

## WHITE PAPER

A dark blue silhouette of the United States map is centered on a circular background with a blue-to-dark-blue gradient. The map is set against a dark blue background with a subtle pattern of vertical lines.

# **The 5 Obstacles to Alcohol Monitoring:**

Proven strategies for overcoming the challenges

*Published by Alcohol Monitoring Systems*



# The 5 Obstacles to Alcohol Monitoring

## Proven strategies for overcoming the challenges

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Every jurisdiction in the country struggles to identify, manage, define, and mitigate the damage alcohol-involved offenders cause their communities. According to the National Institute of Alcohol Abuse and Alcoholism:

- 40% of offenders on probation, in state prisons, or in jails—nearly 2 million offenders—reported using alcohol at the time of their offense
- 15% of all probationers are there for a drunk driving offense
- 75% of cases of domestic violence involve an offender who was drunk at the time of the offense
- 2/3 of convicted DWI offenders are alcohol-dependent
- In a study of first-time DWI offenders interviewed 5 years after first being referred to screening following their DWI offense:
  - 85% of female and 91% of male DWI offenders had met the criteria for alcohol abuse or dependence at some time in their lives

Since the mid-1980s, theories of jurisprudence have shifted from punishment and incarceration to a focus on dealing with the substance abuse and dependence that drives the vast majority of alcohol-involved criminal activity.

## Sobriety and the Judicial System

Requiring sobriety of substance-involved offenders under correctional supervision has been trending since the 1980s, when the first Drug Court was established in Miami-Dade County, Florida. Over the next 25 years, enforcing sobriety for drug offenders became standard operating procedure in programs throughout the country, and random drug testing became the cornerstone of these treatment-focused courts. The overall philosophy of jurisprudence shifted to a focus on treating the addiction and utilizing swift interventions and sanctions for violations.

Alcohol, however, has proven to be more complex than drugs for the courts to manage. Despite the emphasis on substance abuse, alcohol remains the #1 drug of abuse in the U.S. corrections system. In fact it's widely reported that once drug offenders begin random drug testing, they often switch to alcohol as their drug of choice, because it's legally purchased and difficult to detect with standard, random testing.

This White Paper focuses on the unique challenges that alcohol testing and monitoring present to the judicial system. Included is a look at the top 5 challenges that courts and agencies encounter when testing for alcohol, along with some proven tactics for overcoming those obstacles.

# What is a Sober Day?

A Sober Day™ can be defined as a 24-hour period in which a monitored individual has no confirmed consumption of alcohol and no confirmed attempt to tamper or circumvent testing in order to mask the consumption of alcohol.

To meet the definition of a Sober Day, the following criteria must be met:

- An individual must be able to present evidence-based confirmation of sobriety for each 24-hour period
- Testing must be done using a transdermal testing system to obtain required test frequency
- Testing must be done a minimum of once per hour per 24-hour period
- For criminal offenders, both the testing protocol and test results must be court-validated as meeting the minimum requirements of judicial admissibility
- Testing should be automated, meaning there was no requirement for the offender to take a test (and thus no option to avoid or tamper with a test)
- Test results must be automatically submitted to a confirmation process that will issue documentation for the court
- The testing system or technology must have a confirmed, court-documented, published false positive rate of less than .074%

*Note: For comparison, standard drug testing for the judicial system has a false positive rate of 5%.*

## Supporting Monitored Sobriety

These organizations have issued position statements or published reports or peer-reviewed research supporting the importance of monitored sobriety—Sober Days—during supervised pretrial, probation, or parole:

