

POLICY POSITION

Continuous Alcohol Monitoring for Repeat DUI Offenders

Responsibility.org Position:

Responsibility.org supports the use of continuous alcohol monitoring (CAM) for repeat driving under the influence (DUI) offenders. CAM can be an effective monitoring tool, but it is recommended that it be used for assessment and treatment interventions targeting individual risk and needs. In the absence of assessment and treatment, the underlying factors of offending (such as substance use disorders or mental health issues) are not addressed and recidivism is likely to occur once the use of the technology ceases.

This paper includes the most current and relevant data for this position as of January 9, 2025.

Overview:

CAM technology continuously monitors alcohol levels in the body among offenders and is commonly used as a sanction for repeat drunk driving offenders. This device usually takes the form of an ankle bracelet that is worn 24 hours a day, seven days per week.

The CAM device senses alcohol passing through the skin via perspiration, transmitting test results to a secure central website for monitoring authorities to access and take timely action in response to violations.

Unlike an ignition interlock device (IID), a CAM device does not prevent driving after alcohol consumption. Instead, it measures alcohol levels and provides an accurate reflection of blood alcohol concentration (BAC). The measurement, however, is reported in a delayed fashion, as alcohol takes longer to reach the skin compared to the bloodstream. This technology is commonly used to monitor drinking behavior and is often paired with or as a supplement to an alcohol IID in vehicles. Offenders bear the costs of CAM technology, including a one-time setup fee and daily monitoring fees.

Research Highlights:

Many studies have established that consumed alcohol can be measured in perspiration through transdermal testing (Robertson et al., 2006). A variety of experimental studies have shown this to be a valid method to determine whether an individual has consumed alcohol (Sakai et al., 2006). Additional research has examined the effectiveness of the use of this technology to reduce recidivism:

- A Michigan Department of Corrections study (Bock, 2003) found that the device was
 able to detect circumvention of alcohol test sampling, reliably ensure that test samples
 are from the intended test subjects and detect drinking episodes around the clock
 regardless of subject's schedule or location. Offenders who participated in the study
 reported that the device was "a fast-acting deterrent and a preferred method of testing
 because of the freedom to maintain work and family schedules."
- Flango and Cheesman (2009) compared a group of 114 DWI offenders who wore a
 Secure Continuous Remote Alcohol Monitoring (SCRAM) device, a leading CAM
 technology, with a comparison group. While there are limitations to this study on
 account of the small sample size, the researchers found that like interlock devices, the
 device is effective while worn and recidivism increases once the offender is no longer
 subject to the technology. Additional findings include:
- The SCRAM device was found to be most effective among repeat offenders (e.g., two or more DUI convictions).
- The research found these devices should be worn for at least 90 days. Offenders who wore the device for more than 90 days recidivated at half the rate of those who wore it for less than 90 days (10% vs. 20%).
- The National Highway Traffic Safety Administration (NHTSA) conducted six case studies (McKnight, Fell, and Auld-Owens, 2012) of programs that utilize transdermal alcohol monitoring. The research determined that transdermal monitoring is generally effective in deterring offenders from drinking alcohol and helps enforce abstinence. CAM was also deemed to be more effective for monitoring drinking than periodic/random testing. Lastly, CAM provides an alternative to incarceration and can reduce the number of visits to case managers and testing appointments.
- NHTSA released an evaluation (Tison et al., 2015) that examines the impact of SCRAM on DUI offenders in Nebraska and Wisconsin. Key findings include:
- There was virtually no recidivism during the period that offenders were required to wear the SCRAM device.
- Though not statistically significant, SCRAM-assigned offenders recidivated at slightly higher rates in both states than control offenders (non-SCRAM users) once the device was removed (7.6% vs. 6.2% in Wisconsin and 9.8% vs. 7.7% in Nebraska). This is likely explained by the high-risk nature of offenders ordered to wear the device. However, there was minimal recidivism while on SCRAM.
- Despite the higher rate of recidivism among SCRAM offenders, among study participants who were recidivists in both states, recidivists using SCRAM took more days to recidivate than control recidivists (WI: 360 days SCRAM users vs. 271 days control recidivists; NE: 458 days vs 333 days, respectively).
- Overall, the research suggests SCRAM usage among DUI offenders delays future drinking and driving among at-risk populations.

Prevalence:

SCRAM Systems reports that their CAM service providers are available in every state to monitor high-risk offenders. Over 900,000 individuals have been monitored using SCRAM technology, achieving a 99.1% compliance rate (SCRAM, 2023). CAM has been shown to be an effective tool when monitoring alcohol consumption among DUI offenders and is commonly used in evidence-based programs for high-risk impaired drivers to monitor compliance with abstinence orders. Many DWI courts, intensive supervision programs, and 24/7 sobriety programs often use CAM along with other monitoring testing options.

References:

Bock, S. (2003). Michigan DOC Runs BETA test of New Remote Transdermal Alcohol Monitoring System. The Journal of Offender Monitoring, Winter/Spring 2003, 2-6.

Flango, V., & Cheesman, F. (2009). The effectiveness of the SCRAM alcohol monitoring device: A preliminary test. Drug Court Review, 6(2), 109-134.

McKnight, A., Fell, J., & Auld-Owens, A. (2012). Transdermal Alcohol Monitoring: Case Studies. DOT HS 811 603. Washington, D.C.: National Highway Traffic Safety Administration.

Robertson, R., Vanlaar, W., & Simpson, H. (2006). Continuous Transdermal Alcohol Monitoring: A Primer for Criminal Justice Professionals. Ottawa: Traffic Injury Research Foundation.

Sakai, J., Mikulich-Gilbertson, S., Long, R., & Crowley, T. (2006). Validity of transdermal alcohol monitoring: Fixed and self-regulated dosing. Alcoholism: Clinical and Experimental Research, 30(1), 26-33.

SCRAM Systems. (2023). 20 years of making a difference: SCRAM CAM. Retrieved from https://www.scramsystems.com/scram-blog/20-years-making-difference-scram-cam/

Tison, J., Nichols, J., Casanova-Powell, T., & Chaudhary, N. (2015). Comparative Study and Evaluation of SCRAM Use, Recidivism Rates, and Characteristics. DOT HS 812 143. Washington, D.C.: National Highway Traffic Safety Administration.