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A Belgian qualitative field trial on alcohol ignition interlocks

1. Introduction

1.1. The Alcohol Ignition Interlock

An alcohol ignition interlock is a device installed in a vehicle that requires the driver to provide a breath sample every time an attempt is made to start the vehicle. If the driver has a breath alcohol concentration above a specified threshold value, the ignition is locked and the vehicle cannot be started. Drivers are also required to perform re-tests at random intervals when driving. As the interlock only interferes with the ignition, the motor is not shut down during driving in case of a positive alcohol test or in case of a refusal of the re-test. In these situations the driver is warned about the infraction by means of an alarm. As all test results, test attempts and attempts to circumvent the system are electronically recorded [cf. (1) for a review], the drivers are however held accountable for their test results. The drivers have to justify all positive tests or other anomalous results to the authorities responsible for the program.

Extensive studies carried out in the United States and in Canada since the 1980s show that when embedded in a comprehensive monitoring program, alcohol ignition interlocks lead to 40-95% reductions in the rate of repeat driving under the influence offences of convicted offenders (cf. (2), (3) and (4)). This reduction in drink driving behaviour is however lost upon interlock removal, as systematically testified by comparable re-offence rates for formerly alcohol ignition interlock experimental groups and no-alcohol ignition interlock control groups (e.g. (5)). It is estimated that there are currently about 65.000 alcohol ignition interlock devices in use throughout North America (6). So, in over two decades of alcohol ignition interlock use, a couple of hundreds of thousands of conductors had their car equipped with an alcohol ignition interlock in North America.

These figures are in sharp contrast with the dawn of alcohol ignition interlock research and application in Europe. Only in recent years some initiatives concerning alcohol ignition interlocks have been developed in Europe. The most known is the Swedish program, which will lead to the installation of more than 20,000 alcohol ignition interlocks in Swedish commercial vehicles over the next few years (7). Apart from the countries conducting field trials in the framework described in the present paper (Belgium, Norway, Spain and Germany), other countries like Finland, the UK and the Netherlands are also running test trials and/or are preparing the legal implementation of an alcohol ignition interlock program and a large-scale application of alcohol ignition interlocks (8).

1.2. Framework

Inspired by the convincing findings of the large-scale North American trials and by the recommendations of a European feasibility study (Bax et al., 2001), the European Commission's Directorate-General for Energy and Transport launched a call for proposals in the field of transport (DG TREN/SUB/01-2003) in 2003. This call referred particularly to a project on alcohol ignition interlocks. The Belgian Road Safety Institute (IBSR) took the initiative to form a consortium of European institutes that were interested in participating in a qualitative field trial. The consortium comprises Belgium (IBSR as coordinator), Germany (BASt, Federal Highway Research Institute), the Netherlands (SWOV Institute for Road Safety Research), Norway (TØI, Institute of Transport Economics) and Spain (University of Valladolid). In September 2003, the European Commission approved the consortium's proposal submitted in response to the call.

The general objective of the project is "to contribute to a reduction of the number of victims on European roads by preparing and facilitating legal implementation of alcohol ignition interlocks in the European Union through research on the psychological, sociological, behavioural and practical impact on drivers whose vehicles are equipped with an alcohol ignition interlock".

The specific objectives of the project are:

- to study the perceptions of five groups of thirty drivers (Norwegian and Spanish bus drivers, German goods transport drivers, Belgian recidivist drink drivers and Belgian abstinent alcohol dependent patients) and of related subjects of these groups towards driving with an alcohol ignition interlock (what are their ideas, beliefs, attitudes, expectations, problems, etc.) – i.e. the psychological impact
- to study the impact of alcohol ignition interlocks on the relation between drivers of these groups and their related subjects – i.e. the sociological impact
- to study the impact of alcohol ignition interlocks on the drinking, driving and drunk-driving habits of the four categories of drivers – i.e. the behavioural impact
- to study practical consequences for these drivers and their related subjects (e.g. practical consequences of safely managing running re-tests)
- to complete research on alcohol ignition interlocks by studying this phenomenon from a new perspective (main focus on the possible pitfalls concerning the psychology and the social interactions of the drivers, and on practical consequences in stead of focussing on the effectiveness in terms of the reduction of recidivism)
- to form a solid basis for theoretical and practical input for larger quantitative experiments on efficiency as a final step before legal implementation.

