 secondary seat belt laws.

14 Researchers at UCLA examined the effectiveness
15 of sobriety checkpoints in reducing drunk driving. And the
16 topic that I chose to examine was the effectiveness of
17 ignition interlock programs. The results of these projects
18 were all put together and published in this recent edition
19 in January of 1999 of the American Journal of Preventive
20 Medicine.

21 Before I tell you the results, I think it's
22 important that you understand how this research and the
23 project was carried out. As I mentioned, these were
24 systematic reviews of the literature. What we did was to
25 set up a very specific procedure for scouring the

1 literature and for evaluating the quality of each study
2 published on the topic that we had chosen.

3 With the assistance of a full-time research
4 librarian at Harborview Medical Center, we conducted an
5 exhaustive search of the scientific literature covering the
6 last 250 years, including both English and non-English
7 language, medical data bases, government publications, and
8 other scientific studies.

9 There were actually nine topics chosen by the
10 different research centers. And for those nine topics, we
11 found a total of 54,078 studies had been previously
12 published. These 54,000 studies were then equally
13 distributed among the 10 injury centers and were screened
14 to determine if they were good enough to be included in a
15 more detailed review.

16 Now, to qualify as being good enough, the
17 study had to have a control group and had to also have
18 measurable outcome objectives such as deaths, injuries,
19 crashes, DUI arrests or seat belt use. Studies that only
20 reported subjective measures, things like knowledge,
21 attitude or self-reported behavior, were not included in
22 our review.

23 And similarly, many studies that were based
24 upon the author's opinion but did not actually conduct the
25 research project were eliminated as we went through this

1 process. So of the 54,000 articles that we initially
2 found, a total of 1,111 met our criteria for a rigorous
3 study; and the rest were simply thrown out.

4 For each of those 1,111 studies that were kept
5 in, they were then screened again using a standardized
6 checklist to determine if they continued to meet the
7 criteria to be included in our project. Finally, for those
8 studies making it through the second cut, each was
9 dissected by one of the researchers to make judgments on
10 the methodological quality of the study and the strength of
11 the study's design and their conclusions.

12 This information was then synthesized, and the
13 paper on each topic was produced. These papers were
14 submitted to the American Journal of Preventive Medicine,
15 and each of these papers then underwent a peer review
16 process by scientists consulted by the Journal prior to
17 their publication.

18 Let me tell you about the topic of ignition
19 interlock programs specifically. And I'll be, I think,
20 reiterating some of what the last speaker just mentioned to
21 you. We found a total of 31 studies that had been
22 published over the last 25 years on our initial search.

23 Of those, 10 met our selection criteria for
24 review, and 4 more were eliminated as we went through the
25 critical review process. That left a total of 6 studies

1 that had been conducted over this time period for our
2 review. These 6 studies met the most stringent criteria
3 for being scientifically valid research.

4 And all of these studies found the interlock
5 programs to be effective in reducing repeat drunk driving
6 when compared with DUI programs that did not include
7 interlock systems. Five of the 6 studies found a
8 statistically significant effect.

9 And the 6th study didn't quite reach
10 statistical significance, but it also found a positive
11 effect of the interlock program. These studies were
12 conducted in California, in Oregon, in North Carolina,
13 Ohio, Maryland and Alberta, Canada.

14 For those studies demonstrating a
15 statistically significant effect, the interlock program was
16 found to repeat -- to reduce repeat drunk driving by
17 between 30 and 70 percent. The study that we felt was the
18 most rigorous study was that conducted and published from
19 the state of Maryland, and that study found a 65 percent
20 decrease in drunk driving with use of the interlock
21 program.

22 So our conclusions in this paper were fairly
23 straightforward. Based upon the weight of the scientific
24 evidence, we concluded that ignition interlock programs are
25 an effective strategy for reducing repeat drunk driving.

1 Let me also say that in addition to the
2 studies that met our formal criteria, there is a large body
3 of both anecdotal information and a number of recent and
4 ongoing studies that have not yet been published which also
5 support the effectiveness of interlock programs.

