



The knowledge source for safe driving

February 11, 2019

The Honorable Senator Clarence K. Nishihara, Chair  
The Honorable Senator Glenn Wakai, Vice Chair  
Committee on Public Safety, Intergovernmental, and Military Affairs  
Conference Room 229, 415 South Beretania Street  
Hawai'i State Capitol Honolulu, HI 96813

**RE: SB 645 relating to the ignition interlock program**

**Senate Public Safety committee (SB645) on Tuesday, February 12, 2019 @ 2:00PM HST**

Dear Chairman Nishihara and Vice Chair Wakai,

The Traffic Injury Research Foundation (TIRF; [www.tirf.ca](http://www.tirf.ca)) strongly urges you to support and advance SB 645, which closes loopholes in the drunk driving law and improves compliance with the state's lifesaving ignition interlock law.

TIRF is an independent, scientific research institute, based in Canada, with a separate US office. We operate as a registered charity in Canada, and our US office is a registered 501(c)3. We receive funding from governments through research project contracts as well as from associations and industry. We have consulted with governments around the world (including the Netherlands, Australia, United Kingdom, Belgium, Norway and France in addition to the US and Canada) about drunk driving and alcohol ignition interlock programs. The Association of Ignition Interlock Program Administrators (AIIPA) in the US hires TIRF to provide strategic advice to AIIPA. During the past ten years, we have delivered technical assistance to improve the implementation and delivery of interlock programs and other drunk driving countermeasures in more than 40 states in the US with funding from the National Highway Traffic Safety Administration (NHTSA) through a cooperative agreement.

As part of this technical assistance, TIRF reviewed Hawaii's Alcohol Interlock Program in May 2014 and concluded with a written report. The report identified some of Hawaii's biggest challenges and offered suggested solutions. Challenges included:

- > Offenders who are eligible for the interlock program often choose to wait out the hard revocation instead of enrolling in the interlock program;
- > There is a lack of agency authority to hold offenders accountable for non-compliance with interlock program rules; and,
- > Offenders in the interlock program who continue unsafe driving behaviors can not necessarily be kept in the program, thereby reducing possibilities to prevent future offending.

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We believe that SB 645 would effectively address these identified challenges by the following stipulations contained in it:

- > No longer allowing offenders to wait out the hard revocation period, but rather ensuring that drivers ordered to use an interlock have no other choice but to actually install the device before they can obtain an unrestricted license;
- > Provide the authority for the Department of Transportation to adopt and promulgate rules, notably in relation to non-compliance; and,
- > Implement a compliance-based removal system whereby offenders must prove compliance with ignition interlock program rules before their device will be removed. This approach requires that drunk drivers using an interlock must have a certain period of no recordable violations before the device is removed. This system is already law in 28 states and has become an effective way to teach sober driving.

In conclusion, we believe that SB 645 addresses existing challenges in the current drunk driving law. The new law proposes proven best practices to overcome these challenges. We therefore urge you to support and advance SB 645. We sincerely hope that the information we have provided will help to make this decision but remain available, should you require more information.

Please do not hesitate to contact us if you have follow-up questions about our letter.

Sincerely,



Robyn Robertson  
President and CEO  
TIRF

Secretary of the Board  
TIRF USA, Inc.



Dr. Ward Vanlaar  
COO  
TIRF



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February 12, 2019

To: Senator Clarence K. Nishihara, Chair; Senate Committee on Public Safety, Intergovernmental and Military Affairs; Vice Chair Glenn Wakai; and members of the Committee

From: JoAnn Hamaji-Oto, Territory Operations Director, Smart LLC, Hawaii Corporate Office

Re: Senate Bill 645- Testimony in Strong Support Relating to the Ignition Interlock Program

I am JoAnn Hamaji-Oto, Territory Operations Director for Smart Start LLC, Hawaii Corporate Office. Smart Start is the current vendor contracted by the Hawaii Department of Transportation to install and service alcohol ignition interlocks in the state of Hawaii. I am offering testimony in strong support of Senate Bill 645 Relating to The Ignition Interlock Program.

The only way to stop a drunk driver from reoffending is to install an ignition interlock on the vehicle that a person operates during a license revocation period. Unlike other alcohol monitoring technologies or programs, an interlock is the only technology and the single most effective tool available to physically separate drinking from driving and to enhance public safety. A consequence for trying to drive drunk on an interlock is not incarceration, but rather a parked vehicle that will not start until the driver sobers up. As you are most likely aware, ignition interlocks prevent a drunk driver from operating a motor vehicle if their breath alcohol concentration (BrAC) exceeds a set point (typically .020). Drivers must provide a breath sample by blowing into an ignition interlock device before starting their car. If the driver's BrAC is over the set point, the vehicle will not start. SB 645 will make interlock users prove compliance and demonstrate they

are able to drive sober before removing the device. For drunk drivers using an interlock, they must have a certain period of no recordable violations before removal, known as compliance-based removal and is law in 28 states. Interlock compliance-based removal laws are important in teaching sober driving behavior.