The proposal also defined the methodological confines within which the national trials are to be executed. The method of investigation to be followed was defined as an in-depth qualitative approach. Furthermore, the method should conform to the general methodological outline of the proposal; specifying "a small-scale qualitative research project, where there is the place and time for an intensified approach through in-depth interviewing. Furthermore, a small-scale field trial will enable us to collect exploratory empirical field data, i.e., real life experiences with interlocks in European countries. This is a necessary and logical step towards legal implementation, because the expertise with alcohol ignition interlocks in other parts of the world (for example with regard to behavioural and practical consequences) may perhaps be very important to Europe, but it still needs to be translated to the European context."

2. Methodology

2.1. Core design

The core design of the entire research project defined in the proposal is straightforward: the different groups of drivers will use an alcohol ignition interlock for an entire year. Before, during and after this period these drivers (and their related subjects) are interviewed. Together with the data recorded by the alcohol ignition interlocks, these data will provide an in-depth exploration of people's real life experiences with alcohol ignition interlocks in a European context.

The qualitative nature of the proposal is reflected in the small sample sizes: for each of the target groups only thirty drivers and no control groups are selected. In the Belgian trials only thirty recidivist drink drivers and thirty abstinent alcohol dependent patients will be selected. These samples are supplemented with one relative for each of the drivers, who will only be interviewed at the end of the entire trial.

2.2. A qualitative field trial

The main objective of the European trial on alcohol ignition interlocks is to explore the impact of alcohol ignition interlocks on psychological, sociological, behavioural and practical dimensions for different groups of drivers. As the research-budget did not leave room for the inclusion of control groups, this objective was to be reached without the inclusion of control groups. As the proposal did not leave room for the inclusion of a sample large enough to be statistically representative either, this objective was also to be reached by means of a limited and select sample of participants.

These choices clearly illustrate that the goal of the European trial is not to investigate the efficacy of alcohol ignition interlocks as a tool to counteract drink-driving recidivism. Since the European applications of alcohol ignition interlocks are still in a preliminary phase, such an investigation would not yet be appropriate. A necessary phase that must precede of this is a small-scale inquiry on how European drivers (and their social environment) experience alcohol ignition interlocks. The results of this inquiry will subsequently allow determining the parameters for a large-scale test of the efficacy of alcohol ignition interlocks in a European context. Moreover, the collection of exploratory empirical field data, i.e. real life experiences with alcohol ignition interlocks in European countries, is still a necessary and logical step towards legal implementation. The expertise with alcohol ignition interlocks in other parts of the world may perhaps be very important to Europe, but it still needs to be translated into the European context (8). These limitations imply that the study of the impact of alcohol ignition interlocks must be understood as an in-depth description and exploration of the driver's subjective experiences and of the driver's test results.

By conducting a small-scale qualitative field trial, the present research project can respond at the same time to a void in the North American research. Although this research sufficiently proves the effectiveness of alcohol ignition interlocks in reducing drink-driving recidivism as long as the alcohol ignition interlock is installed, it hardly provides any indications on the reasons why this effect vanishes as soon as the alcohol ignition interlock is dismantled, nor what (if any) beneficial effects are derived from interlock usage (9). Very little research has examined the impact of interlocks on offenders' motivation to change and/or control their drinking and drink driving. It is therefore unclear what psychological and behavioural changes occur whilst the device is installed or what purpose offenders believe alcohol ignition interlocks serve (e.g., rehabilitation versus incapacitation). This also pleads for a more thorough in-depth - and necessarily smaller scale - research of the processes at work while driving a vehicle equipped with an alcohol ignition interlock.

2.3. A qualitative design

In order to study the experiences with the alcohol ignition interlock of European drivers we will interview different groups of drivers at different moments in time about their experiences with the alcohol ignition interlock. As we investigate behavioural, psychological and social measures as well before, during, as after the alcohol ignition interlock period, without including any control group in our study, it might be tempting to identify our design with a one group pre-post (pre-) experimental design (cf. (10)). Obviously, such a pseudo-experimental design would not allow any conclusion. After all, any possible change from pre- to post measurement can as well be attributed to a series of contaminating factors (repeated measurement-effects, demand-effects, placebo-effects, etc.) as to the effect of driving with an alcohol ignition interlock itself. If the aim of our research would have been to investigate the effectiveness of alcohol ignition interlocks in reducing recidivism or accidents, this design

