

THE FRENCH EXPERIENCE IN PREPARING AN ALCOHOL INTERLOCK PROGRAM

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Consumption per capita: Liters/head per annum 1 gll = 3.785 l.



(1987)

State of regulation as of 2007

E.U countries	Cell phone regulation	Speed limitation (km/h)			BAC g/l	Points-system driving licence
		Built-up areas	Two ways roads	Motorways		
Germany	Hands-free devices OK	50	100	130 *	0.5	Yes
Austria	Hands-free devices OK	50	100	130	0.5 **	No
Belgium	Hands-free devices OK	50	90	120	0.5	No
Bulgaria	Hands-free devices OK	50	90	130	0.5	No
Cyprus	Noe	50	80	100	0.9	No
Denmark	Hands-free devices OK	50	80	130	0.5	No
Spain	Hands-free devices OK	50	90	120	0.5 ***	No
Estonia	Noe	50	90	110	0.2	No
Finland	Noe	50	80	120	0.5	No
France	Hands-free devices OK	50	90	130	0.5 ****	Yes
Greece	Noe	50	90	120	0.5	Yes
Hungary	Noe	50	90	130	0.0	No
Ireland	Hands-free devices OK	50	80	120	0.8	Yes
Italy	Hands-free devices OK	50	90	130	0.5	Yes
Latvia	Hands-free devices OK	50	90	100	0.5 (5)*	Yes
Lithuania	Noe	60	90	130	0.4	No
Luxembourg	Hands-free devices OK	50	90	120	0.8	Yes
Malta	Noe	50	80	–	0.8	No
Netherlands	Hands-free devices OK	50	80	120	0.5	No
Poland	Hands-free devices OK	50/60 (6)*	90	130	0.2	Yes
Portugal	Hands-free devices OK	50	90	120	0.5	No
Romania	Hands-free devices OK	50	90	120	0.0	No
United Kingdom	Hands-free devices OK	48	80	112	0.8	Yes
Slovakia	Hands-free devices OK	50	90	130	0.0	No
Slovenia	Noe	50	90	130	0.5	No
Sweden	Noe	50	90	110	0.2	No
Czech Republic	Noe	50	90	130	0.0	No