The American Probation and Parole Association

Brown University

The Centers for Disease Control and Prevention

The Century Council

The Louisiana Association of Forensic Scientists

The National Association of Counties

The National Association of Drug Court Professionals

The National Center for State Courts

The National Drug Court Institute

The National Highway Traffic Safety Administration

The National Institutes of Health

The National Partnership on Alcohol Misuse and Crime

Pacific Institute for Research and Evaluation

The Rand Corporation

Pew Center on the States

The Substance Abuse and Mental Health Services Administration

Traffic Injury Research Foundation

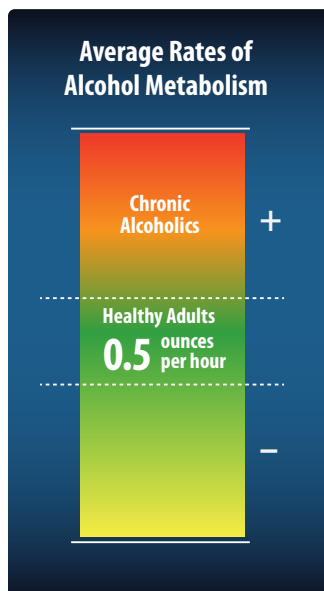
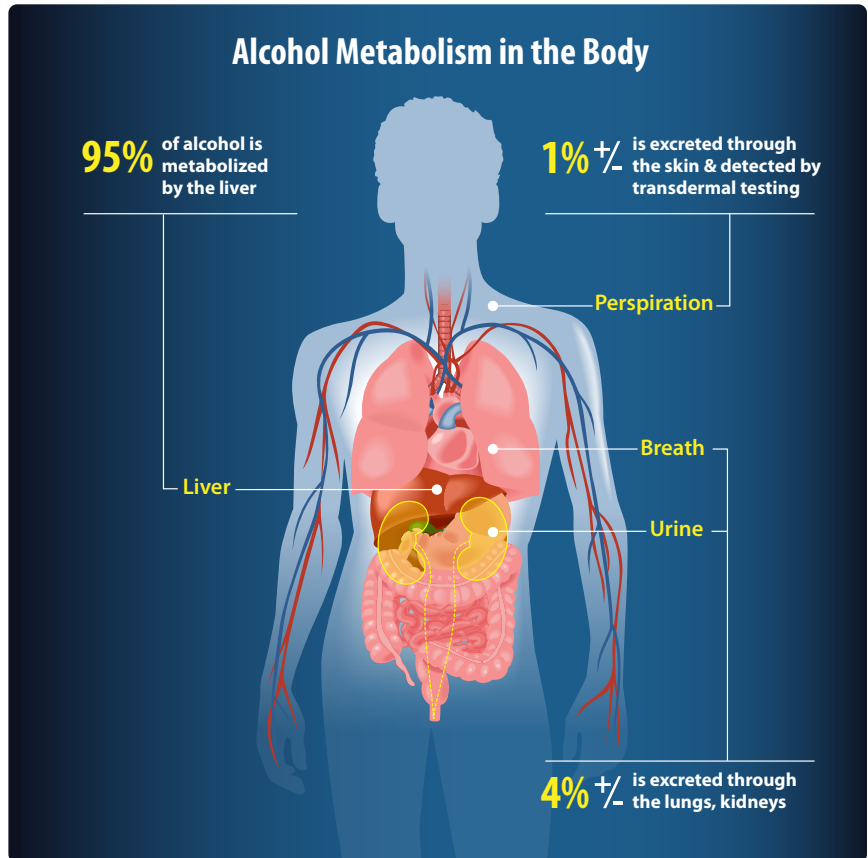
University of Colorado Health Sciences Center

University of Texas San Antonio Health Sciences Department

## Challenge #1 Alcohol Metabolism

While drug testing, usually done on a random schedule, is relatively accurate and cost-effective, the metabolism of the human body makes monitoring for alcohol far more complex.

Alcohol is metabolized in the liver, which eliminates 95–98% of ingested alcohol from the body. No matter the rate of ingestion, it can only be metabolized at a certain rate, which can vary from person to person. A small amount of alcohol, about 1–5%, avoids metabolism in the liver and is excreted, unchanged, through the kidneys (urine), the lungs (breath), or the skin (perspiration).