According to the American Association of Motor Vehicle Administrators (AAMVA), Ignition Interlock Best Practice Guide for Ignition Interlocks called on states to have compliance-based removal for people on an ignition interlock. Currently, OVUII offenders in Hawaii merely have their interlock removed when it is time for end of program, whether they have proved sobriety to drive or not. This legislation will boost interlock implementation. One of the biggest challenges facing Hawaii's interlock program is eligible OVUII offenders wait out the revocation period and do not install an interlock, many choosing to drive unlicensed and not interlocked.

Since the implementation of Hawaii's Ignition Interlock law in 2011, we have prevented more than 100,000 drunk driving attempts in the state of Hawaii. The interlock did what it was supposed to do, it directly prevented drunk driving and the injuries and deaths it causes. OVUII offenders should be made to comply with the requirements to install an interlock device *before* their driving privileges are restored. They should not be given the choice of waiting out the revocation period without ever installing an interlock. This is a dangerous situation as research provides that suspending licenses by itself is not a deterrent, 50 – 75% of DUI offenders continue to drive on suspended licenses.

In conclusion, we strongly urge you to pass SB 645 as it will help strengthen Hawaii's Ignition Interlock laws which is critically important to help save lives and keep Hawaii roads safe.

Thank you for the opportunity to provide testimony in support of this important bill.



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February 12, 2019

To: Senator Clarence K. Nishihara, Chair, Senate Committee on Public Safety; Senator Glenn Wakai, Vice Chair; and members of the Committee

From: Carol McNamee and Arkie Koehl, Public Policy Committee - MADD Hawaii

Re: Senate Bill 645– Relating to the Ignition Interlock Program

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I am Carol McNamee, offering testimony on behalf of the Hawaii Chapter of Mothers Against Drunk Driving in support of the intent of Senate Bill 645, Relating to the Ignition Interlock Program.

SB 645 makes interlock users prove compliance with ignition interlock requirements before removing the device. For drunk drivers using an interlock, they must have a specific period of no recordable violations before being able to have the device removed. This concept is known as “compliance based removal” which is now law in 28 states. Compliance based removal laws are important in teaching sober driving behavior.

Senate Bill 645 will also ensure that people who are ordered to use an interlock actually use the device before obtaining an unrestricted license. An interlock costs around \$3 a day to the offender, although current law allows for a reduced rate for eligible indigent interlock users.

In addition, this bill outlines alternative requirements that a judge may impose on the driver who, for whatever reason does not elect to install the ignition interlock device on his or her vehicle. Drivers could be sentenced to a “sobriety program” which is defined in the bill.

Hawaii has some unique situations – different from other states - which will require some discussion and editing to make the compliance based system function effectively. MADD asks that this measure be passed out of committee to enable members of the Impaired Driving Task Force to complete their work on proposed amendments.

According to the CDC, interlocks reduce repeat drunk driving offenses by 67 percent. An ignition interlock is more effective than license suspension or revocation alone, as up to 75 percent of convicted drunk drivers continue to drive on a suspended license. License revocation with the use of an interlock is our best hope for stopping repeat drunk driving.

MADD asks you to pass out SB 645 to strengthen Hawaii's life-saving Ignition Interlock law. Thank you for the opportunity to testify.

## WRITTEN TESTIMONY

CHAIR OF THE SENATE COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL, AND MILITARY AFFAIRS

### SENATE BILL 645

WEDNESDAY, FEBRUARY 12, 2019; 2:00 PM

CONFERENCE ROOM 229, STATE CAPITOL, 415 BERETANIA STREET

Good afternoon Chairman Nishihara and distinguished members of the committee, thank you for the opportunity for submitting written testimony in support Senate Bill 645. My name is Erin Holmes. I am the Director of Traffic Safety at the Foundation for Advancing Alcohol Responsibility (Responsibility.org). Prior to joining the Foundation in September of 2014, I was a Research Scientist at the Traffic Injury Research Foundation (TIRF). During my tenure at TIRF, I published more than 40 reports, evaluations, and articles and delivered in excess of 50 presentations internationally on impaired driving, justice system improvements, alcohol monitoring technologies, risk assessment, and drug policy. Ignition interlocks are my primary area of expertise. I have provided The National Highway Traffic Safety Administration (NHTSA)-funded training and technical assistance to more than 20 states, including Maryland, to improve the delivery of their interlock programs. Moreover, I was involved in the planning and implementation of an international symposia series on interlocks and developed the content for the Alcohol Interlock Curriculum for Practitioners ([www.aic.tirf.ca](http://www.aic.tirf.ca)).