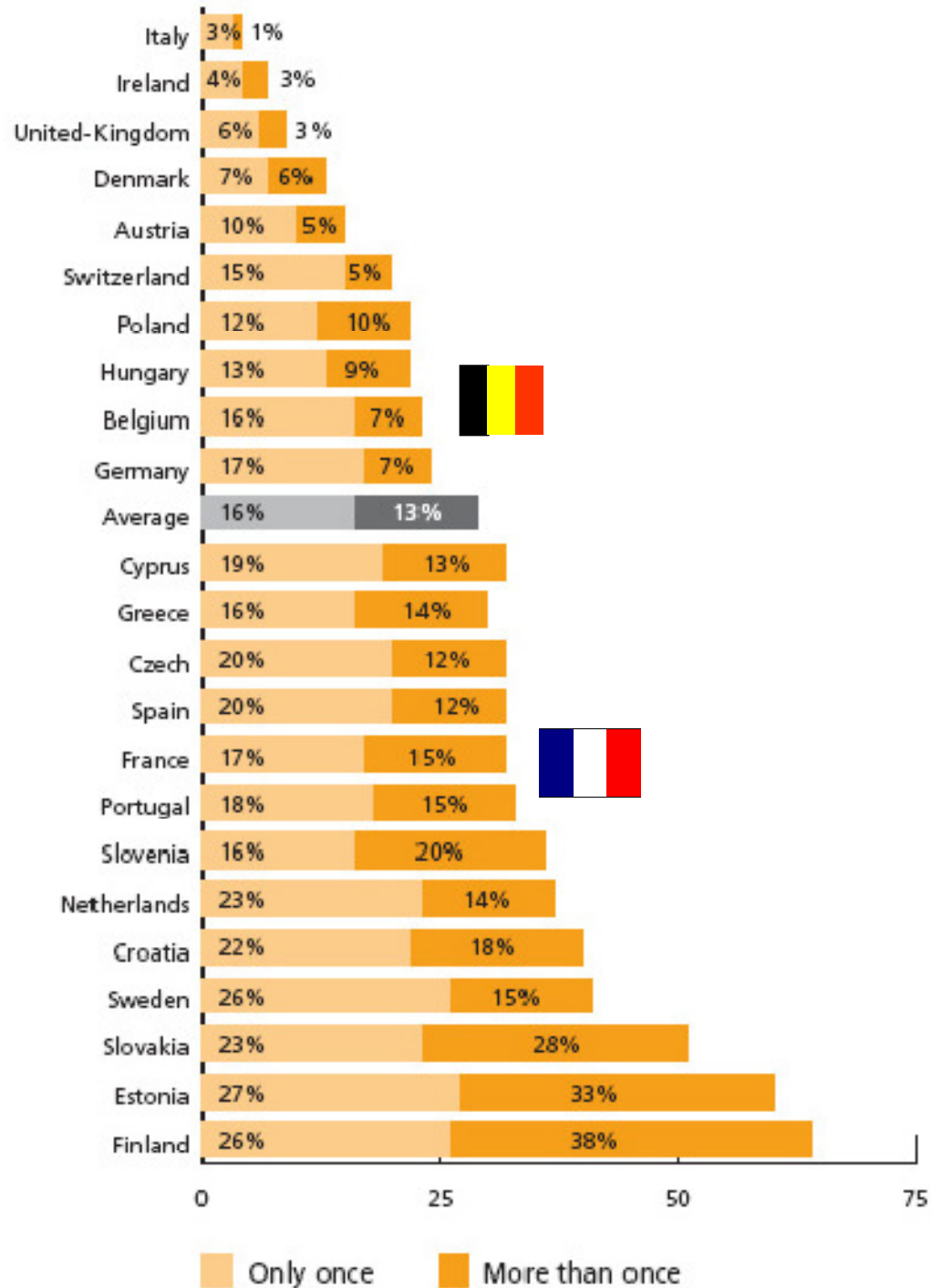
* Advised

** 0.1 : for new drivers (less than a 2 years experience), bus drivers, HGV drivers (> 7 t), tractors and moped aged less than 20 y.o.

