

Electronic Monitoring (including for Alcohol-Related Offences): An evidence brief

The purpose of this brief is to provide an overview of the current policy and research evidence about electronic monitoring, (including for alcohol-related offences) and the broader implications of such a policy. It considers human rights, lived experience, cost, effectiveness and alternatives.

Key points

- Electronic monitoring (EM) is expensive and ineffective, (the technology is unreliable, and it does not reduce crime).
- EM does not reduce re-offending, does not reduce prison populations, it increases incarceration
- EM breaches human rights of privacy and freedom of movement, is stigmatising, coercive and ignores the increased impact on women.
- EM contributes to the criminalisation of First Nations peoples and people on low incomes.
- EM criminalises people with problematic alcohol use, instead of treating it.
- EM has limited usefulness in preventing Domestic and Family Violence (DFV).
- EM is not the only alternative to incarceration.

Australian State and Territory Governments are considering or already implementing electronic monitoring, including ankle bracelets with transdermal alcohol-testing for alcohol-related offences.

1. Overview

Current evidence suggests that Electronic Monitoring (EM) in the criminal justice system is stigmatising, breaches human rights, is expensive and ineffective. The technology is unreliable, it does not reduce re-offending, does not reduce prison populations, it increases incarceration and does not treat problematic alcohol use. Electronic monitoring also contributes to the criminalisation of First Nations peoples, people on low incomes and people with problematic alcohol use.

EM is widely advocated and implemented across Europe, North America and Australia. It is touted as a programme that can cut costs, reduce prison overcrowding and reduce recidivism. Despite the popularity of EM, primary studies and reviews of the effectiveness of EM have produced sobering findings. This is clearly observed in the systematic reviews [which] concluded that EM has been applied seemingly without adequate thought, producing little effect on recidivism rates and at times giving rise to unintended consequences.¹

EM is an important emerging issue with the Queensland and Northern Territory governments recently passing Youth Justice laws^{2,3} that ignored expert evidence and increased the use of ankle bracelet EM on children as young as ten years old. Other jurisdictions are also looking for technological solutions that may appear to address the spiralling criminal justice costs. However, EM does not reduce incarceration⁴ and instead increases and diverts Police resources into correctional surveillance.

Research appears to suggest a reduction in crime when EM is used in conjunction with other strategies, (for example, throughcare support, employment or training, regular AOD treatment). However, it is those other strategies that are attributed as the key factors in reducing reoffending.⁵ Likewise, research appearing to identify cost-benefit savings falsely presume an overall reduction in prison population.⁶

2. First Nations

Electronic Monitoring criminalises First Nations peoples. Aboriginal and Torres Strait Islander peak bodies have expressed their opposition to the use of electronic monitoring devices, saying they breach human rights, fail to improve community safety, and have a high risk of causing further harm.⁷ Academics have also indicated that EM widens the net of law enforcement that disproportionately targets Aboriginal and Torres Strait Islander peoples.⁸

Aboriginal and Torres Strait Islander peoples are overrepresented in Australia's criminal justice system. However, this growth in incarceration rates cannot be explained by changes in offending. The evidence does not suggest that offending rates amongst Aboriginal and Torres Strait Islander peoples have risen.⁹

The level of incarceration among Aboriginal and Torres Strait Islander peoples is likely caused by greater exposure to risk factors reflecting entrenched social and economic disadvantage caused by colonisation and dispossession. Such risk factors would include problematic alcohol use, along with unemployment, low levels of educational participation, mental health issues and disabilities including Fetal Alcohol Spectrum Disorder (FASD). However, given these do not reflect in increased levels of offending, this suggests that other factors, such as changes to criminal justice policies, (including EM), are driving the increased incarceration rates, and that these disproportionately affect Aboriginal and Torres Strait Islander peoples.¹⁰

In 2011, a 30-year-old Aboriginal man in South Australia, died after consuming lighter fluid, while subject to electronic monitoring with drug testing to identify alcohol or marijuana use that violated his bail restrictions. His partner gave evidence to the inquest into his death that he used lighter fluid while he was on bail as a substitute for alcohol and other drugs because of his bail conditions.¹¹

3. Voices of lived experience

The following stories are of people with lived experience of EM using ankle bracelets. They describe, in their own words, what it is like living with EM ankle bracelets.

"Living with an Ankle Bracelet"

The quotes below are from 'M.M.' in a 'Marshall Project' article.¹² He has been on parole for more than three years on multiple charges stemming from an altercation when he was 22 and his subsequent re-arrest for driving while intoxicated.

"I cannot sleep. There is a device on my leg. It requires that I wake up an hour early so I can plug it into a charger and stand next to the outlet, like a cell phone charging up for the day. Not the day, actually, but 12 hours. After that, the device runs out of juice. Wherever I am, I have to find an outlet to plug myself into. The device is my ankle bracelet. I wear it afraid that someone at work will notice the bulge. When I go to school, I worry my friends will spot it and leave me. I push it up into my jeans, hoping they won't see. But the higher up I push it, the more it starts to hurt; most days, my feet go numb. I try wearing bell-bottoms.