Healthy people, on average, metabolize alcohol at a fairly consistent rate: one average drink (or 0.5 ounces of alcohol) per hour. Chronic alcoholics may, depending on liver health, metabolize alcohol at a significantly higher rate than average individuals.

The result is that it's not just possible, it's probable, that an individual can be very intoxicated when they go to bed at 10pm, yet be completely sober a few hours later for their next alcohol test. And the more severe the alcohol dependence, the faster they may metabolize the alcohol and avoid detection. Thus a Sober Day, by definition, must include at least one test per hour in every 24-hour period.

### Challenge #2

## The Behavioral Patterns of Addicted Offenders

Breath, blood, and urine testing are all reliable at testing individuals for alcohol consumption at any given point in time. But given the limitations that metabolism places on the ability to detect alcohol, courts and probation are unable to confirm and report Sober Days using these testing protocols.

According to the National Council on Alcoholism and Drug Dependence (NCADD), the behavioral traits of alcohol dependent and addicted individuals, which increase with the level of addiction, include: denial, loss of control, inability to stop drinking, poor decision-making, avoidance of responsibility, lack of follow-through, and a growing disregard for consequences of any kind. All of these tendencies, which generally lead these individuals into the revolving door of criminal justice, contribute to an environment of

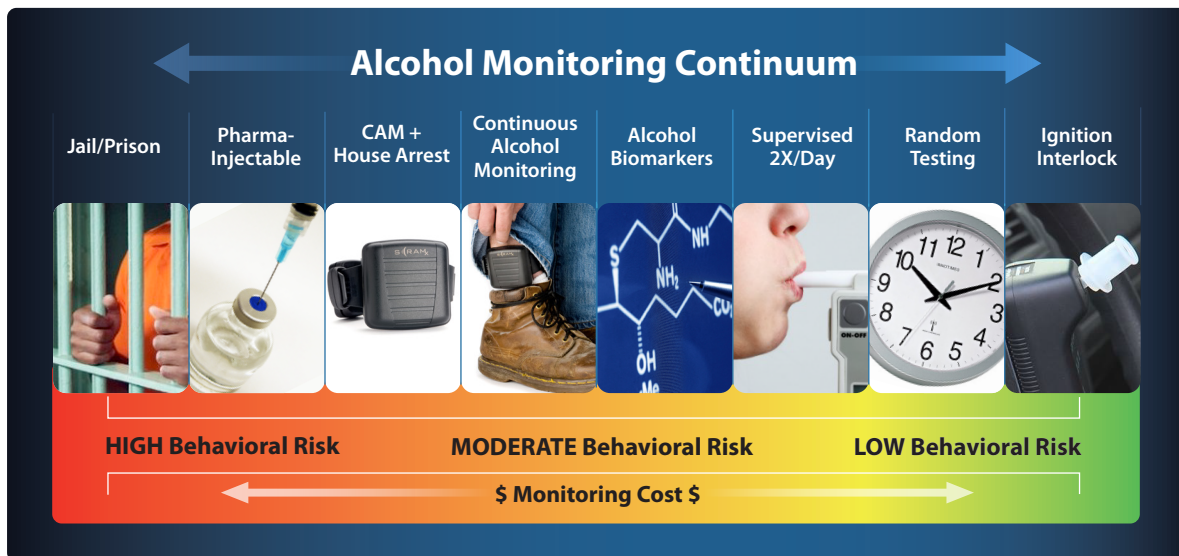
disregard for authority and a great drive to avoid and circumvent program requirements—including testing and monitoring.

In 2003 transdermal alcohol testing was introduced as a way to test offenders for alcohol, without requiring participation, and at a frequency rate high enough to ensure Sober Days. The testing protocol is prescheduled and automated, eliminating the offender’s ability to manipulate the testing schedule or avoid or delay a request to test.