6 So in summary and in conclusion, what I can
7 say is that as an emergency physician, I can testify that
8 there is an urgent need for new innovative strategies to
9 deal with the problem of drunk driving. And as an injury
10 researcher, I can testify that ignition interlock programs
11 have been demonstrated to be one of those strategies that
12 will work.

13 I therefore urge support of this legislation
14 and implementation of this program here in Pennsylvania.
15 And I believe that if it is implemented, we will save lives
16 through this legislation. Thank you.

17 CHAIRPERSON ORIE: Thank you.

18 REPRESENTATIVE JOSEPHS: Madam Chairwoman,
19 thank you. Thank you for your testimony. I have a three
20 part question about your review of the scientific studies.
21 Did you learn anything about the longevity of the behavior
22 of the people who had been sanctioned this way?

23 Did we learn anything about combination of
24 approaches for, for instance, counseling along with using
25 the device? And why is the span from 30 to 70 percent in

1 the reduction of repeat offenders? Is that because some
2 programs were less effective than others, or was there
3 another reason?

4 And if they were less effective, do we know
5 why they were less effective?

6 DR. COBEN: Well, they're all excellent
7 questions. Let me see if I can go through them one by one.
8 First, for the span of effectiveness, each of the -- each
9 of the programs that were evaluated over this time period
10 were set up slightly differently.

11 And as I think you heard earlier from the
12 representative from the National Highway Traffic Safety
13 Administration, there is a fair amount of variability in
14 these programs, both how they're set up and also how
15 they've been evaluated. So to some extent, I think that is
16 the cause of the variability.

17 In terms of the duration of the program
18 effect, the evidence at this point seems to indicate that
19 once the interlocks are removed from the automobile, the
20 program effect seems to return back to baseline, similar to
21 those individuals who are not in an interlock program.

22 As you also heard, there is some additional
23 projects going on right now to look at what is the effect
24 of a longer program and additives to the interlock system
25 to help improve those programs.

1 And finally, I would say in response to your
2 last question, what -- what -- what are the various
3 components of this and what -- how do we explain these
4 different effects? I think it's very important that as we
5 move forward with this, we also conduct some additional
6 research that looks for those failures, what are the
7 reasons for failures?

8 And for the success, what are the specific
9 program elements that seem to be generating the success?
10 Our review of the literature, simply stated, the literature
11 that's published right now does not really speak to that in
12 a very clear and concise way. So I can't give you the
13 answer. I would urge us to do more work in that regard as
14 we move forward.

15 REPRESENTATIVE JOSEPHS: Thank you. Thank
16 you, Madam Chairwoman.

17 CHAIRPERSON ORIE: Just a follow-up to that
18 then in regards to this rigorous study that's conducted.
19 And you see Maryland had 65 percent. Obviously, something
20 they're doing there is -- puts -- making them stand out
21 versus other states. Have you just examined specifically
22 what they're doing?

23 DR. COBEN: Well, the rigor of the Maryland
24 study was more how the program was evaluated. The Maryland
25 study used a randomized control trial which meant that from

1 the very beginning, individuals who came into the legal
2 system were either randomized into an interlock program or
3 into another type of a program.

4 That is, in scientific terms, sort of the most
5 rigorous type of study versus other studies where there was
6 some selection by the judges and by the offenders in terms
7 of which type of a program they would go into. So the
8 rigor of the Maryland study has to do with its evaluation
9 methods.

10 I think that additional information is still
11 needed on the program effects and what's responsible for
12 the different types of program effects that we're seeing.

13 CHAIRPERSON ORIE: I have nothing further.

14 REPRESENTATIVE JOSEPHS: Nothing.

15 CHAIRPERSON ORIE: Thank you very much.

16 DR. COBEN: Thank you.

17 CHAIRPERSON ORIE: Is Fred Fochtman here?

18 We're just going to proceed then to Dr. William Rauch, the
19 Center for Studies on Alcohol, WESTAT.

20 DR. RAUCH: Before I begin, I might just say I
21 have a copy of my statement up here, and there are some
22 figures that go with the statement. And if you don't have
23 the figures, it may not be as easy to follow me today as if
24 you do have them. So if you don't have them, you're
25 welcome to get it.

