

Secure Continuous Remote Alcohol Monitor: SCRAM



SCRAM

- The purpose of the device is to assess and/or monitor the wearers' alcohol use
- The device measures Transdermal Alcohol Concentration (TAC)
- The device is a semi-quantitative tool for determining Blood Alcohol Concentration (BAC)
 - Test results can enable a technician to accurately and reliably determine whether a person consumed a small, moderate or large amount of alcohol
 - The results cannot permit anyone to determine simultaneous BAC

Transdermal Alcohol

- People eliminate a small amount of waste products transdermally (through the skin) as perspiration
 - Sensible perspiration: sweat in the liquid phase
 - Insensible perspiration: sweat in the vapor phase (constantly present and unnoticeable)
- Approximately 1% of consumed alcohol is eliminated this way

All SCRAM System Components



How SCRAM Works

- The SCRAM anklet utilizes the same fuel cell technology as some evidential breath testing instruments and most preliminary breath testers
 - Draeger manufactures the fuel cell and uses the device in its Alcosensors
 - Over 50,000 Alcosensors are used worldwide across five continents

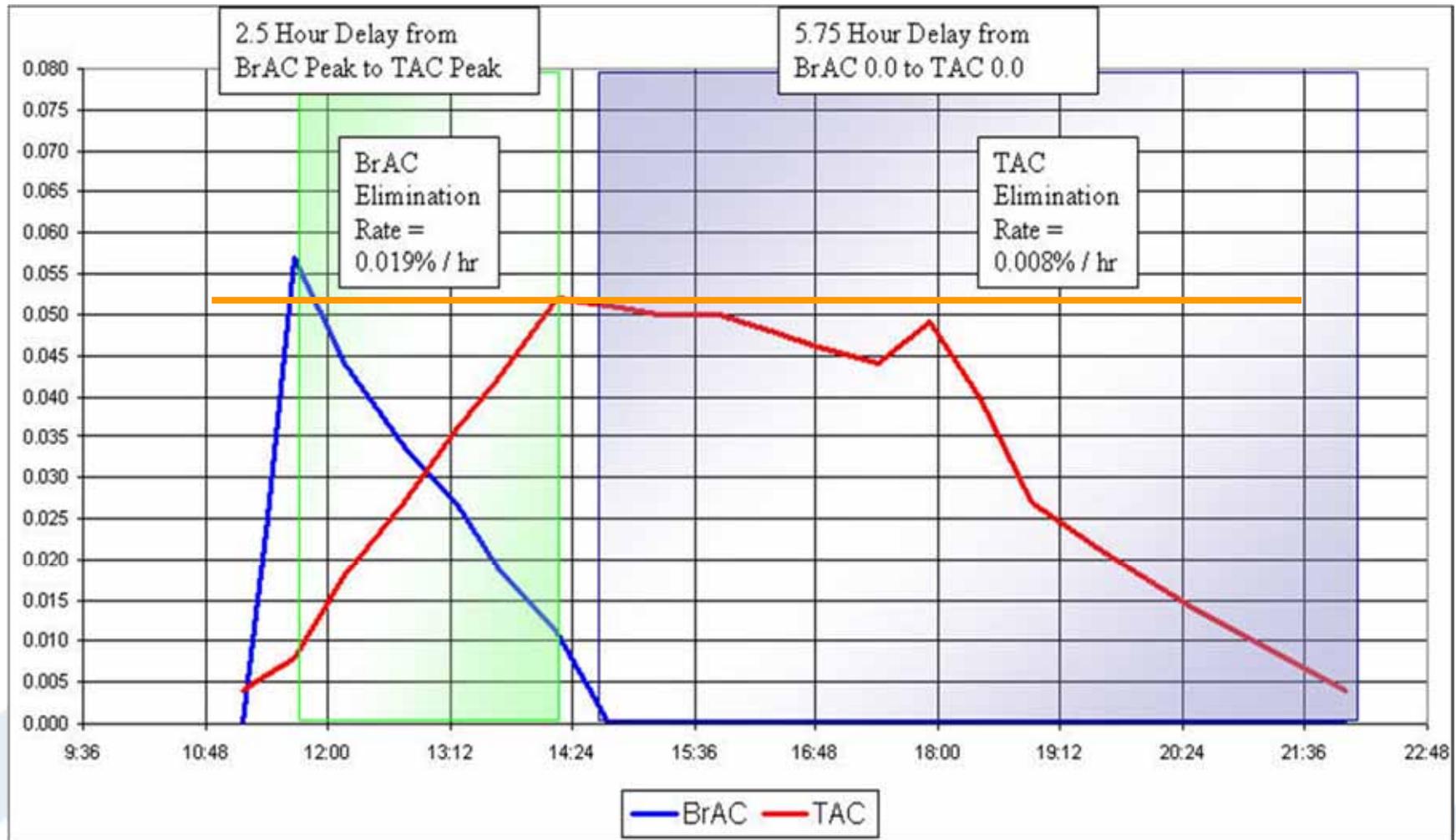
Fuel Cell Accuracy

The fuel cell is set to measure the ethanol content of vapors to within 10% during calibration

TAC and BAC

- TAC and BAC are related
- TAC absorption and elimination curves are similar, but not identical, to corresponding BAC curves
- TAC curves are delayed because it takes time for the body to metabolize enough alcohol to begin excreting it through the skin
 - Simultaneous TAC and BAC readings will almost never match
 - TAC peaks typically are lower than BAC peaks
 - A person's TAC will be elevated for a time after BAC drops to zero