The Foundation for Advancing Alcohol Responsibility (Responsibility.org) is a national not-for-profit that leads the fight to eliminate drunk driving and underage drinking and is funded by the following distillers: Bacardi U.S.A., Inc.; Beam Suntory; Brown-Forman; Constellation Brands, Inc.; DIAGEO; Edrington; Mast-Jägermeister US, Inc.; and Pernod Ricard USA. For more than 25 years, Responsibility.org has brought individuals, families, and communities together to guide a lifetime of conversations around alcohol responsibility and offers proven strategies to stop impaired driving. To learn more, visit [www.responsibility.org](http://www.responsibility.org).

Responsibility.org supports the mandatory and effective use of ignition interlocks for all convicted DUI offenders as part of a comprehensive approach to eliminating drunk driving. **Senate Bill 645** seeks to strengthen Hawaii's existing interlock program by giving the Department of Transportation rule-making authority, establishing compliance-based removal provisions (180 consecutive days without violations), establishing penalties for those who fail to install an interlock including a requirement to complete a sobriety program, defining program violations, and affording the court the discretion to order defendants to enroll in an alcohol or substance abuse education or treatment program. Furthermore, SB 645 requires the revocation of license period be tolled for any period in which the person does not have an ignition interlock device installed on a vehicle owned or operated by the person. If passed, this legislation will reduce instances of drunk driving and increase offender accountability. Given the life-saving potential of this technology and the potential of this legislation to align Hawaii with some of the strongest interlock programs in the country, we urge all legislators to vote yes on **SB 645**.

Evidence shows interlocks are highly effective in preventing alcohol-impaired driving for both repeat and first-time DUI offenders while they are installed.

- More than 10 evaluations of interlock programs have reported reductions in recidivism ranging from 35-90% with an average reduction of 64% (Willis et al., 2004).
- A study commissioned by the Centers for Disease Control and Prevention (CDC) that involved a systematic review of 15 peer-reviewed studies revealed that, while interlocks were installed, the re-arrest rate of offenders decreased by a median of 67% compared to groups who never had an interlock installed (Elder et al., 2011).
- A study of New Mexico's interlock program (Marques et al., 2010) examined the recidivism rate of first offenders arrested for aggravated DUI. This research found that offenders who participated in the program

had a 61% lower recidivism rate while the device was installed and a 39% lower recidivism rate following the removal of the interlock when compared to offenders who never installed the device.

**Simply put, the passage of interlock laws saves lives.** A study by Kaufman and Wiebe (2016) examined the impact that the passage of all offender interlock laws have on alcohol-involved crashes (defined as any crash involving at least one driver who had a blood alcohol concentration above .00) in 18 states. The authors found that requiring all drivers convicted of DUI to install an interlock was associated with a 15% reduction in the rate of alcohol-involved crash deaths; this translates into an **estimated 915 lives saved**. A more recent examination of the effects of state interlock laws on alcohol-involved fatal crashes in the U.S. found that interlocks may reduce the occurrence of these crashes (McGinty et al., 2017). State laws that require interlocks for all DUI offenders were associated with a 7% decrease in the rate of fatal crashes involving a driver above the legal limit (.08) and an 8% decrease in the rate of fatal crashes involving a high-BAC (.15>) driver. This translates into an **estimated 1,250 prevented fatal crashes** involving a drunk driver.

This strong convergence of scientific evidence has led to substantial growth in interlock programs within the last decade, along with a shift toward mandatory interlock laws for all DUI offenders. At present, all 50 states have passed some form of interlock legislation and achieved different degrees of program implementation. A total of 32 states and the District of Columbia have passed all offender interlock laws; 28 of these jurisdictions require mandatory installation.

Interlock programs however, should not exist in isolation. This technology is most effective when utilized in conjunction with assessment, treatment, and supervision. It is essential that effective screening for alcohol, drugs, and mental health issues be conducted with DUI offenders in tandem with an interlock sanction to identify those offenders who have issues that must be treated. Research shows that repeat DUI offenders often suffer from multiple disorders. In one study, in addition to a lifetime alcohol disorder, 41% of the participants had a drug-related disorder and 45% had a major mental health disorder that was not alcohol or drug-related (Shaffer et al., 2007). Absent the identification and treatment of substance use and co-occurring disorders, long-term behavior change is unlikely for these offenders. In order to prevent future instances of drunk driving, and subsequently, save lives, the underlying causes of DUI offending (such as substance misuse or mental health issues) must be addressed. The addition of a strong treatment component to Hawaii's program has the potential to change the behavior of impaired drivers in the long-term.

