NSW Alcohol Interlock Program

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In New South Wales, drink driving is a factor in approximately 20% of fatal crashes.

Around 18% of those convicted of drink driving each year, have a previous drink driving conviction.

NSW Centre for Road Safety

NSW Alcohol Interlock Program

RTA

The NSW Interlock Program commenced on 8 September 2003

Eligible offenders

- Middle & high range ($\geq$0.08)
- All repeat offenders

Court ordered

- Existing penalty
- Disqualification suspension order (DSO)
- Voluntary entry

Two phased penalty

- Shorter disqualification period
- Interlock participation period

NSW Alcohol Interlock Program

Offence category	Disqualification suspension order	Existing penalties
Special range (0.02 to < 0.05) Low range (0.05 to < 0.08) Any previous	**3mths (DCP)** **12mths (IPP)**	6mths/unlimited disqualification $2,200
Middle range (0.08 to <0.15) Any previous	**6mths** **24mths**	12mths/unlimited $3,300 12mths gaol
High range (0.15+) Refuse test No previous	**6mths** **24mths**	12mths/unlimited $3,300 18mths gaol
High range (0.15+) Refuse test Any previous	**12mths** **48mths**	2yrs/unlimited $5,500 2 yrs gaol

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Licence application

- *Drinkless* brief medical intervention
- Interlock installed
- Participation declaration

Privacy protection

- –'I' on front
- – Explanation of code on rear

Statewide service centre network

No fixed pricing

NSW Alcohol Interlock Program

Major issues faced in starting the program

- Program development - designing the elements of the program to meet the needs of NSW community
  - Voluntary or mandatory
  - Offender groups
  - Referrals
  - Disqualification and interlock period
  - How to encourage participation
- Cost
- Administrative issues
  - Interlock provider and servicing of the devices
  - Policies and Procedures

Key challenges during the program

- Increase participation rates
- Reducing costs
- Increasing:
  - ➢Interlock installers;
  - ➢Doctors; and
  - ➢Lawyers to request the interlock order at court.

Key achievements of the program

- Low recidivism rates
- Implementation of the program
- Successful partnerships
- Use of WHO best practice medical intervention model

Future developments for the program

• 2nd *Drinkless* brief medical intervention for participants;

• Address equity issues associated with the program e.g. re-examining the means tested subsidy; and

• Reciprocal arrangements between states and territories for service provision.

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