Throughout the day, the device becomes heavier and more painful, causing me to bleed. I push it down on my ankle to let my blood circulate — but then the pain becomes unbearable, and I can't plant my feet without crying out. The device is, both literally and metaphorically, my greatest source of pain. But every day I rise, stand by the socket, and charge my ankle to go to work."

"Digital shackles': the unexpected cruelty of ankle monitors"

These quotes are from a 'Guardian' article,¹³ which details some experiences of people subject to EM.

"It's like a rope around my neck, I can't get my feet back on the ground." (Willard)

"It's horrible. A living nightmare." (William)

"It's hard to imagine wearing it for 30 more years," she said. "It's depressing and upsetting to imagine having that much of my life monitored." (Sarah)

"Ankle Monitors Aren't Humane. They're Another Kind of Jail"

These quotes are from a 'Wired' article¹⁴ written by James and Emmet, who have lived under EM.

"To many, electronic monitoring is humane—one that allows people "on the bracelet" to live at home and move about more freely than they would behind bars. But those who have lived under this high-tech tether—including the two of us—see it differently. For many, electronic monitoring equals incarceration by another name. It is a shackle, rather than a bracelet. The rules for wearing a monitor are far more restrictive than most people realize. Most devices today have GPS tracking, recording every movement and potentially eroding rights in ways you can't imagine."

"There is no real proof that these devices make communities safer. Instead, the monitors function as an additional punishment, extending a person's sentence when they're placed on a monitor as part of parole. Or, they severely curtail the freedoms of those who are given a device before they've even been convicted. The money spent on this under-regulated and misunderstood technology would be better used to provide jobs or housing."

Poverty

Electronic Monitoring criminalises poverty. People on low incomes and people accessing income support, including people with problematic alcohol and other drug (AOD) use, often experience stigmatisation and discrimination.¹⁵ Governments have been increasingly automating systems that people in poverty access,¹⁶ often without adequate safeguards or justice, and with significant negative consequences, such as with robo-debt.¹⁷

The EM technology is expensive and, in some jurisdictions, people wearing the EM devices are charged a fee to help recover the costs. This places extra hardship on people on low incomes, and if they are not able to meet this requirement, may risk breaching their orders.¹⁸

Also, people released into the community with EM often have little access to paid employment so the family bear the cost of running the home prison¹⁹. This reinforces the 'double punishment' effect of imprisonment where a person is not only punished by have their liberty restricted, but also by receiving significant, and ongoing financial punishment beyond their term of incarceration.²⁰

4. Human rights

Privacy and freedom of movement

Electronic Monitoring breaches human rights of privacy and freedom of movement. The Queensland Human Rights Commission states that EM breaches the human rights of privacy (lack of controls in how information gathered is being used by governments) and freedom of movement.²¹ For breaches to be acceptable and tolerated, the specific activity must have both a legitimate purpose and a rational connection to that purpose. Community safety through reducing crime or alcohol harm is a legitimate purpose. However, as this evidence brief demonstrates, EM does not have a rational connection to this purpose.

Stigmatising

Electronic Monitoring is stigmatising. The ankle bracelets, including alcohol detection anklets, can be quite large and easily visible. The visibility of the device means wearers can be identified by members of the public. The Queensland Human Rights Commission, and other EM evaluations, warn that this impacts social interactions, leads to stigmatisation, serious mental health consequences and the possibility of vigilantism.^{22, 23, 24, 25, 26}

Lack of consent

Electronic Monitoring is coercive. Genuine consent involves free, informed and voluntary permission. People subject to criminal justice orders clearly often have no option to decline giving consent. However, even when offered the choice of EM over prison there is severely restricted options available, including limited options to the people sharing the person's home.

In Victoria, for a person to be granted EM at home, the entire family (including children) must be interviewed, assessed and provide consent for EM, including 24-hour phone calls, right of entry and search of the entire residence, and discussions about the detainee's progress. There is no real choice when the only other option is for their family member to stay in prison.

This situation also ignores the nature of consent and coercion in regards to gender and power relationships. There are concerns about women fearing the consequences of not giving consent to their homes becoming prisons for their partners, compared to them being on parole. This places a burden on them to consent to their male partner being restricted to the area for months.²⁷

Gender

Electronic Monitoring ignores the increased impact on women. As with many criminal justice programs, the focus of EM is largely on men as they comprise the overwhelming majority of offenders. The position of women who may offend is often assumed to be the same as males, ignored or marginalised. Yet there are structural biases which make it more difficult for women offenders, particularly single parents, to fulfil the eligibility requirements, particularly housing difficulties and poverty. As stated above, the impact on women sponsors within the home setting, is also a concern. Home detention with EM creates risks for family violence.²⁸

5. Cost

Electronic Monitoring is expensive. All AOD testing is expensive,²⁹ and EM even more so as ankle bracelets with transdermal alcohol-testing can cost up to \$9,000 each.³⁰ Although some technologies are more expensive than others, EM is overall, a cheaper alternative to prison, (that is, if imprisonment numbers were declining). However, EM is more expensive than traditional parole or probation without EM. Research studies that appear to identify cost-benefit savings (compared with incarceration) falsely presume an overall reduction in prison population, which is not occurring.³¹

The cost of EM includes the individual's expense of recharging and internet access, (not always reliable in regional and remote areas). In some jurisdictions people are charged an amount to cover the cost of the monitoring.³² The average cost of imprisonment for keeping people who offend in prisons is nine times more than the average cost of a community order.³³ However, community-based programs without EM are even cheaper again than EM-based community orders.