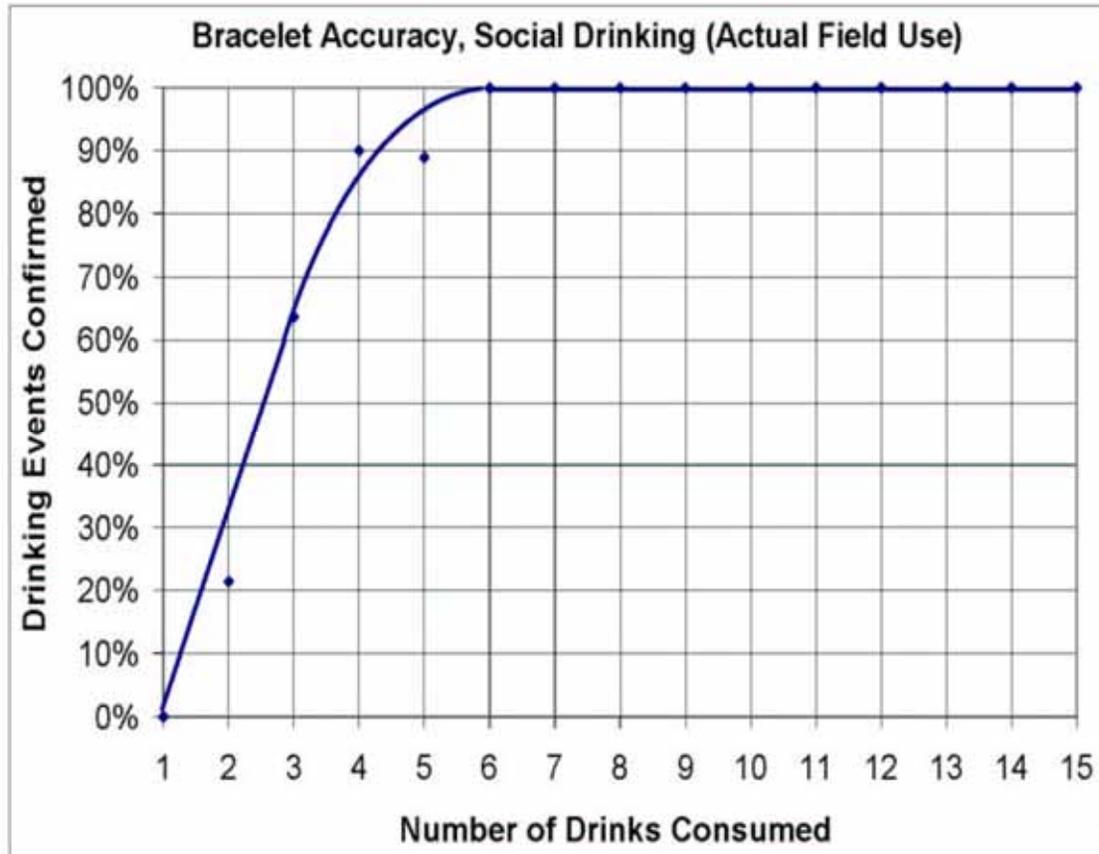
TAC and BrAC: Absorption and Elimination Curves



Sensitivity

- SCRAM does not “flag” an event until three consecutive readings exceed 0.02%
 - The average person will not reach a 0.02% TAC unless the person has more than one drink in his or her system
 - This gives the wearer the benefit of the doubt