1 Madam Chairman, members of the Committee and
2 guests, my name is Dr. William J. Rauch. I am a senior
3 study director and principal investigator at the Center for
4 Studies on Alcohol at WESTAT located in Rockville,
5 Maryland. I have more than 25 years of experience in
6 laboratory testing, research and highway safety.

7 During the past eight years, my research has
8 included either directly or indirectly three ongoing
9 studies of ignition interlocks funded by the Insurance
10 Institute for Highway Safety, the National Highway Traffic
11 Safety Administration, and the National Institute on
12 Alcohol Abuse and Alcoholism.

13 For the record, I would like to state that my
14 remarks today reflect my own opinion and not necessarily
15 those of the Center for Studies on Alcohol at WESTAT or any
16 other funding agency.

17 Referring to Figure 1. More than 41,000
18 people in the United States were killed and over 3 million
19 people injured in motor vehicle crashes in 1997, the last
20 year for which data are available. Alcohol is estimated to
21 be a factor in approximately 39 percent of these fatalities
22 -- as Jim Frank said, over 16,000. -- and in 7 percent of
23 all motor vehicle crashes. On average, about 8
24 alcohol-related crash fatalities have taken place during
25 the four hours of this hearing today.

1 Referring to Figure 2. In 1996, NHTSA
2 reported a 10-year decline in overall fatality rates for
3 alcohol intoxicated drivers. Reasons cited for this
4 10-year drop included administrative license revocation
5 laws, sobriety checkpoints, per se laws, the enactment of
6 state laws raising the legal drinking age to 21,
7 vehicle-based sanctions, and treatment coupled with license
8 suspension. Clearly, enactment of state laws dealing with
9 drinking and driving can have an impact on this national
10 health problem.

11 Referring to Figure 3. The National Highway
12 Traffic Safety Administration has set a national goal of no
13 more than 11,000 alcohol-related traffic fatalities by the
14 year 2005. Unfortunately, the downward trend of the last
15 decade appears to be leveling off.

16 For the nation, in 1994, about 41 percent of
17 fatalities were alcohol-related; in 1995, 41 percent; in
18 1996, 41 percent; and in 1997, 39 percent.

19 Referring to Figure 4. For Pennsylvania, in
20 1994, about 41 percent of fatalities were alcohol-related;
21 in 1995, 41 percent; in 1996, 41 -- I'm sorry. -- 39
22 percent; and in 1997, 41 percent. Thus, the proportion of
23 fatalities that were alcohol-related in Pennsylvania
24 closely mirrors the US trend.

25 If we are to meet NHTSA's national goal of no

1 more than 11,000 alcohol-related fatalities by the year
2 2005, we need additional countermeasures.

3 Referring to Figure 5. Tougher laws,
4 increased enforcement, and a greater public awareness of
5 the dangers of drinking and driving have reduced driving
6 while impaired -- or in Pennsylvania, under the
7 influence. -- over the past decade.

8 While such laws may be effective in preventing
9 most of the population from drinking and driving, there has
10 been relatively little success in preventing
11 alcohol-impaired driving among a more recalcitrant
12 population known as the persistent drinking driver or
13 repeat offender.

14 Of the current approaches, license revocation
15 appears to hold the greatest potential for reducing
16 recidivism. However, such an approach may be of limited
17 effectiveness with multiple alcohol offenders, many of whom
18 continue to drive with a suspended or revoked license.

19 Referring to Figure 6. In general, the
20 persistent drinking driver tends to be young, male, of
21 lower socioeconomic status, a high risk taker, exhibits
22 antisocial tendencies, favors beer, has a sense of
23 invulnerability, and is not receptive to deterrence-based
24 sanctions.

25 In other words, I question whether tougher

1 laws, increased enforcement, and greater public awareness
2 are sufficient to deter this particular population from
3 drinking and driving.

4 Traditional countermeasures have focused more
5 on deterrence-based strategies. What may be needed to
6 deter the persistent drinking driver who may not be
7 receptive to deterrence-based interventions is an
8 alternative DWI countermeasure that focuses directly on
9 separating drinking from driving and relies as little as
10 possible on human decision-making. Such a device is the
11 ignition interlock.