**Bottom line:** Transdermal analysis and Continuous Alcohol Monitoring (CAM) weren’t developed because conventional testing is unreliable. They were developed because offenders who misuse alcohol are unreliable.

### Challenge #3

## Balancing Cost vs. Risk



Testing options to enforce sobriety are available on a continuum, from incarceration—the most intense sanction and most costly per day—to ignition interlock, which when installed only tests for sobriety when someone is driving.

Testing options range in cost and vary in terms of behavioral risk. Employing an assessment process to determine how to balance supervision and monitoring costs with the risk level of each offender is essential to program implementation.

## Challenge #4 Alcohol Program Funding

Funding is usually the #1 reason courts and jurisdictions are reticent to integrate intensive alcohol monitoring programs. While daily fees are a small fraction of the cost of incarceration, jurisdictions often struggle to balance what they see as the economic needs and limitations of their area with tight and shrinking budgets.

As of September 2013, 1,774 U.S. counties and jurisdictions had documented Sober Days for over 305,000 alcohol-involved offenders. There are generally three ways that programs begin the process of integrating Sober Days into their programs: Offender-Funded Programs, Service Provider Managed Programs, and Agency-Managed Programs.

### A. Offender-Funded Programs

According to Alcohol Monitoring Systems (AMS), the largest provider of CAM technology, 76% of their monitored offenders participate in an offender-funded program, where the offender pays all or a significant portion of the costs for monitoring, treatment/counseling, classes, and other fines and fees. Research shows that having some level of financial investment in the costs of supervision can increase the level of investment the offender has in their outcomes.

In addition, as part of an ongoing effort to better understand the cost impact on monitored offenders, who often have a long list of fines and fees associated with their community supervision, AMS launched an Exit Survey for monitored offenders in 2009. According to the results of 9,577 survey participants, offenders report spending, on average, \$13.22 each and every day on alcohol prior to being monitored through the judicial system.

### B. Service Provider Managed Programs

Nearly 50% of AMS programs are run through local AMS Authorized Service Providers, with the remaining 50% being managed directly with agency or court personnel. This can be utilized with an Offender-Pay Program, an Agency-Funded Program, or Offender Co-Pay Programs, which combine funding from both the agency and the offender.

Utilizing a local service provider is often a more cost-effective way to integrate a variety of testing, monitoring, educational, and counseling tools into an offender management program.

## \$ Types of Cost Plans *Offender-Funded Programs*

### Sliding Scale



Requires the offender to provide documentation of their ability to pay for or subsidize the cost of their monitoring.

### Hourly Wage Model

- Offender's hourly wage equates to the daily fee
  - Earn the minimum or less, pay the program's minimum daily fee.
  - Earn the maximum or more, pay the program's maximum daily fee.

### 120 for 90 or Deferred Incentive



Incentivize offenders during the initial 30 days of monitoring, where sobriety may be the most difficult, and when fines and fees are generally the highest.

- Offenders who are fully compliant (100% Sober Days) are allowed to defer the costs of the first 30 days.
- Complete the program with **100% Sober Days** and ultimately get the first 30 days for free.

### Compliance Reduction Scale



Daily monitoring fee is reduced every 30 days.

#### Monitoring fee is reduction based on:

- Completion of Sober Days
- Compliance with other program requirements
- Recommendation of the monitoring agency

## Local Service Provider Services

- Pay for the cost for the initial purchase or lease of the units
- Charge offenders or the jurisdiction only for monitored days—days the bracelets are actually monitoring an offender
- Manage the installation, maintenance, and removals
- Manage the notification of installation/compliance with orders
- Manage the notification of violations
- Provide documentation and notification to authorities of confirmed violations
- Work with qualifying offenders to determine ability to contribute to the costs of supervision and how best to scale their contribution

### C. Agency-Managed Programs

AMS reports that agency-managed programs represent 50% of their overall customer base. These programs are fully managed by agency personnel, often in a centralized monitoring center. In general these are larger programs with full-scale monitoring programs that are staffed to supervise all types of offender drug, alcohol, and location monitoring. These include state level Department of Corrections programs.