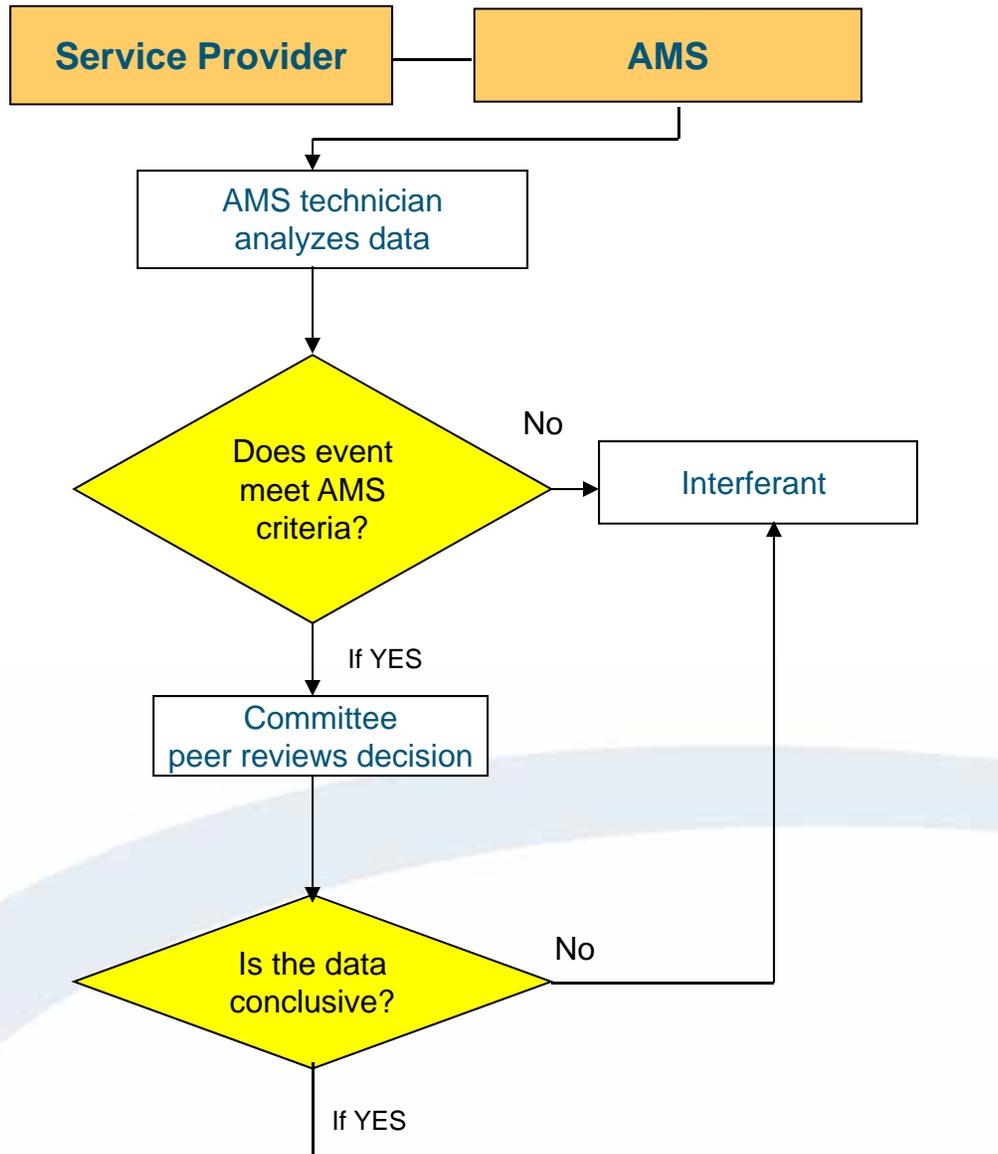
SCRAM Alcohol Measurement



- Real-World, Social Drinking
- 60+ drinking events on a variety of male subjects, 180 pound average
- Drinks consumed are self-reported
- Type of drink varies
- Existence of food in stomach and amount of food varies
- Duration of drinking varies from 30 minutes to all-day; 2 hour average

- Bracelets set to 60 minute reading intervals
- Any event whose peak TAC is less than 0.02 is not flagged by definition

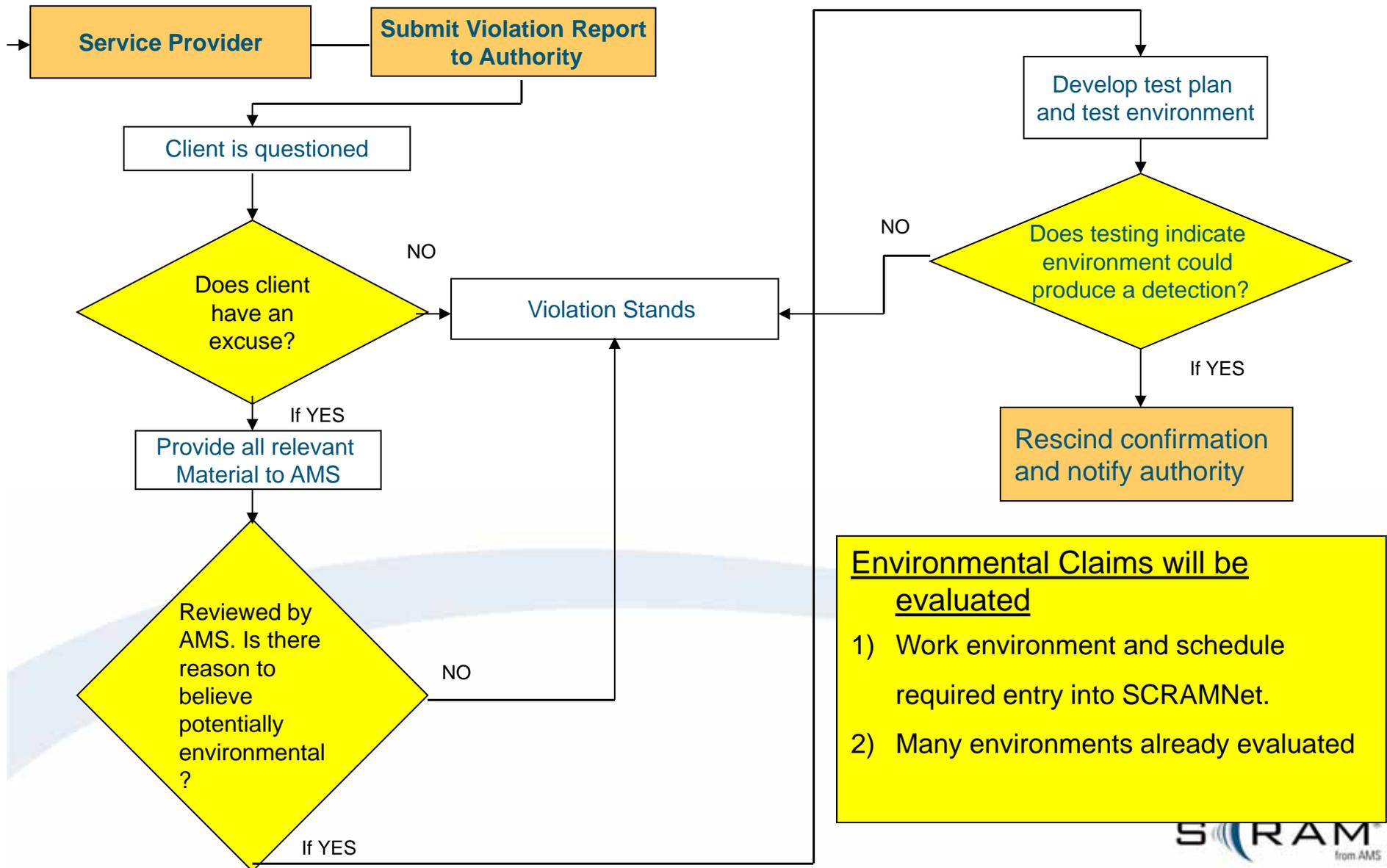
Confirmation Process Tamperers & Consumption