12 Referring to Figure 7. While promising in
13 theory, alcohol breath-analyzed ignition interlocks
14 represent a countermeasure that has not been adequately
15 evaluated in scientific studies. Support for interlocks
16 has come largely from exaggerated claims from interlock
17 providers, attitude surveys, misrepresentations of
18 published research, and reviews of methodologically limited
19 studies.

20 Prior evaluation findings report -- excuse me.
21 Prior evaluation studies report positive effects. Some
22 findings suggest that interlocks have a positive but
23 nonsignificant effect upon reducing the risk of a
24 subsequent alcohol traffic violation.

25 Others report that ignition interlocks can

1 significantly reduce the risk of alcohol traffic violations
2 by 66 to 75 percent. At least two studies, either in
3 progress or pending final reports, suffer from the same
4 self-selection biases and/or methodological problems of
5 earlier studies.

6 In summary, the lack of an appropriate
7 comparison group, nonrandom assignment, self-selection
8 bias, judicial prerogative, mixing of first and multiple
9 alcohol offenders, lack of compliance or monitoring of
10 interlock restrictions, and inability to enforce compliance
11 makes the evidence from these studies inconclusive.

12 Although promising, the results of these
13 studies are not generalizable to the state of Pennsylvania.
14 I would like to stress that the methodological problems
15 associated with previous ignition interlock evaluations are
16 not shortcomings of the researchers but reflect the
17 difficulty of performing scientifically valid highway
18 safety research.

19 I was fortunate to design and take part in a
20 study in the state of Maryland from an idea by Doctors
21 Kenneth Beck and Elizabeth Baker which overcame many of the
22 problems associated with previous evaluations. For
23 allowing the study to take place, I would like to express
24 my appreciation to the Maryland Motor Vehicle
25 Administration, without whose help the study would not have

1 been possible.

2 Because of time constraints, I will highlight
3 the main findings of the study. I have also submitted a
4 copy of our paper for the Committee's review. The purpose
5 of this investigation, titled "The Effects of Alcohol
6 Ignition Interlock License Restrictions on Multiple Alcohol
7 Offenders: A Randomized Trial in Maryland", was to test
8 the real world effectiveness of an ignition interlock
9 license restriction program at preventing DUI/DWI
10 recidivism in a group of multiple alcohol offenders.

11 For the record, I would like to clarify that
12 this study, often referred to as the Maryland Interlock
13 Study, did not assess the effectiveness of interlocks per
14 se, but rather an alcohol ignition interlock license
15 restriction program.

16 Referring to Figure 8. A total of 1,387
17 multiple alcohol offenders were assigned to this study. Of
18 that total, 698 were randomly assigned to the ignition
19 interlock program and 689 to the control program. The
20 principal dependent measure was whether the offender was
21 arrested for an alcohol-related traffic offense during the
22 period the alcohol license restriction was in effect.

23 One year after assignment, 2.4 percent of the
24 698 offenders in the interlock license restriction program
25 and 6.7 percent of the 689 offenders in the control group

1 had committed an alcohol traffic violation, a statistically
2 significant difference.

3 This indicated that being in the interlock
4 license restriction program reduced the risk of an alcohol
5 traffic violation by about 65 percent during the one-year
6 interlock license restriction program.

7 Referring to Figure 9. The results of this
8 evaluation show that an administrative ignition interlock
9 license restriction program can significantly reduce
10 alcohol traffic recidivism while the interlock license
11 restriction is in effect.

12 The high program acceptance rates for both the
13 cases and controls indicate that multiple alcohol offenders
14 are receptive to, will participate in, will comply with,
15 and will adhere to the conditions of the interlock license
16 restriction program.

17 Further, there was no evidence that the
18 interlock license restriction group had a significantly
19 lower rate of program acceptance or re-licensure. Thus,
20 therefore, the reductions in recidivism cannot be said to
21 be due to a differential degree of administrative
22 monitoring or re-licensure between the two groups.

23 Interlock license restriction programs clearly
24 work best when cases are carefully screened, restrictions
25 closely monitored, enforcement is certain and swift, and

1 when administered through the licensing agency.