would have been completely inappropriate. The aim of the present study, however, is an entirely different one. We are concentrating on the self-reported impact of alcohol ignition interlocks on drivers and their related subjects, and in a comparison of these data with the log-data. The confinement of our research to an in-depth investigation of real life field data renders a control group irrelevant to our research purposes, as a comparison of our results with a control group has ipso facto nothing to reveal about people's experiences with alcohol ignition interlocks. Since our aim is to provide an in-depth exploration of people's real-life experiences we will focus exclusively on an extensive in-depth description of the test-group's experiences. The hypotheses emerging from our results can be verified later in subsequent hypothesis-testing research with appropriate target and control groups.

Since the research project focuses exclusively on the driver's subjective experiences with the alcohol ignition interlocks, the pre-alcohol ignition interlock interviews may come as a surprise. After all, before the alcohol ignition interlock is installed, the drivers do not have any experience with the alcohol ignition interlock. We did however have two good reasons to interview the participants before as well as after the alcohol ignition interlock was actually installed. First of all, it allows us to explore the expectations, prejudices, motivations and feelings with respect to the alcohol ignition interlock that exist before the participants have any experience with the device. These data will be compared later with the participant's actual experiences. Secondly, the pre-interview data also allow us to sketch the characteristics of the selected (groups of) participants. Besides some basic demographic characteristics (gender, age, civil status, driving experience, education, income, etc.) this exploration focuses on the general attitudes towards traffic safety, the attitudes towards rules and sanctions and habits pertaining to drink driving. By selecting these questions from previous large-scale questionnaires, these questions will also allow to situate the participants relative to the general population with regard to a number of crucial variables. And to relate the driver's experiences and results to the variables that have been identified in previous research on alcohol ignition interlocks as (possible) determinants of (un)successful alcohol ignition interlock use (e.g. (11), (12), (13) and (14)).

2.4. Qualitative generalization

Since we can only investigate the experiences of two groups of thirty persons each (in Belgium), we can not generalize our results to the population of drivers using alcohol ignition interlocks in general. Even with the best possible selection of participants, the sample would be too small to allow such general conclusions. This does however not mean that our results will only be relevant to the accidental sample at hand. Firstly, because the experiences with our limited sample will allow us to formulate hypotheses to be tested in later quantitative research. Secondly, because we focused maximally on the heterogeneity of the sample. In this way, we tried to maximize the possibility that all possible variations in the possible experiences of drivers would occur in our sample. In doing so, our results should allow to anticipate as good as possible the different situations future alcohol ignition interlock-users might be faced with. In this way, our results can serve as an input to later quantitative trials. By focussing on the heterogeneity of the subject sample, we follow the logic of qualitative research as described in the methodological reference works on qualitative research we consulted ((15), (16) and (17)). These authors do not only stress the importance of a thorough, and methodologically sound exploration of the subjective experiences, but also of the importance of selecting a sufficiently heterogeneous subject sample. As Michelat (18) points out, in the area of attitude research experience showed that after some thirty to forty interviews, supplementary cases rarely add anything new. So, with a two-fold repetition of our research in two different contexts, we can be confident that our research will reveal all the

essential variations of our subject of inquiry. Exploring an as large as possible diversity of experiences from an as diverse as possible group of drivers, we tried to maximize the generalizability of the range of experiences alcohol ignition interlock-users are facing, rather than trying to estimate or predict the mean of these experiences. One might say that we try to optimize the qualitative rather than the quantitative generalizability.

2.5. In-depth interviewing

The most obvious way to conduct this kind of qualitative in-depth research would be to make use of open answer questions and let the participants speak freely about their experiences. The advantage of this method is that it maximizes the participant's opportunities to express any thought or feeling, and thus provides the best possible answer to the principal requirement of the research project to keep any option open. Actually, one of the main goals of our investigation is precisely to explore which topics and experiences are relevant and which ones are not. Therefore, as this concerns a first exploration of the driver's experiences, one should as much as possible let the drivers determine which aspects they find relevant, and which aspects they do not. So, theoretically it is impossible to conceive of an exhaustive questionnaire that would allow the exploration of all the relevant topics and dimensions. For practical reasons, we saw ourselves nevertheless forced to seek solace in a questionnaire-based approach.