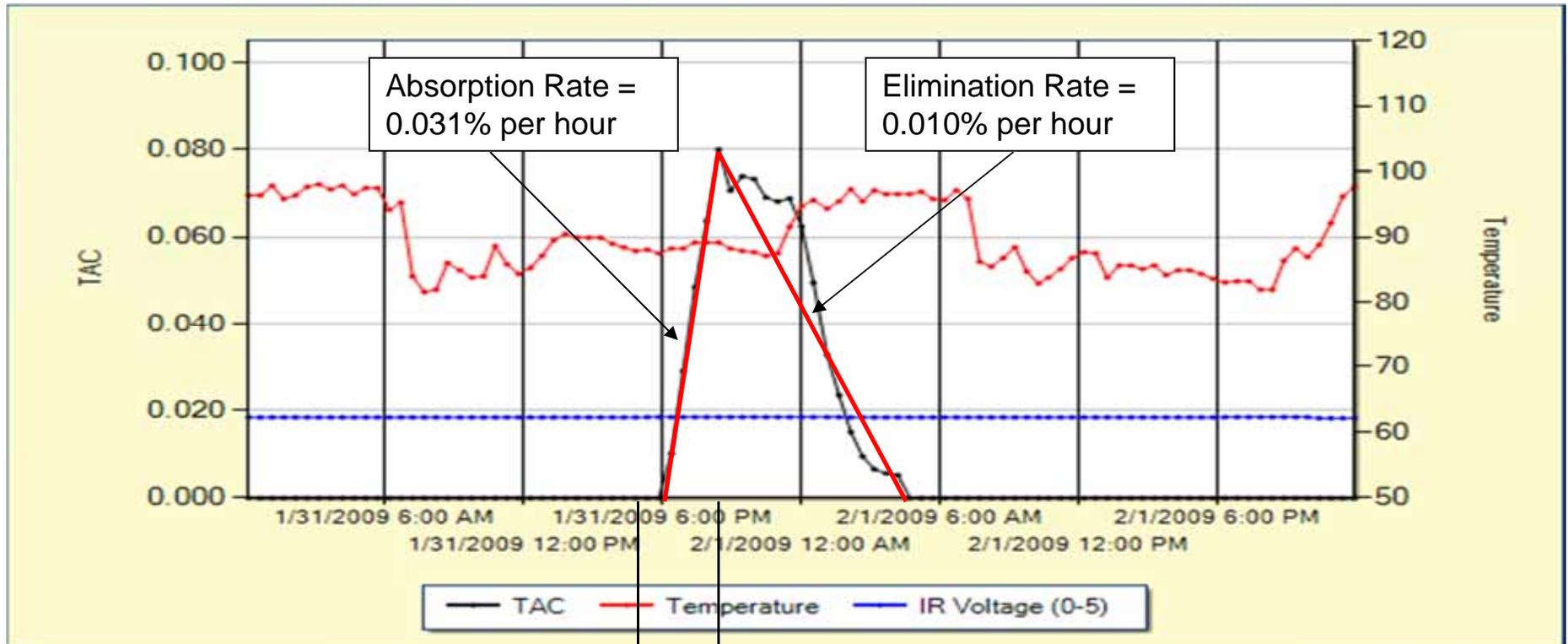
AMS Criteria for Consumption

- 1) Was zero established?
- 2) Was absorption rate less than 0.05% P/H?
- 3) Was a peak established?
- 4) Was zero re-established?
- 5) Was elimination rate less than 0.025% P/H (peak < 0.15%) or less than 0.035% P/H (peak > 0.15%)?
- 6) The total elimination time must fit within that produced by an elimination rate from .003% to .025% (peak < 0.15%) or 0.035% (peak > 0.15%)
- 7) Does it pass the contaminate test?