2 Referring to Figure 10. An ignition interlock
3 license restriction program, like license revocation, is
4 not a foolproof system for preventing drinking and driving.
5 It does not prevent a driver from operating a
6 non-interlocked vehicle, just as a license revocation
7 cannot prevent a driver from driving.

8 However, similar to license revocation,
9 drivers may elect to drive fewer miles and more
10 conservatively as a result of the interlock license
11 restriction in order to preserve their driving privilege.
12 This program dealt with multiple alcohol offenders whose
13 medical history or driving record warranted a medical
14 review by a board certified physician prior to being
15 considered eligible for a license.

16 In a sense, this was the worst of the worst
17 multiple alcohol offenders. When this program is applied
18 to different populations or under different settings,
19 different effects may be expected.

20 Mr. Chairman -- Madam Chairman, this concludes
21 my prepared statement. I will be happy to answer any
22 questions you or other members of the Committee may have.

23 CHAIRPERSON ORIE: I have no questions.
24 Representative Josephs?

25 REPRESENTATIVE JOSEPHS: No.

1 CHAIRPERSON ORIE: No questions. Thank you
2 very much for the information you provided us.

3 DR. RAUCH: Thank you.

4 CHAIRPERSON ORIE: Our next speaker is Dr.
5 Fred Fochtman, Director and Chief Toxicologist from the
6 Allegheny County Coroner's Office. You may begin.

7 DR. FOCHTMAN: Madam Chairman, when I got the
8 invitation to testify at today's hearings, I wasn't sure
9 what my contribution could be. And as far as the interlock
10 situation's concerned, as far as the system is concerned, I
11 know that there is -- there are data out there that show
12 that it's beneficial.

13 But as far as my contribution is concerned, I
14 felt that it would be necessary or behoove me to express
15 statistics that are present in Allegheny County as far as
16 blood alcohol concentration, breath alcohol concentrations
17 of drivers who have been apprehended for driving under the
18 influence.

19 I also want to mention that I've been teaching
20 and studying the effects of alcohol for about 21 years in
21 the school pharmacy at Duquesne University. And for the
22 past year and a half, I've been involved with the Allegheny
23 County Coroner's Office, Division of Laboratories, as the
24 Director of the laboratories.

25 And I was -- I was quite astonished at the

1 number of very high blood alcohol concentrations that I
2 would see from a day-to-day situation where blood con --
3 blood samples that have been drawn from individuals in
4 Allegheny County and submitted to the laboratory for
5 analyses and also from the data that was submitted on
6 breath tests that have been done throughout the county.

7 And what I prepared is a table giving
8 information for approximately the last six months. And if
9 you would take a look at first the breath test alcohol,
10 it's broken down by month. And you can see that for a
11 6-month period of time, the significant numbers here are
12 from a .10 percent to a .199 percent represents 702
13 individuals.

14 From 0.20 percent to 0.299 represents 262
15 individuals. And above .30, 16 individuals. Above .40 is
16 3 individuals. And what -- and if you look at the next
17 section under blood alcohol, these are analyses that have
18 actually been done on blood samples that have been
19 submitted to the laboratory.

20 And again, if you would look at the -- under
21 the 0.10 percent and 0.199, it represents 425 individuals.
22 And above .20 to .299, 310. And above .30, 27. If you
23 look at the totals, this would indicate over a 6-month
24 period of time from .10 to .199, we've had 1,127
25 individuals; above .20 to .299, 572.

1 Now, the significance of this is that in my
2 teaching, in my understanding of the effects of alcohol,
3 which involves the tolerance to alcohol, it involves the --
4 the effects on the central nervous system, the impairment,
5 the impairment to judgment, the impairment to reactions,
6 impairment to vision, et cetera, which is necessary for
7 driving safely, I have a good understanding of -- of what
8 the blood concentrations mean in various individuals.

9 And it's very well-known and well-documented
10 that above a .10 percent, no matter what the level of
11 tolerance is in an individual, that they are going to have
12 levels of impairment that would make them unsafe to drive.
13 And what I felt that I could contribute today is that in
14 concentrations that are above .20 and above, these
15 individuals are definitively showing signs of intoxication.