Proportion of drivers who have been checked for alcohol over the last three years.

SARTRE 2004

Source ETSC



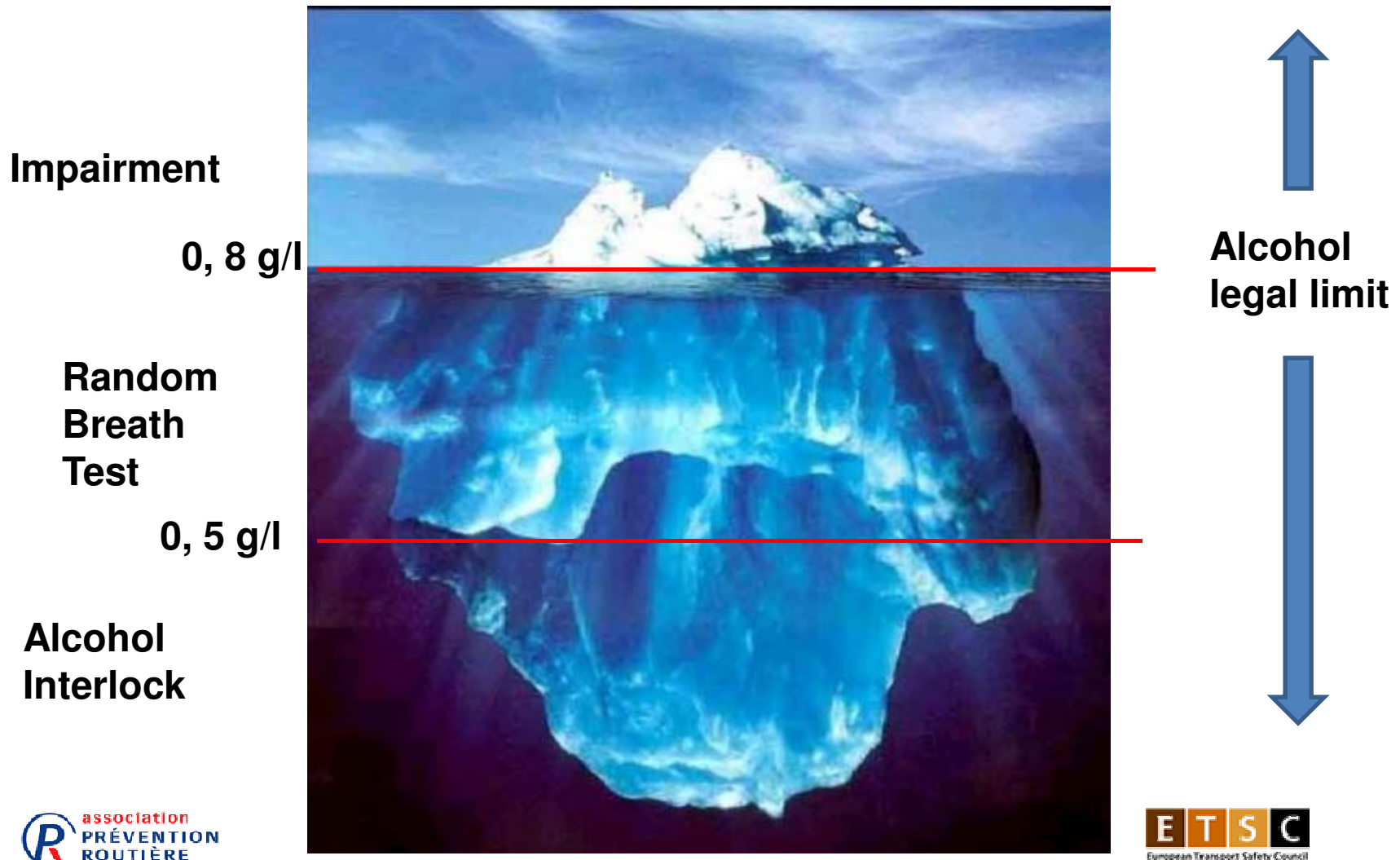
Mains traffic safety strategies in drinkdriving