Reporting Process



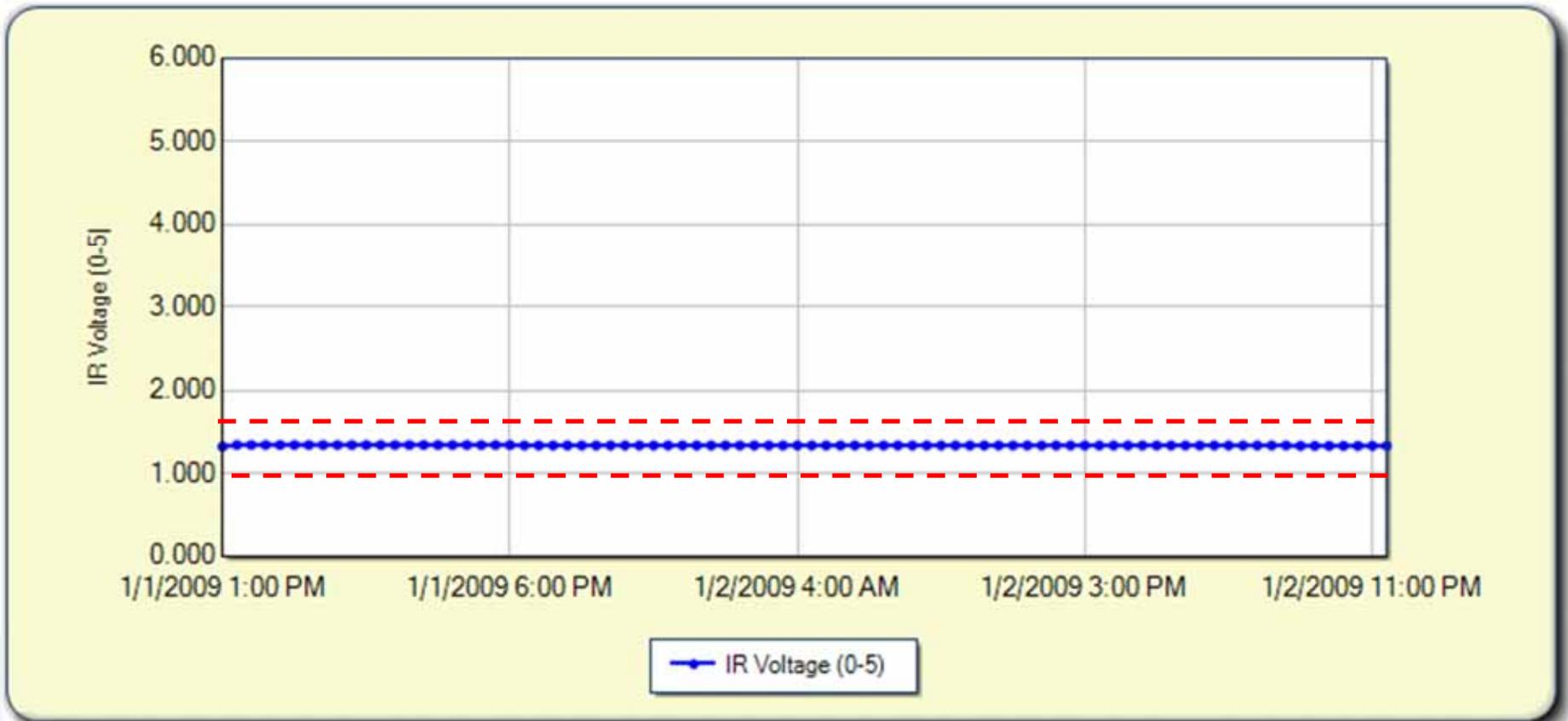
Non-Compliant Subject



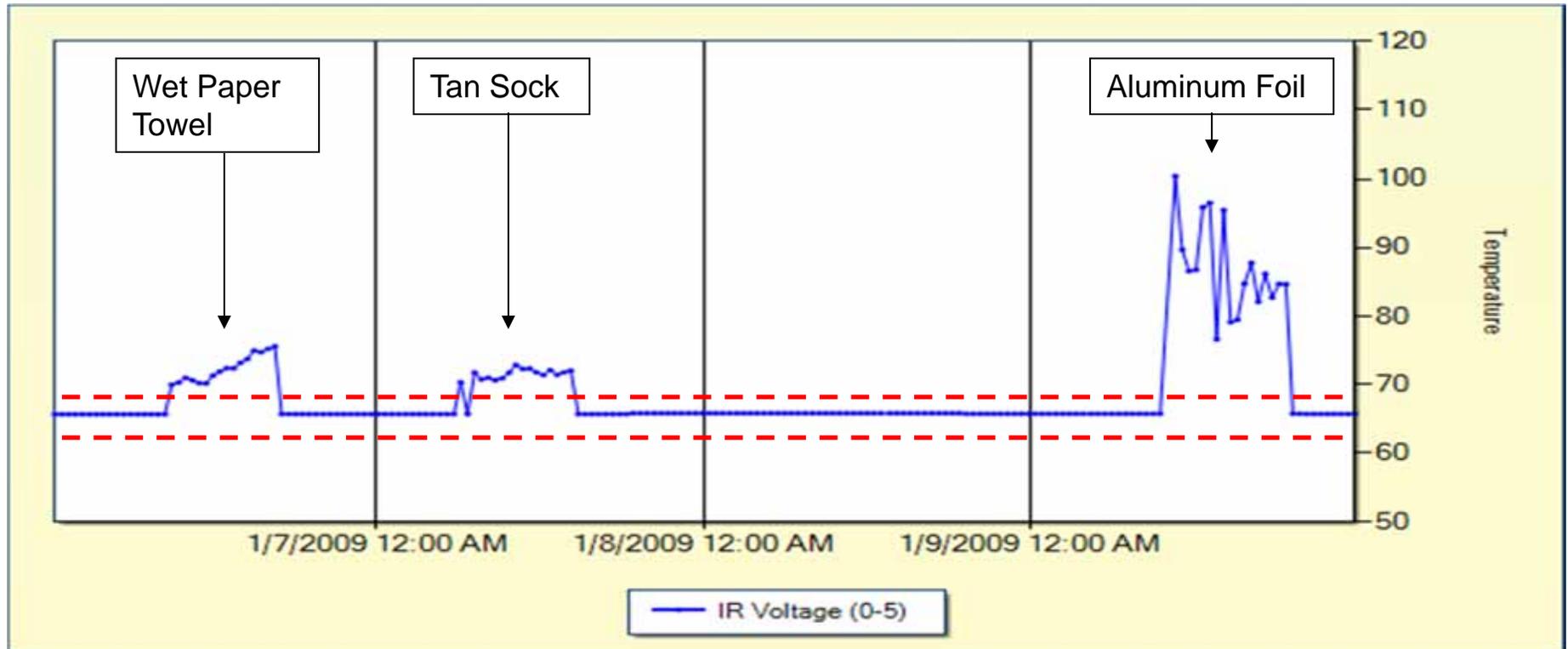
Subject consumed: 5 Screwdrivers

Compliant IR Distance Readings

95% of all IR readings should remain within the range identified by the red lines.