#### Two ways to get started:

##### a. Grants and Other Funding

Grants are often available for new programs, early adopters in a jurisdiction, or for pilot or test programs designed to quantify the impact in order to justify further funding.

##### b. Budgeted Programs/Continuing Fiscal Appropriations

In these programs, technology is included as part of an overall budget. This usually involves participation in the RFP process in order to ensure tools meet standards and pricing criteria.

## Sober Days Profile: Lackawanna County, PA

Sober Days are used in Lackawanna’s Drug Court, DWI Court, Juvenile Court, and Veterans Court dockets. This county has the 7th largest number of Sober Days in the U.S.

### Technology/Provider

The Lackawanna County Sober Days program is managed by Mid Atlantic Monitoring Services using SCRAM Continuous Alcohol Monitoring™ (SCRAM CAM™) technology.

### Funding:

Program is 95% Offender Funded

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### Monitored offenders

**3,598**

### Total Alcohol Tests

**20,094,693**

### Avg. Monitoring Period per Offender

**130 Days**

### Total Days Monitored

**467,924**

### Number of Sober Days

**465,584**

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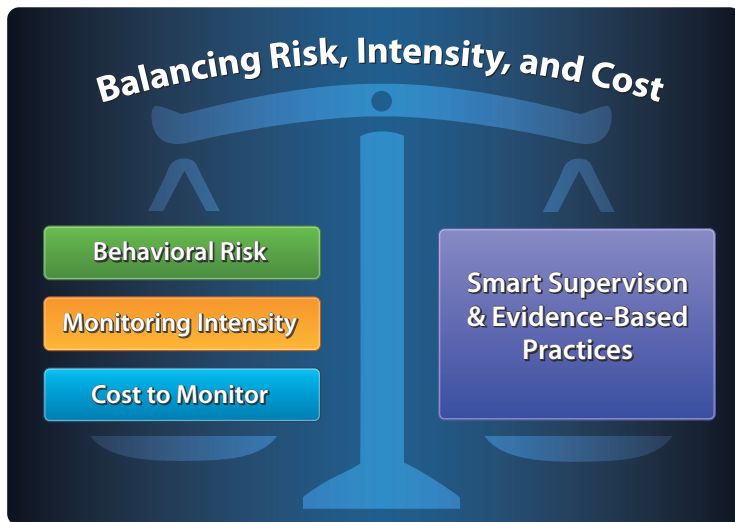
**99.5%**

**of Monitored Days  
are Sober Days**

*Statistics as of September 2013*

## Challenge #5: Justifying the Need for Testing

Despite research, case studies, and widespread adoption of the importance of Sober Days when managing alcohol addicted offenders, making the case for implementing a new protocol, new technology, or new tool can be arduous and difficult for many jurisdictions. Here is a closer look at the well-known criminogenic predictors of success for criminal offenders.



### Criminogenic Predictors of Offender Outcomes

In the 1990s, both Canadian and U.S. researchers began to compile and publish what is known as the “what works” body of research, which began to heavily support the impact of required sobriety and the rehabilitative approach to criminal justice.

According to a study conducted by Canadian researchers and published in the *Journal of Offender Rehabilitation*, the primary criminogenic predictors of offender outcomes include:

- Accommodation (place to live)
- Employment
- Substance use/sobriety
- Attitude (antisocial, procriminal)
- Family/marital status
- Financial resources
- Emotional stability
- Peer problems
- Academic/vocational needs

*“Long-term success in sobriety starts with establishing fully sober days, then weeks, then months. True sober days, confirmed through testing, aren’t just advantageous, they’re essential for helping hardcore, alcohol-dependent offenders change their behaviors and change their lives. In our program, we strive for sober days and sober lives, not just sober tests.”*

The Honorable Michael J. Barrasse  
Court of Common Pleas  
45th Judicial District  
Lackawanna County, PA

### Sober Days Statistics

January 2003 – August 2013

Source: Alcohol Monitoring Systems, Inc.