- Born in the sixties from the knowledge of those days:
- The « Grand Rapids studies» of Robert Borkenstein as a base for level of blood alcohol and accident risk (0,8 g/l at that time)
- Their extension later justified the lowering of legal limits to values not corresponding anymore to an impairment level, but to a relative risk of accident, and also not linked with a higher risk or to clinical signs of addiction.
- Young drivers as target of prevention campaigns and and specific legislation or regulation including lower limits

The current model for drink driving

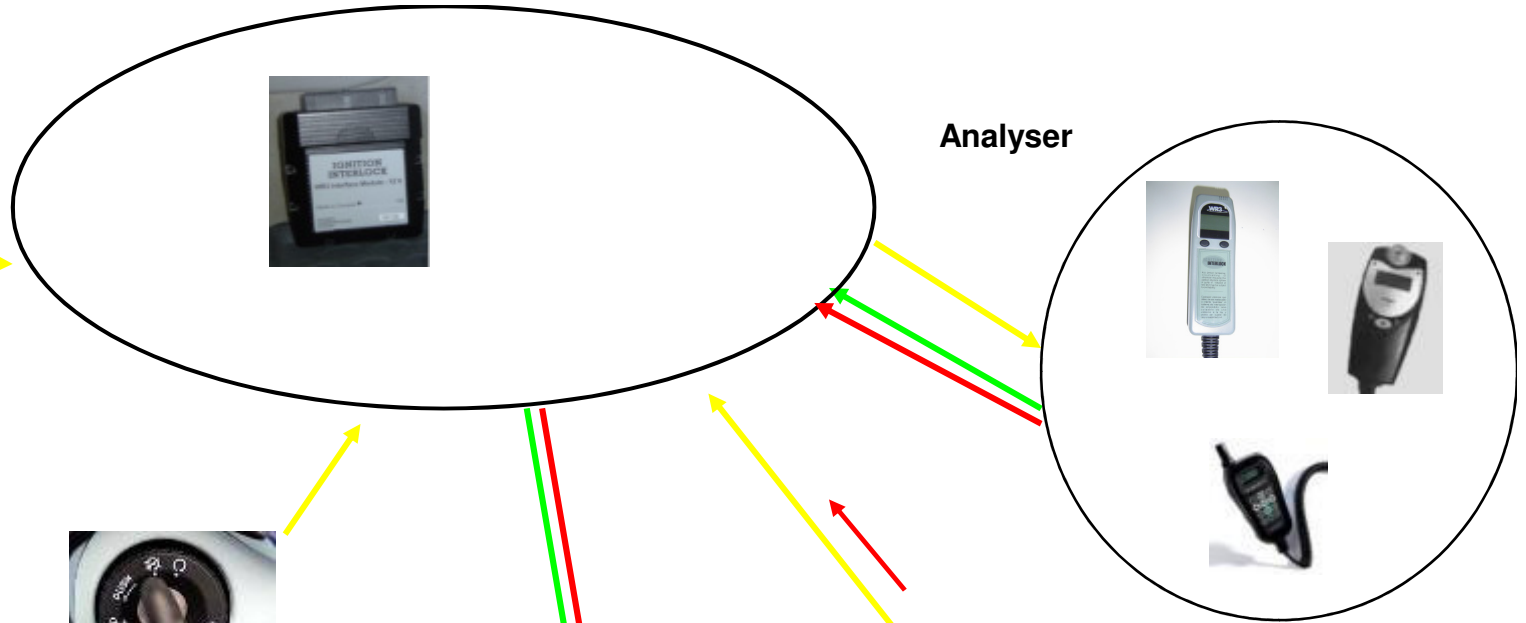
- Model purely behavioural similar to speed : frequency of controls and strong sanctions, moderated by the educational effect of demeritus point system are suppose to change the drivers' behaviour
- The sanction is also given to frighten the other drivers
- This model is not so efficient for alcohol:
- Addiction to alcohol in certain drivers makes inconsistant the voluntary control of their alcohol consumption.
- The lost of the control of inhibition due to the alcohol level disturbs driver's self evaluation, bringing him to underestimate the risk and overestimate his ability to drive.
- Notion of hard core drink driver resistant to such policies