Multiple IR Obstructions



Confirmation

- SCRAM flags potential drinking events
 - It regularly records alcohol levels at pre-determined intervals
- A trained and experienced technician interprets the reported results to confirm potential drinking events
- The process is designed to eliminate false confirmations

Potential Sources of Error

- Tampering
- Interferants
- Mechanical errors
- Human error

Tampering

- SCRAM is designed to be tamper resistant.
- It features a:
 - Tamper strap and securing clip
 - Temperature sensor
 - Infrared sensor to detect obstructions
- The device flags potential tampers
- Technicians confirm tampers
 - They give every reasonable benefit of the doubt to the wearer
 - If they are not sure, they will ask the service provider to interview the wearer and inspect the device

Obstruction Confirmation Criteria

Tamper over:

- 8 hours with the IR voltage deviation equal to or greater than (+)12% of the baseline voltage, and no TAC level.
- 3 hours with the IR voltage deviation equal to or greater than (+)12% of the baseline voltage, and a TAC level present during the same time span.

• **Tamper Under:**

- 8 hours with the IR deviation equal to or less than (-)17% of the baseline voltage, and no TAC level.
- 3 hours with the IR voltage deviation equal to or less than (-)17% of the baseline voltage, and a TAC level present during the same time span.

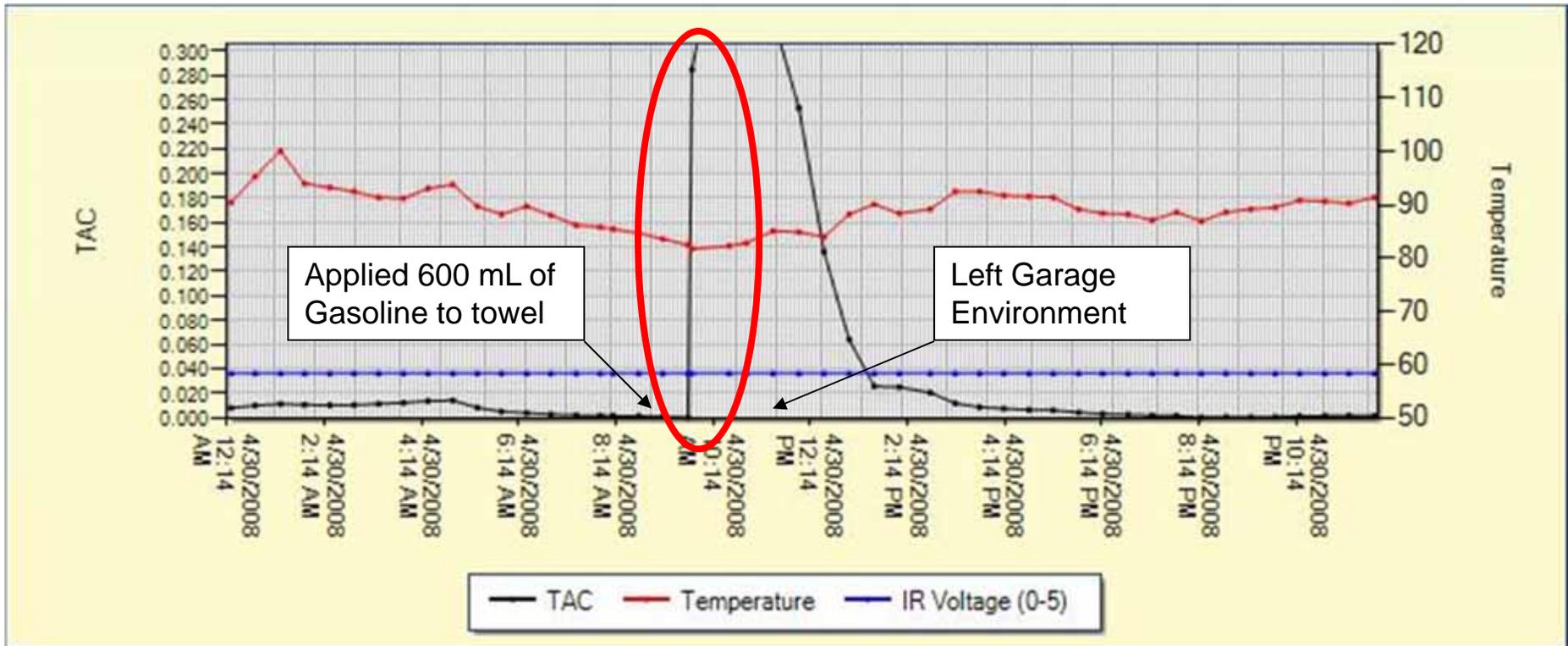
Interferants

- Interferants are contaminants that may cause an elevated alcohol concentration reading
- AMS provides users with a list of interferants to avoid
 - Users sign agreements promising to avoid these interferants
- Detecting interferants is relatively easy for trained technicians
 - Consumed alcohol and interferants produce distinctly different alcohol curves
 - Technicians can distinguish consumed alcohol from interferants by examining absorption and elimination rates

Detecting Interferants: Using the Absorption Curve

- Interferants typically produce “absorption” curves between 0.096% and 0.573% per hour
- People usually absorb alcohol more slowly
- AMS will not confirm events where the absorption rate is greater than 0.05% per hour
 - This gives the defendant the benefit of the doubt