**305,697** Total Clients Monitored

Total Alcohol Tests **1,396,878,345**

**28,726,221** Total Monitored Days

Total Sober Days **28,542,434**





Studies have repeatedly shown that the higher offenders rate in each of these categories, the more likely they are to have positive outcomes—defined as no additional criminal activity.

Sober Days are not only an important standalone indicator in the Substance Abuse category, they greatly impact the majority of the other criminogenic needs, including accommodation, relationships with family, the ability to acquire and hold employment, and the ability to participate in needed academic or vocational training.

Even financial stability can be greatly impacted by an adequate, sustained period of Sober Days. According to a survey conducted of 9,577 offenders monitored for Sober Days:

→ **79.2%** of those monitored reported making payments toward court-related fees and fines, a statistically significant increase from the average 50% nationwide who generally make all or some of the required payments.

→ The monitored offenders, on average, report spending **\$13.22** per day on alcohol prior to being monitored.

## Measuring Sober Days Success

### *Results of the NCSC study.*

In 2009, the National Center for State Courts (NCSC) conducted a recidivism study in North Carolina comparing rates of repeat offenses two years post Continuous Alcohol Monitoring. The study, published by both NCSC and subsequently peer-reviewed and published by the National Drug Court Institute, concluded that when comparing recidivism rates for offenders monitored with CAM and those who were not, the repeat DWI offenders with two or more convictions saw a 45% reduction in repeat offenses.

Researchers concluded, based on the data, that CAM monitoring should be used for a minimum of 90 Sober Days, but they recommended a 6 month monitoring minimum for the highest-risk, repeat offenders.

Measuring success, often important to justify continued adoption of elements of your program, should include:

1. Clearly defining what metrics your program or agency will use to measure progress
2. Regular assessments of progress in the program
3. A commitment to regular evaluation of current trends
4. A plan for evaluating progress and adjusting when necessary in order to meet your pre-defined goals

**Summary:**

## The Metrics for Success

In summary, program success is generally measured by a number of different markers: the rate of recidivism, incarceration rates, crime rates, alcohol-related traffic fatalities, and a number of other metrics. No program should attribute these metrics to any one tool or element in a program.



The impact of alcohol monitoring and Sober Days will vary based on the program's policies for addressing violations, the involvement of treatment in the offender's program, the consistency of use of program elements, and whether the duration of monitoring for each offender is in line with the level of alcohol dependence.

## What is a Sober Day?

### *The offender perspective*

According to a survey of 9,577 offenders monitored for Sober Days:

- **87.8%** felt the monitoring deterred drinking
- **83.2%** worked and/or attended school
- **62.7%** were in treatment while being monitored
- **79.2%** were able to make payments toward court-related fees and fines
- **55.4%** reported strengthened relationships with family and friends
- **80.0%** felt they benefited from their Sober Days

*Source: Alcohol Monitoring Systems, Inc.*

## Sources

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## About Alcohol Monitoring Systems, Inc.

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Established in 1997, Alcohol Monitoring Systems, Inc. (AMS) manufactures and markets the SCRAM Systems™ line of alcohol and location monitoring technologies. AMS is the world's largest provider of alcohol monitoring technology. The company was created specifically to research, develop, launch, and market a technology-based testing protocol that could help criminal justice professionals to effectively monitor alcohol offenders long-term. AMS launched the first generation of the SCRAM Continuous Alcohol Monitoring™ technology in 2003. Today the company provides the SCRAM Systems suite of alcohol and location monitoring products in 49 states, Canada, Australia, New Zealand, and the United Kingdom.

## For more information

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or call 800-557-0861



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