How to reach the lowest part of the iceberg



**data recording
Control box**

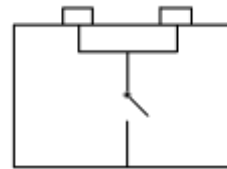
Analyser



Contact

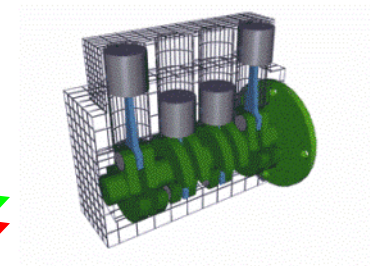


Battery



**Starter
connector**

**Information from
vehicle**



engine



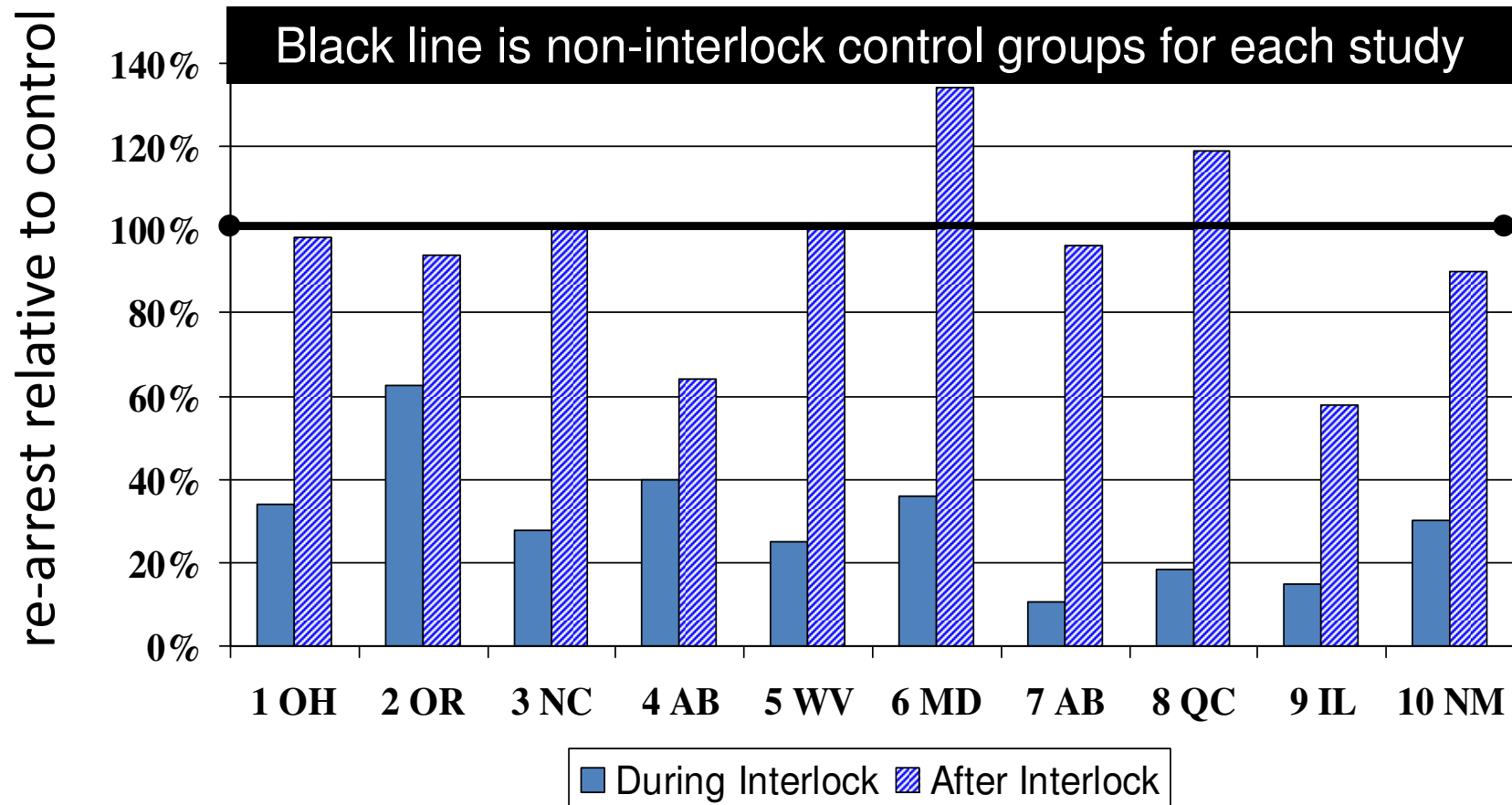
starter

ALCOHOL RELATED OFFENCES

ART L234-1 PENAL CODE:

- **Sanctions in France**
 - Fine up to 4500 €,
 - Jail up to 2 years,
- **Additional sanctions:**
 - Suspension up to 3 years,
 - Cancellation,
 - « fine per day or jail »
 - Work for community services
 - Forbidden to drive no licensed cars (small cars, scooters)
 - Training course.
- **New law fall 2010 (LOPPSI):**
 - **vehicle sanction (mandatory if recidivism),**
 - **And alcohol ignition interlock (up to 5 years),**
 - **or alcohol interlock program (6 months to 3 years).**

More than 10 studies demonstrate a 64% reduction rate of recidivism with Alcohol Interlocks (programs)



What is an interlock program ?

- A tool to protect society (during installation) ?
- A social punishment ?
- A new kind of fine ?
- A way to control alcohol complete abstinence ?
- A way to change behavior ?
- A way to keep the social insertion ?