Interferant: Un-leaded Gasoline Spilled Indoors



Un-leaded Gasoline Spilled Indoors results:

Peak value: 0.437%

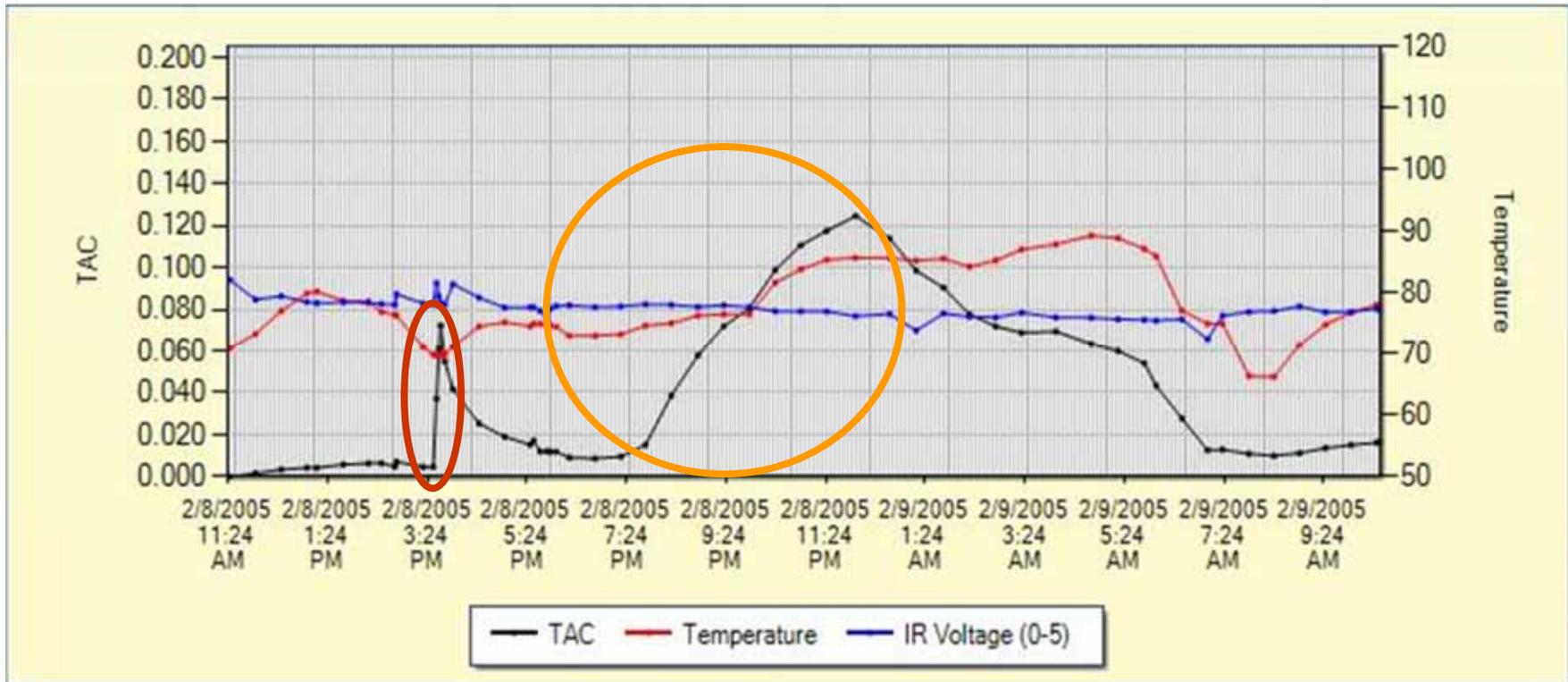
Absorption Rate: 0.514% Per Hour

Elimination Rate: 0.041% Per Hour

Detecting Interferants: Using the Elimination Curve

- Alcohol is eliminated in a fairly linear and predictably slow fashion
 - The average person eliminates between 0.015% to 0.020% per hour
 - An alcoholic can eliminate a bit faster, some as high as 0.035% per hour
- AMS will not confirm events where the elimination rate is greater than 0.025% per hour if the peak TAC is less than 0.15% or 0.035% per hour if the peak TAC is greater than 0.15%.
- Interferants are “eliminated” much more rapidly or much more slowly and produce distinctly different curves

