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The program was well attended by current and prospective 24/7 program users.  More than 70 attendees from Washington, Arizona, California, Colorado, District of Columbia, Montana, South Dakota, Texas and Utah assembled to share information and engage with presenters about the latest data and lessons learned from 24/7 sobriety programs operating throughout the United States. | |  |  |  | | --- | --- | | |  | | --- | |  | | | |  | | --- | |  | |  |  |  | | --- | --- | | |  | | --- | | **Iowa 24/7 program goes live in Woodbury County**  https://sf-asset-manager.s3.amazonaws.com/96905/72/230.jpeg  Sioux City Iowa - Woodbury County is leading the statewide 24/7 program effort.  They were the first county to implement a 24/7 sobriety program under the law recently signed by the Governor. The program kicked off on July 8th, 2019 with the Sheriff's Office providing the testing.   In Iowa, drivers that have been arrested for an aggravated first time DUI offense, or a repeat DUI offense can be placed on the 24/7 sobriety program if they apply for a temporary restricted driver's license (TRL) and they are in a county that has an operational 24/7 program. After July 8th, offenders in Woodbury County that have a qualifying offense and have a TRL will also be eligible to be on the 24/7 sobriety program for a minimum of 90 days, with the last 30 days requiring full program compliance.   To acquire a TRL in Iowa, the driver must have an ignition interlock installed on his or her vehicle.  After meeting the requirements of the 24/7 program (unless a participant has an alternate sentence) the participant will come off of the 24/7 program, but will still be required to keep the ignition interlock device on the vehicle for the period required by the terms of their TRL or the order from the court. | | | |  | | --- | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **If the**[False Positive Rate for SCRAM is .074%](https://www.scramsystems.com/images/uploads/general/downloads/cam-requirements-guide.pdf)**of all reported negative tests then how many false positives should a program like South Dakota's expect to encounter?**  If one reviewed South Dakota’s published data (as of June 30, 2019) they would see that there were 2,154,691 days monitored and 2,494 confirmed drinking events and 8,075 days where there was a confirmed tamper.   If we assume that there is only one confirmed positive result or confirmed tamper calculated per day, we can also assume that there were 2,144,122 reported negative days.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | SD data as or June 30, 2019  [(Published on SD Attorney General’s website)](https://atg.sd.gov/legal/DUI247/statistics.aspx). |  | |  |  | | **participants** | **12,429** | | **days monitored** | **2,157,185** | | **fully compliant** | **73.0%** | | **per test compliance** | **99.6%** | | **confirmed drinking events** | **2,494** | | **confirmed tampers** | **8,075** | | Note: South Dakota 24/7 program uses SCRAM for their transdermal testing |  |      2,144,122 negative days multiplied by .074% should produce the expected number of false positive tests (according to SCRAM’s “verifiable false positive rate”) for this period of testing.  SCRAM Systems, in it's sales literature, indicates that "Courts have consistently ruled SCRAM transdermal monitoring as reliable and admissible, based in a large part on the published, verifirable false positive rate of .074%."    Assuming that this is an accurate false positive rate, statistically,**1,586 of the 2,494 reported positives**in South Dakota (through June 30, 2019) could have been false positives.  If this is not an accurate false positive rate, then what is the real false positive rate?    It would seem that there is a need for one or several 'real world', independent studies to determine what this false positive rate is for SCRAM in an 24/7 type of testing environment.   This is especially important since even SCRAM understands that, ["Courts have consistently ruled SCRAM transdermal monitoring as reliable and admissible, based in large part on the published, verifiable false positive rate of .074%".](https://www.scramsystems.com/images/uploads/general/downloads/cam-requirements-guide.pdf)   Note:  Alcohol Monitoring Systems published an Internal Study that appears to be where the .074% figure came from.  This report is within a presentation that is available on the internet ([page 20/59 titles, AMS Internal Study Results](http://www.trafficresourcecenter.org/Impaired-Driving/~/media/Microsites/Files/traffic-safety/tms/Courtroom%20Presentation.ashx)).  It also appears that the .074% number was calculated by dividing the false positives by the “True False Negatives” or the “True False Negatives + the False Positives"). | | | | |  | | --- | |  | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Is Self-Administered Remote Breath Testing a good answer for a 24/7 Program?**  https://sf-asset-manager.s3.amazonaws.com/96905/72/231.png  Early data out of South Dakota’s 24/7 Sobriety Program might alarm program managers in any jurisdiction that are considering the use of Self-Administered Remote Breath Test Device’s.   We must be clear that this is early data that may or may not be indicative of how the use of these devices will perform over time, but with five months of recorded data (that has been failry uniform over the period it has been collected) the information that is being revealed from the data should be taken note of and should raise questions and force consideration of how this methodology should be used.   The published results from the first five months of use of the SCRAM Remote Breath Test device in South Dakota, as published on the [South Dakota Attorney General’s website](https://atg.sd.gov/legal/DUI247/statistics.aspx), indicate the following:  February 1, 2019  to  June 30, 2019   |  |  | | --- | --- | | Participants | 100 | | Days Monitored | 6,517 | | Failed Tests | 15 | | Passed Tests | 14,753 | | Daily Compliance | 92.9% |   This published data suggests that in South Dakota, on average, 2.27  ((14,753+15)/6,517) tests were performed per day with the self-administered remote breath testing equipment.  