One option that treatment providers might consider is a new screening/assessment instrument. Responsibility.org and the Division on Addiction at Cambridge Health Alliance, a teaching affiliate of Harvard Medical School, launched the [Computerized Assessment and Referral System](#), (CARS). This revolutionary screening and assessment instrument generates immediate diagnostic reports that contain information about an offender's mental health and substance use issues, a summary of risk factors, and provides referrals to nearby treatment services. CARS is available for **free** download at <http://www.carstrainingcenter.org>. We hope this resource will help states better identify, sentence, supervise, and treat high-risk impaired drivers.

In conclusion, Responsibility.org believes that strong laws enabling swift identification, certain punishment, and effective treatment are fundamental elements necessary to reduce the incidence of drunk driving. Responsibility.org further believes that these elements must be coordinated into a statewide system in order to be effective. If there is anything that Responsibility.org can do to strengthen your efforts, please contact Erin Holmes, Director of Traffic Safety at (202) 445-0334 or [erin.holmes@responsibility.org](mailto:erin.holmes@responsibility.org).

Thank you.



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WRITTEN TESTIMONY ONLY  
February 12, 2019

TESTIMONY OF  
COUNCIL CHAIR EMERITUS & VICE CHAIR RON MENOR  
COUNCIL DISTRICT 9  
CITY AND COUNTY OF HONOLULU

Senate Bill 645

RELATING TO THE IGNITION INTERLOCK PROGRAM.

Chair Nishihara, Vice Chair Wakai and Members of the Senate Committee on Public Safety, Intergovernmental, and Military Affairs:

I am testifying in support of Senate Bill 645. I am submitting this testimony not on behalf of the Honolulu City Council, but as an individual Councilmember.

With Hawaii's existing interlock law, Hawaii's drunk driving deaths have decreased by two percent since 2010, compared to an increase of over seven percent nationally.

SB 645 requires interlock users to prove compliance with ignition interlock requirements prior to removing the device. They must have a certain period of no recordable violations before removing the device - known as compliance based removal which is law in 28 states.

SB 645 ensures that drivers who are ordered to use an interlock actually use the device before obtaining an unrestricted license. The interlock costs approximately \$3 a day to the offender, and current law allows for a reduced rate for the indigent.

The CDC finds that interlocks reduce repeat drunk driving offenses by 67 percent. An ignition interlock is more effective than license suspension or revocation alone, as up to 75 percent of convicted drunk drivers continue to drive with a suspended license. License revocation with an interlock requirement is the best option for stopping repeat drunk driving.

Mahalo for the opportunity to testify in support of this bill.

**Senate Committee on Public Safety, Intergovernmental, and Military Affairs**

**February 12, 2019  
Room 229  
2:00 PM**

**RE: SB645; Relating to the Ignition Interlock Program**

To: Chair Clarence K. Nishihara and members of the committee

My name is Nahelani Webster and I am here to testify in **opposition** to SB645.

SB645 establishes the creation of a sobriety and drug monitoring program as a condition of release for those arrested for OVUII. The program suggests that OVUII offenders provide breath samples two times each day. Breath tests approximately 12 hours apart creates a gap in testing during which people can drink above a .08 BAC and then drive, committing another offense.

We strongly support the intent to prevent people from operating a vehicle under the influence of an intoxicant. However, we oppose the language in this bill as we feel it is not the most effective method to monitor alcohol consumption and there is already a method addressed in *Hawaii Revised Statutes ("HRS") 291E-6.5, Continuous alcohol monitoring device; requirement; penalties.*

In 2017 a bill was passed (2017 Act 201) that allows the judiciary to order repeat OVUII offenders to sobriety, monitored by a Continuous Alcohol Monitoring device that continually tests for alcohol consumption. The Continuous Alcohol Monitoring bracelet tests for alcohol consumption 48 times per day, not allowing for any gaps in testing. If a person drinks, it will be detected.

Although the Continuous Alcohol Monitoring device does not stop the car from driving, it does deter the behavior of drinking. Nationally, **99.3% of SCRAM days are Sober Days**, meaning there are no confirmed drinking or circumvention events. Thus, when people are sober, they are not committing the crime of OVUII.

There is published research to support the aforementioned data. A study conducted by the National Center for State Courts examined the effects of SCRAM bracelets on criminal recidivism. The researchers found that **only 3% of offenders on SCRAM recidivated while they were wearing the device**, and repeat DUI offenders who were put on SCRAM for at least 90 days recidivated at half the rate as those not placed on SCRAM (10% vs. 21%,  $p < .05$ ).<sup>1</sup>

Since SB645 is duplicative to current statute, it is unnecessary. Therefore, we **oppose** the bill. Thank you for the opportunity to testify. Please let me know if you have any questions.

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<sup>1</sup> Flango, V. E., & Cheesman, F. L. (2009). The effectiveness of the SCRAM alcohol monitoring device: A preliminary test. *Drug Court Review*, 6(2), 109–134.