The main reason why we decided to do so is that we want to investigate relatively large groups of participants. This makes a summarized description of open interviews with two different groups of thirty participants each an almost impossible enterprise. If we also take into consideration that each participant is interviewed at least three times (once before the installation of the alcohol ignition interlock, once after six months and once after the dismantlement of the alcohol ignition interlock, plus a supplementary interview for each positive breath test), the colossal nature of this enterprise becomes even clearer. The Belgian trials already imply a total of at least 180 (3 x 2 x 30) interviews, plus the supplementary interviews for each failed breath test, plus the interviews with the relatives of the participants. Because common qualitative methods for data collection and data analysis (cf. (15), (16) and (17)) are extremely labour-intensive and rely on continuous back and forward movements between the data and the theoretical inferences, they are almost impossible to apply on such a large set of data. Because of the fact that qualitative methods rely on content analysis and interpretative techniques they are also better suited to a more limited and comprehensive set of data. Therefore we will rely mainly on structured interviews based on standardized questionnaires with closed answer format alternatives (cf. 3.2. Materials).

2.6. Investigation of the implementation process

As made clear by the general objectives of the project, the preparation and facilitation of the legal implementation of alcohol ignition interlocks is one of the main objectives of the present research project. By preparing a first small-scale field trial on alcohol ignition interlocks, we are ipso facto collecting data on the implementation process itself. In the course of the preparation of the trial we are collaborating with a multitude of partners. Each of these partners has different interests in the use of alcohol ignition interlocks. The interests of the interlock manufacturer, for instance, are obviously different from the interests of the justice assistants or the psychiatrists we are collaborating with. While we are conducting our research we will carefully keep track of the demands, remarks, oppositions, opportunities and solutions that each of these partners put forward in the course of the preparation of the field trial. Based upon a careful analysis of these data we will finally formulate recommendations for a possible

large(r)-scale application of alcohol ignition interlocks in Belgium and for the legal implementation of alcohol ignition interlocks.

3. Method

3.1. Subjects

The Belgian trials aimed to include thirty recidivist drink drivers and thirty alcohol dependent patients. Half of the subjects in each subgroup are French speaking, the other half Dutch speaking. Recidivist drink drivers are defined as drivers who have been caught and sentenced more than once for drink driving or who have been caught and sentenced only once but with a blood alcohol concentration (BAC) above 1.2 g/l. They are proposed to drive with an alcohol ignition interlock as a probation condition by the judge. Since they are free to accept or opt for a more traditional sentence (fee and/or license suspension) the recidivist subjects are to be considered as pseudo-voluntary participants. As the subjects can choose either one of the alternatives, they are logically spoken, voluntary participants. However, as the alternative of driving with an interlock would be to have ones license suspended and/or pay a substantial fee we suspect the participants might feel psychologically forced to accept the interlock. Hence our definition of the participants as pseudo-voluntary. As we will gather detailed data on the driver's motives to choose for the interlock, we will be able to empirically evaluate the adequacy of this definition later.

Alcohol dependent persons (Belgium) are selected according to the DSM-IV-R criteria (18) for substance dependence, and are proposed to accept the alcohol ignition interlock as a voluntary part of their therapy by their treating psychiatrists. The patients must have been completely sober for some time. Additionally, some subjects were also referred to the project by the CARA department of the BIVV. For these subjects, participation in the study was a prerequisite for obtaining a positive aptitude to drive evaluation. Supervision of these subjects was also tended by the CARA department. The aim was to include thirty patients, fifteen in Wallonia, fifteen in Flanders.

3.2. Materials

The alcohol ignition interlock devices used in Belgium are WR3-devices from ACS, with the threshold value set at 0,2 g/l. Before participation in the study all participants receive a detailed explanatory folder, explaining the purpose of the study, the rules of engagement and the possible consequences of breaking these rules. The participants are also required to sign an official contract, which stipulates respecting the BAC limit value of 0.2 g/l, not driving a car without an alcohol ignition interlock, personal responsibility should someone else take the wheel, and the like. Participants are provided with a diary in which they note all problems and significant events they experience when using the alcohol ignition interlock (e.g. reasons for failing breath tests).