It also suggests that for every 14.08 participants on the program, there is a non-compliant event per day; resulting in 462.71 (7.1% x 6,517) non-compliant events over the five months.  Up to fifteen of those non-compliant days may have been the result of failed tests, while at least 447.71 were the result of either no sample provided, a failure to positively identify the person providing the sample or for some other non-compliant event.   This high rate of missed tests and low rate of positive tests is not a surprise if you think about it.  It is understandable that a person on a self-administered breath monitoring program might choose not to provide a breath sample if they had been drinking.  They could claim that they:    * forgot about the scheduled test; or * temporarily lost the testing device; or * some other creative excuse,   By the time the authority determined that there was a non-compliant event, and was able to respond to the missed test, the participant would likely be free of alcohol.  The extremely low positive rate combined with the high missed test rate is a good indication that this type of behavior is occurring.   A similar phenomenon occurs with in-person twice a day testing when the authority chooses to apply a lesser, or no penalty for late or missed test events, but applies a firm consequence for a positive test.  The participants will choose the path of least resistance and will not show up when they have been drinking.  Under these circumstances, positive rates drop and missed test rates increase.    High non-compliance rates (on average 4.6 per offender in South Dakota, or about seven (7) non-compliant events per day for every 100 participants on the program) with a remote testing device create a major issue for a 24/7 program. High non-compliance rates will place an undue burden on the authority that is saddled with responding to the violation in a timely manner.   Swift and certain consequences are a core component of a 24/7 sobriety program.  Testing methods should support this fundamental tenant of the program.       Since these non-compliant violations are often not viewed by the enforcing authority as high level crimes and because in most cases the enforcement agency is not compensated for chasing down the offender, these violation are too often considered a low priority; effectively undermining the program with less than timely responses to the infractions.   In person twice a day testing at a central test site does not have the same hidden costs, nor issues that self-administered remote breath testing has. The Mountain Plains, [South Dakota 24/7 Sobriety Program Evaluation Findings Report](https://atg.sd.gov/docs/AnalysisSD24.pdf) indicated that there was 0.6% non-compliant rate for the analyzed data from the state’s 24/7 sobriety program between 2005 – January 2010 (.3% failed and .3% missed the test).     On the current South Dakota’s Attorneys General website, the reported statistics indicate a passed rate of 98.98% but the site, unfortunately, does not break out the rate of no shows from the rate of failed tests.    In any event, a percentage of the non-compliance is due to failed tests at a central testing site and sanctions can be applied immediately negating the need for an arrest warrant nor requiring the enforcement agency to chase down the offender. For the No Show participants, many will present for testing at the next scheduled testing while others will require an authority to get involved in the apprehension; albeit at a rate that is several times less than for self-administered remote breath testing.      A test site that is staffed by the policing agency is collecting funds, from their testing, to cover some, or all, of the cost of testing and responding to non-compliance. That is not a common practice for self-administered remote breath testing where the provider collects all of the associated fees and the policing agency is, most often, saddled with the unfunded work of chasing down non-compliant participants.   We need to continue to watch the South Dakota experiment closely as the early self-administered remote breath data does not produce a compelling case for widespread use of this technology in a 24/7 program.    Additionally, this review does not contemplate the impact that remote breath alcohol monitoring has on the long-term behavior of participants that are placed on this monitoring method.  Data addressing the impact that remote breath testing had on behavioral change is needed.    Are participants on self-administered remote breath testing missing tests because they are positive? Do they miss tests because they are forgetful?  Do they miss tests because they are not immediately accountable for the non-compliance?   All of these questions need to be answered.   Remote testing does not provide the capability of applying an immediate consequence for an action. The lack of face to face accountability may reduce a program's impact on long-term recidivism. Unless data suggests otherwise, to maximize the impact of your program on its participants,  the best use for this testing methodology at this point in time is only when:   * it is impossible for the participant to test in person; or * when it is used in conjunction with an in-person twice a day testing schedule to ensure that drinking is not occurring between testing sessions; or * the participant has demonstrated that they have performed well during in-person testing | | | |  | | --- | |  | | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | **What is the current state of 24/7 programs in the United States?** | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | Image Title | | | |  | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | **© 2019 24/7 Sobriety Systems LLC** | | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | [Unsubscribe](http://++unsubscribecustom++/) | | | | |  | | | |