The points to be discussed

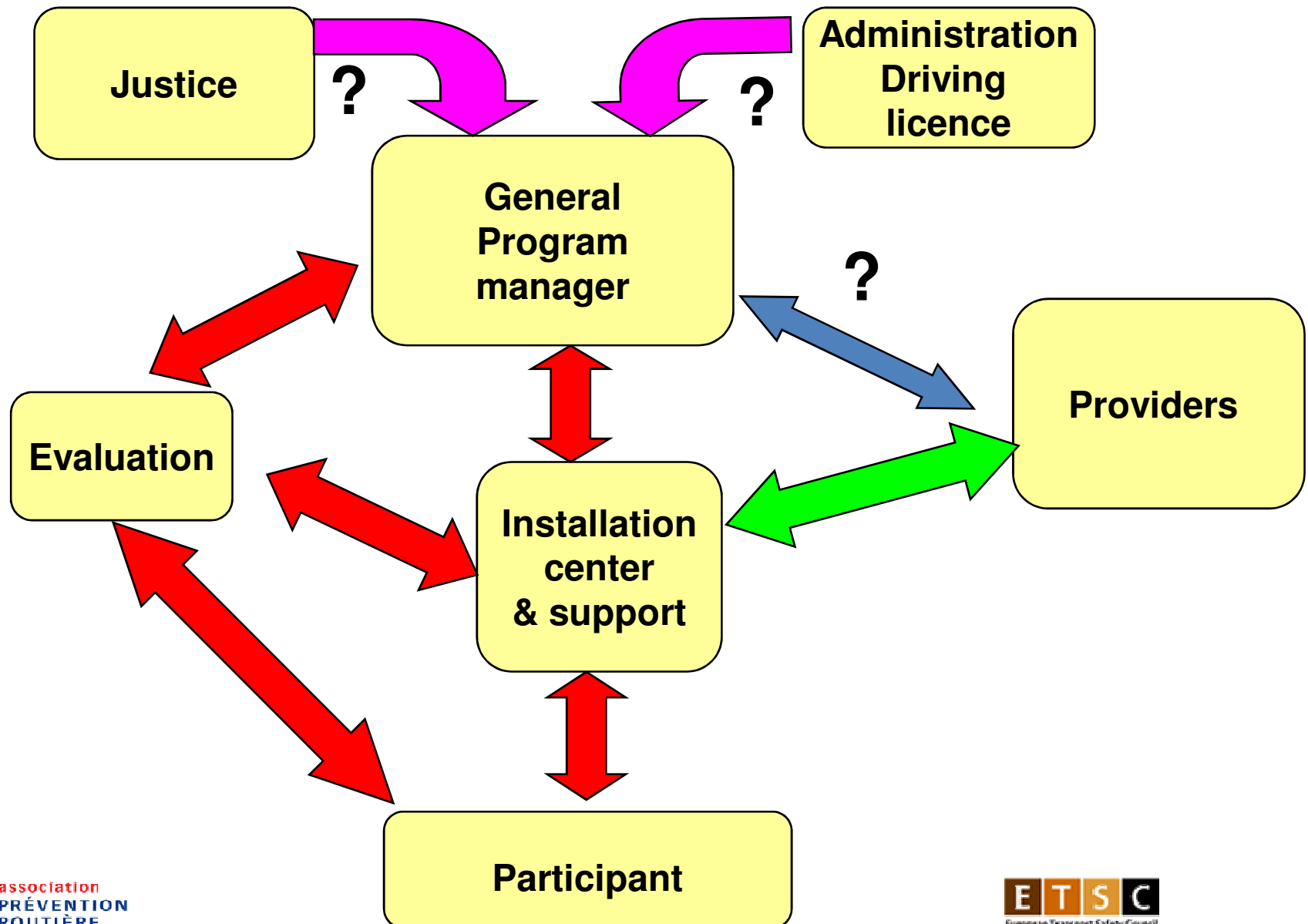
- Installation or program ?
- Incapacitation or rehabilitation ?
- Duration (flexible, different levels of programs) ?
- What kind of follow up ?
- Who will manage (justice, administration, provider, support structure (NPNG like PR)?
- The technical points ?

Alcohol Interlocks for which drivers ?

Simple dry installation (DI) or program (P)?

- RecidivistsP+++
- High BALP++
- High risk drivers.....P+++
- First offendersP+
- Drivers' fitness (even non offender).....P+
- Commercial (buses, dangerous goods).....DI
- Special groups (insurance companies).....DI
- Voluntary or mandatory in all vehicles.....DI