At each phase of the project (before, during and after alcohol ignition interlock use) the participants' attitudes towards drinking, driving, drink driving and the subjective impact of the alcohol ignition interlock on these issues are investigated by means of a closed answer format questionnaire, supplemented with open answer format questions probing elements participants feel missing in the questionnaire. A part of the questionnaire consists of questions regarding attitudes towards road safety, drink driving and drinking that are taken over and/or adapted from general attitude surveys (e.g. SARTRE (20)). A rephrasing of these questions as a function of the phase of the project (before, during and after alcohol ignition interlock use) in terms of the expected or perceived impact of the alcohol ignition interlock, will allow us to

measure the subjective impact of the alcohol ignition interlock and to track the eventual attitude changes over the course of the trial. Before the entire trial the AUDIT Alcohol Use Disorders Identification Test (21) is also administered, as a standardized check on the participants' drinking behaviour and attitudes towards alcohol consumption. At the end of the trial the participants will be asked to indicate to which degree they feel the alcohol ignition interlock had an impact on their answers to the AUDIT questionnaire's items. The general acceptance of the alcohol ignition interlock is also measured at each phase by means of the acceptance scale developed by Van der Laan, Heino and De Waard (22). Finally, the questionnaire contains questions concerning basic demographic characteristics as well as traffic infraction and accident history. Other questions are more particular to the specific phase of the trial. At the pre-test phase the participants' expectations, fears, worries and feelings towards the alcohol ignition interlock are investigated, whereas at the interview after six months and after the entire experiment, participants real life experiences with the alcohol ignition interlock and its subjective impact on their drinking and driving behaviour are studied in detail. After each failed breath test or after any breaches of the contract the participants are questioned by means of a specific questionnaire probing the specific circumstances and subjective motivations for failures to comply with the program. A specific questionnaire for related subjects will also be developed.

3.3. Procedure

3.3.1. Inclusion

The emphasis in the inclusion process lay on the maximization of the heterogeneity of the subject sample. To this end the supervising authorities (psychiatrists c.q. judges) were asked to refer as much as possible participants of all ages, gender, severity of infraction/dependence etc. In the course of subject selection the researchers provide further feedback to the authorities whenever the group selected up to a certain point in time appears too homogeneous with respect to other theoretically relevant parameters (educational background, income, etc.). Since the judges we collaborated with did not want to impose supplementary financial sanctions together with the obligation to actually use the interlock, the participation in our trial and the leasing of the alcohol ignition interlocks are free of charges.

3.3.2. 12-month trial

The general procedure is straightforward. Before the participants actually start driving with the alcohol ignition interlock, they follow practical alcohol ignition interlock training and are briefed again with respect to the conditions of participation. At the same time the participants are asked to keep track of any exceptional or noteworthy event they encounter when using the alcohol ignition interlock in an ad-hoc alcohol ignition interlock-diary. A first interview by means of the pre-alcohol ignition interlock questionnaire is conducted before the participants actually start using the alcohol ignition interlock. During the first month of alcohol ignition interlock use the alcohol ignition interlock's log data are monitored on a two-weekly basis. From the second to the sixth month the log data will be downloaded each month. From the seventh month till the twelfth month the log data will be downloaded bi-monthly. Regardless of whether failed breath tests occur, participants are also interviewed after six months. The recidivist subjects follow a driver improvement course at this time. Whether the patients will also attend a driver improvement course still has to be decided. Immediately upon alcohol ignition interlock removal at the end of the trial, the participants

are interviewed one last time. Each time a participant breaches one of the conditions of participation (e.g. failed breath tests, refused re-tests etc.) he is invited for a supplementary interview.

As the supervising authorities have also access to the log data, the participants will eventually be given a warning or ultimately even be excluded from the program. In order to allow the participants to speak freely during the interviews, we asked the supervising authorities whether they also needed access to the questionnaire data. This is an important issue, because confidentiality is a necessary precondition to realize a genuine in-depth exploration of the participants' psychological and behavioural changes. As the relationship between patient and psychiatrist is essentially a confidence-relationship, the doctors did not judge it necessary to keep the questionnaire-data confidential. The judicial authorities responsible for the monitoring of the respect for the probation conditions and the CARA department did accept to refrain from access to the questionnaire data. So, for these subjects the interview-data are completely confidential. The recidivist and CARA subjects were assured that the information gathered during the questionnaire-based interviews will only serve research purposes and will be treated strictly anonymously, even if the interview would reveal breaches of the conditions for participation.