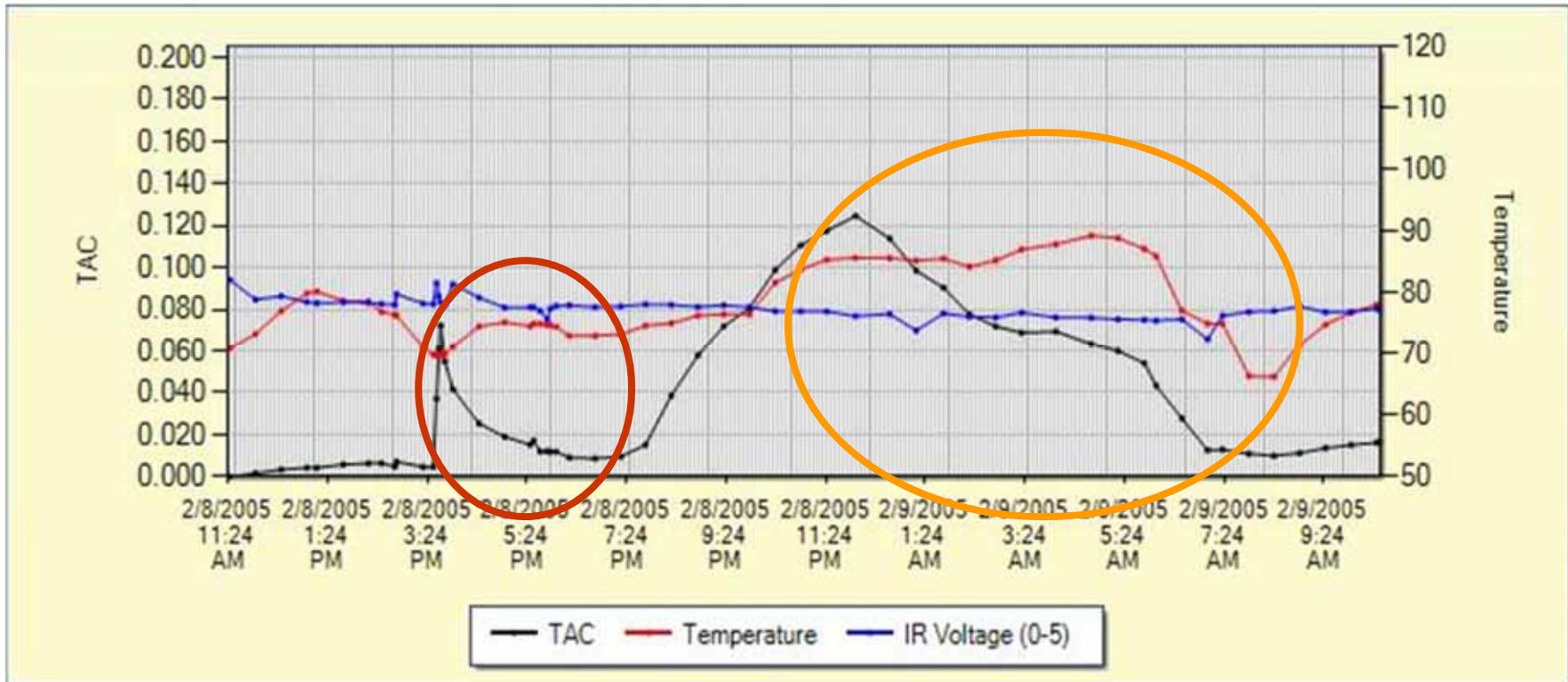
Interferant: “Awesome Cleaner”



Absorption Rate = 0.191% per hour

Absorption Rate = 0.022% per hour

Interferant: “Awesome Cleaner”



Elimination Rate = 0.030% per hour

Elimination Rate = 0.014% per hour

Safeguards and Assurances

- Mistakes can be readily identified
 - The wearer's TAC is regularly recorded, which allows for pattern analysis and recognition
 - AMS uploads all SCRAM readings
 - The results are charted and available
 - The wearer, his or her attorney or expert, and the court can review the data
- AMS has tested multiple interferants
- AMS strives to give every reasonable benefit of the doubt to the wearers
 - AMS will test any alleged contaminants or faulty devices upon request

History of Transdermal Transport and TAC Testing

1936-1980



Initial studies on
transdermal
transport

1980-1984



Research on
sensible
perspiration and
sweat patches

1985-2000



Studies on insensible
perspiration and fuel cell
devices

Conclusions:

- Ethanol excreted in sufficient quantities; reliable estimation of BAC
- Transdermal peak values delay behind breath peak values by 30-180 minutes
- **No false positives occurred in sober test subjects during daily activity, sleep, or vigorous exercise**

Transdermal Transport is Widely Recognized

- Nicotine patches
- Birth control patches
- Scopolamine patches (for seasickness)
- Nitroglycerine for chest pain
- Blood pressure drugs
- Narcotic pain medicines
- Vick's Vapor Rub
- Muscle relaxants

TAC Testing is Generally Accepted

Transdermal alcohol testing is a generally accepted method to measure alcohol use

Non-Peer Reviewed Studies Conducted with SCRAM Bracelet

- National Law Enforcement and Corrections Technology Center (NLECTC)- NW in Alaska
- Acadiana Criminalistics Laboratory, LA
- Michigan Department of Corrections (MDOC)

Peer Reviewed Studies Conducted with SCRAM Bracelet

- University of Colorado Health Sciences (“*Validity of Transdermal Alcohol Monitoring: Fixed and Self-Regulated Dosing*” (Sakai JT (2006) *Alcohol Clin. Exp. Res.* 30:1, 26-33))
- National Highway Traffic Safety Administration NHTSA – Evaluating Transdermal Alcohol Measurement Devices
- “Field and laboratory Alcohol Detection With 2 Types of Transdermal Devices”(Marques PR (2009) *Alcohol Clin. Exp. Res.* 33:4, 703-711)
- Sam Houston State University (“*Quantitative Determination of Caffeine and Alcohol in Energy Drinks and the Potential to Produce Positive Transdermal Alcohol Concentrations in Human Subjects*” (Kerrigan, Sarah (2009) *Journal of Analytical Toxicology*, Vol. 33, 27-33))
- Brown University (“*Contingency management for alcohol use reduction: A pilot study using a transdermal alcohol sensor*” (Nancy P. Barnett (2011) *Drug and Alcohol Dependence* vol. 118))

SCRAM Usage

- Alcohol Test Performed: 839,719,758
- Unique Clients Monitored: 220,535
- Monitored Days: 20,448,379
- Highest Daily Number of Monitored Clients: 14,677
- States with Scram Programs: 49 (Not in Hawaii)
- Jurisdictions with SCRAM Programs: 2,000+

*As of the end of March, 2012





Potential Slides for
Re-Direct Examination