The managements



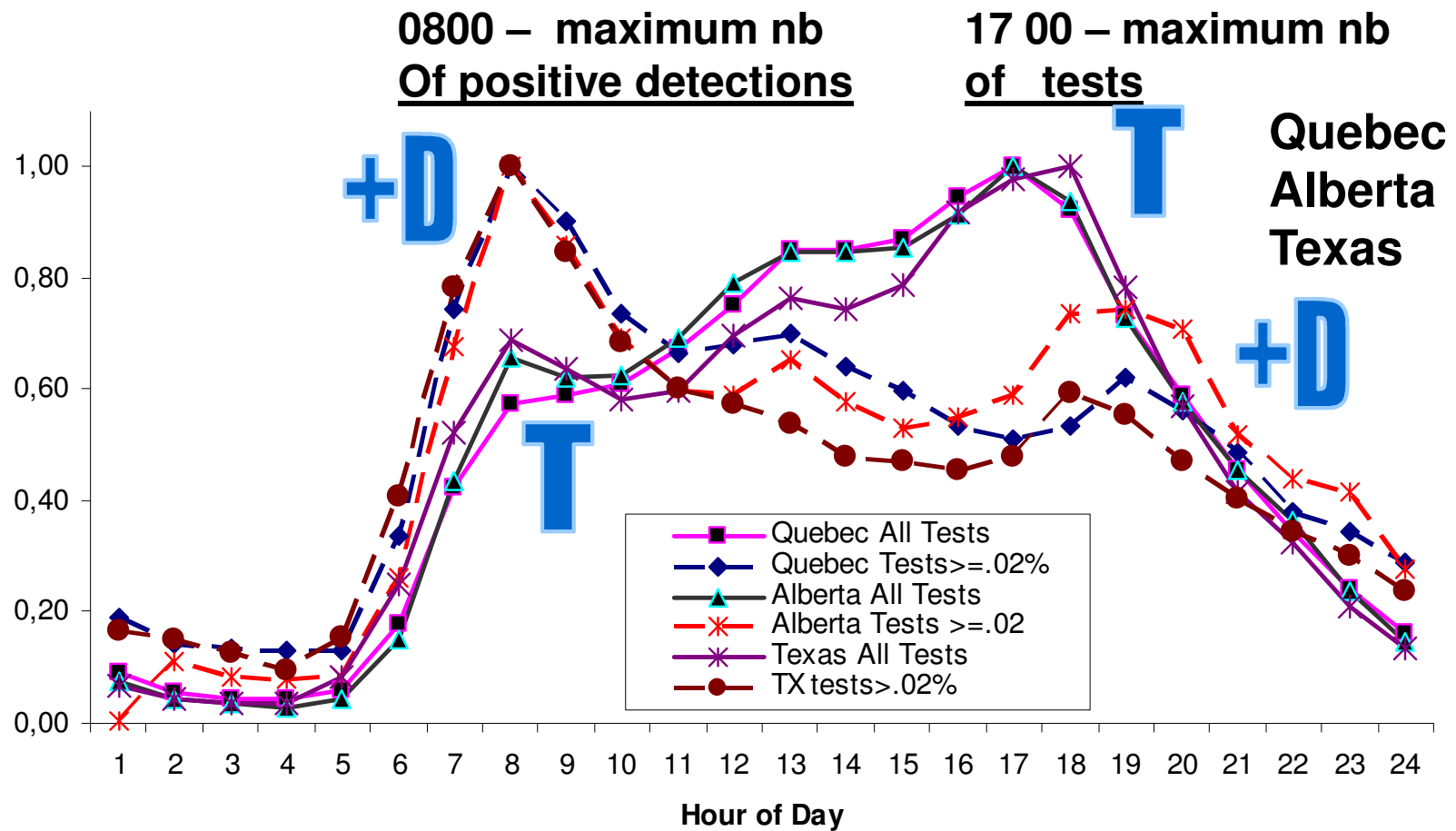
Interest of Alcohol Interlocks

- General interest:
- A kind of protection against drink driving
- A 60 to 75 % reduction of recidivism
- Interest for the driver
- A protection of the social and professional life
- A long term behavioral monitoring
- A change in the relation to alcohol



Positive detections / tests

Only from Monday to friday



- Control of drink driving
- Or control of drinking...
- Which targets? which tools?

Which interlock programs ?

- « dry » installation: no interest, left everywhere, high risk of violation, circumvention, liability of magistrates
- « Light programs » : 6 months to 1 year, alternative or additional sanctions, with simple monitoring and educational program
- « medium programs » : 1 to 2 years, additional sanction, with more monitoring (bio markers, medical follow up) and education
- « heavy programs »: 2 to 5 years, or permanent, with support, heavy monitoring, control of alcohol consumption, even out of driving situation, medical and biological follow up

Permanent Monitoring of alcohol level

Alternative if total abstinence is required

- Permanent access to online data
- Permanent transdermal detection



Marques, P., & McKnight, A. S. (2009).
Field and laboratory alcohol detection with two types of transdermal devices.
Alcoholism: Clinical and Experimental Research. 33(4), 703-711.

Merci pour votre attention