3.4. Data analysis

In the course of the trial four different types of data will be collected: (1) the behavioural measurements registered by the alcohol ignition interlock's datalogger, (2) the driver's and related subjects' answers to the standardized questionnaires, to open answer questions, plus their supplementary remarks and observations from the interviewers, (3) the remarks participants note in their alcohol ignition interlock-diaries and (4) the feedback provided by the collaborating partners (justice assistants, probation commissions, psychiatrists, service centre staff, manufacturer staff, etc...)

All together these data will serve to evaluate the subjective impact of the alcohol ignition interlock on psychological, behavioural, practical and sociological dimensions. Since our investigation concerns a first exploration (within a European context) we will focus on a detailed description and inventory of the effects experienced by the drivers without any guiding hypotheses. The analysis will start from the frequency distributions of the behavioural measures and the answers to the standardized questionnaires. These will serve as a general image against which more specific relationships and effects will be depicted, which will in turn lead to hypotheses for later research. These hypotheses can either follow from remarkable findings and relationships observed in single cases, as from relationships that become only evident when groups of subjects are considered together.

We will start the analysis of the data by reporting the frequency distributions of the answers to each question for each phase of the project (pre, during, post or after a positive breath test) for all conditions (alcohol dependent versus recidivist) together. This will provide a general picture of the subject's expectations or experiences, which might already give indications for further research. For instance, the overall degree to which the alcohol ignition interlock is expected to be reliable may give some feedback about the alcohol ignition interlock training, or the overall degree to which the participants consider the alcohol ignition interlock to have an effect on their drink driving habits might give an idea about the subjective efficacy of the alcohol ignition interlock as a means to prevent drink driving. The overall frequency distributions of the behavioural measures might for example give an idea of the degree to which our program demands (e.g. the 0.2 g/l threshold) were realistic. By successively reporting the relevant bivariate frequency distributions we will try to depict an image of the degree to which the subjective impact of the alcohol ignition interlock correlates

with behavioural or demographic characteristics. The associations different aspects of subjective impact will also be studied by means of bivariate frequency distributions. Other analyses will focus on the relationships between logdata and self-reported data, on indications or predictors of successful or unsuccessful alcohol ignition interlock use (parameters for success are yet to be determined), etc.

Finally, the final report will not only take into account the participant's opinions, but will also take into account the feedback provided by the supervising authorities and all the parties we collaborated with in the course of the project. To this end evaluation meetings will be organized with judges, justice assistants, psychiatrists and doctors, the CARA department responsible for the aptitude to drive tests and follow-up of the patients, garage owners, etc. As all these parties will have a crucial role in the final legal implementation and large-scale application of alcohol ignition interlocks, their voices are to be considered as equally important as the driver's experiences.

4. Results

4.1. State of affairs

Although the actual start of the installation of the devices was planned for July 2004, the first installations of interlock devices in the cars of participants only took place in November 2004. The main reason for the postponement up till this point was that the software needed for the start of the trial was not available earlier. By the end of December 2004 we did however only succeed in installing a device in the cars of about one half of the recidivist subjects, and in none of the patient's cars. The delays in the recidivist group were due to several factors. The slowness of the entire process of conducting social inquiries by the justice assistants, the fact that several participants had license suspensions for other traffic infractions being the main reasons for these supplementary delays. The reasons for the more serious delays in the patient-subgroup are more difficult to evaluate at this point. The main reasons seems to be that very few patients agreed to accept the interlock voluntarily. Since we don't yet have complete information on the number of patients to which the interlock has been proposed as a possible part of treatment, this can't be evaluated properly at this time. At the time of writing a total of nine patients volunteered to participate to the project, out of which seven have signed the interlock-agreement. The remaining two patients will probably sign the contract after they have followed the pre-interlock training. The main reason why no interlock has been installed in any patient's car so far is that we planned the pre-interlock training in groups of about five patients. In the Dutch speaking part of the trial we had to wait until January 2005 to plan the first of these training sessions. In the French speaking part of the trial it was finally decided to form mixed groups of patients and recidivists for the pre-interlock training. The final deadline for the installation of the devices is February 2005. So, at the time of writing we cannot say how many patients will finally participate in the project.

4.2. Next steps

Given the very recent actual start of the project in Belgium, we cannot report any results at this time. The first intermediate results of the pre-trial interviews are only expected to be available by May 2005. The final results of the entire trial will only be available after the analysis of the complete data of the 12-month period. As the entire trial will only be completed by the end of February 2006, the first results of the entire trial can only be expected to be available by about May 2006.

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