16 And what would -- what this would mean to me
17 is that this is a significant number of people that are
18 heavy users of alcohol. And -- and I believe that in this
19 region or in this area are those individuals that are the
20 repeat offenders. I don't have the data or don't have an
21 opportunity to obtain data on individuals that are repeat
22 offenders.

23 But more recently in Allegheny County, there
24 has been individuals that have been involved in automobile
25 accidents and automobile deaths that have been repeat

1 offenders. And I feel that -- I realize that -- I knew
2 that my testimony would be relatively short, but I felt it
3 would be significant.

4 CHAIRPERSON ORIE: I appreciate that. And
5 we've had testimony prior to this in regards to the
6 Allegheny County District Attorney's Office indicating that
7 Allegheny County's one of the top counties in the state in
8 regards to alcohol offenses. So I certainly appreciate
9 that. Representative Josephs?

10 REPRESENTATIVE JOSEPHS: I have nothing.

11 CHAIRPERSON ORIE: We have no further
12 questions. I appreciate your data, and we certainly would
13 put this in the record.

14 DR. FOCHTMAN: Thank you.

15 CHAIRPERSON ORIE: Thank you very much. We
16 were going to take a 10-minute break before we do the
17 demonstrations of the alcohol interlock devices. If
18 everybody would report back here. We're going to try to
19 get the vehicles out in the front of the building. So if
20 everybody would report back here at 1 o'clock. Thanks.

21 (A recess was taken.)

22 MR. BISSETT: I'm Phillip D. Bissett, Director
23 of Legislative Affairs for Guardian Ignition Interlock.
24 I'm a former Maryland legislator. I served eight years on
25 the Maryland House Judiciary Committee. And the purpose of

1 Guardian being here today is to provide a live
2 demonstration of the ignition interlock device.

3 We have the newest technology model with us
4 that will be introduced in Pennsylvania if the legislation
5 passes. And the simple purpose is to have it here so
6 legislators and interested people can go out there and try
7 it and see how the system works.

8 MR. ROTH: Well, my name is Thomas Roth. And
9 I'm President of Interlock Installation Services. And
10 we're located in Mechanicsburg, Pennsylvania. We provide
11 ignition interlock services for Cumberland County, for York
12 County, Dauphin, Berks, Lehigh and Blair Counties.

13 We've been doing it since 1990. And we took
14 the company over for those counties from Guardian
15 Technologies in Cincinnati, Ohio. The program has grown
16 during the time that we've taken it over. And we have
17 improved the technology. Today's interlock is alcohol
18 specific.

19 It requires a blow hum in order to start the
20 car. It looks for a -- what we refer to as a human
21 signature and requires a rolling retest. And there are
22 immediate sanctions if the person violates the interlock.
23 For example, if a person were to refuse to take a retest
24 for any reason, they would be required to come back to the
25 service center within seven days.

1 If they were to hot-wire or push-start the
2 vehicle, they would be required to come back within five
3 days. We do these things to make sure that the people are
4 complying with the program and to make sure that they don't
5 wait for the 30- or 60- or 90-day checkup.

6 We have plans to open other offices throughout
7 the state. Immediately on the drawing board is a facility
8 in Pittsburgh somewhere, Scranton/Wilkes-Barre area, and
9 somewhere in the middle of the state, somewhere near
10 Altoona or Indiana.

11 We think that ignition interlock is a really
12 important way to keep people from drinking and driving. We
13 find that it in our experience -- perhaps it's anecdotal.
14 -- but our experience is that it does keep people from
15 repeating the offense because it's a behavior modification
16 tool that teaches them not to drink and drive.

17 We do support the idea that impairment begins
18 with the first drink. But in a world where people are
19 bombarded with advertising, Bud commercials, Smirnoff and
20 Absolut commercials, people will tend to drink. We want to
21 make sure that they don't drive. And that's our mission
22 from -- for interlock installation services.

23 (Whereupon, at 1:19 p.m., the hearing
24 adjourned.)

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I hereby certify that the proceedings and evidence are contained fully and accurately in the notes taken by me during the hearing of the within cause and that this is a true and correct transcript of the same.

Jennifer P. Troutman

JENNIFER P. TROUTMAN

Registered Professional Reporter

My Commission Expires:
April 30, 2001

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