6. Effectiveness

Technological capability

Electronic Monitoring technology is unreliable. Providers of EM, including ankle bracelets with transdermal alcohol testing, have been continuously upgrading the technology. However, the technology continues to have limitations in regard to effectiveness and accuracy.^{34, 35 36}

A study of the current technology published in 2021, indicates that wearable transdermal alcohol monitors are either unable to detect low-to-moderate drinking levels or they show a high failure rate.³⁷ Other technical problems arise due to the common limitations of correct set-up (including adequate information provided to the individual), reliable power supply, internet coverage and remote storage of data.³⁸

Crime

Electronic Monitoring does not reduce crime or reoffending. There is no statistically significant evidence that EM trackers have a positive effect on reducing crime or reoffending.^{39,40} The only exception may be when used for sex offenders placed on EM post-trial.

Governments continue to treat problematic alcohol and other drug (AOD) use as a criminal justice issue, instead of a public health issue, (see section below on problematic alcohol use). As a result, use of alcohol and other drugs remains more prevalent among people in contact with the criminal justice system than the general population.⁴¹ Yet prison AOD treatment programs, are rare, difficult to access, inadequate and ineffective.⁴²

Prison population

Electronic Monitoring does not reduce prison populations. Evidence indicates that both prison populations and alternatives (such as community sanctions and EM) have both increased despite the reduction in crime rates.⁴³ EM also facilitates people's homes being made into prisons, meaning the capacity for incarceration is virtually unlimited,^{44,45} and reduces the imperative to address prison overcrowding or endless privatised expansions.⁴⁶

Net-widening

Electronic Monitoring increases incarceration. Net-widening is where criminal justice policies or practices are changed in a way that results in a greater number of individuals being incarcerated, regardless of changes in offending rates. When used pre-trial as part of bail conditions, EM increases the likelihood of a custodial sentence. This occurs for breach of bail conditions for minor offences that would not have otherwise attracted a custodial sentence, and thus increases the severity of the sentence.⁴⁷

This applies to other forms of AOD testing in the criminal justice system where probation officers have some discretion in their response to individuals testing positive for alcohol or other drugs. They are aware of the counter-productive nature of breaching people with problematic AOD use. Probation officers have observed that there is no point testing offenders with problematic AOD use who would not be able to stop regardless of the accountability or the punishments for continuing. This just sets them up to fail by providing a pathway for them to be breached and go back to prison, rather than a rehabilitative pathway.⁴⁸

Problematic alcohol use

Electronic Monitoring criminalises problematic alcohol use instead of treating it. Australia relies heavily on the criminal justice system to respond to problematic alcohol and other drug use despite clear evidence that it is better dealt with as a health issue.⁴⁹ Using EM (including ankle bracelets with transdermal alcohol testing) further criminalises problematic alcohol use. EM can monitor an individual's alcohol use but it cannot assess the reasons why the person uses alcohol, as it does not address recommended therapeutic principles. The focus is on compliance, not treatment.⁵⁰

EM (including ankle bracelets with transdermal alcohol testing) is not an indicated therapeutic treatment of problematic alcohol use, it is coercive not rehabilitative. Evidence-based behavioural therapies for problematic AOD use include Cognitive Behavioural Therapy, Contingency Management Interventions, Motivational Enhancement Therapy, Community Reinforcement Approach, and 12-Step Facilitation Therapy (such as Alcoholics Anonymous).⁵¹

The Australian National Drug Strategy (2017-2026)⁵² is based on demand reduction, supply reduction and harm reduction. However, the dominant strategy for dealing with problematic drug use is based on a policy of criminalisation. Criminalisation has been in place for many decades, but it has proven ineffective at significantly reducing the use of illicit drugs and has not achieved sustained reductions in supply. Criminalisation has created significant costs and unintended harms.⁵³

The Australian National Alcohol Strategy (2019-2028)⁵⁴ likewise is based on harm minimisation. The Strategy is structured around four priorities: improving community safety and amenity; managing availability, price and promotion; supporting individuals to obtain help and systems to respond; and promoting healthier communities. None of these evidence-based, public health responses involves the criminal justice system.

Domestic and family violence

Electronic Monitoring has limited usefulness in preventing DFV. EM is limited in preventing domestic and family violence (DFV) because of the nature of offenders and of DFV itself. It is also limited due to the capability of the technology itself; and the criminalising risks.

DFV includes coercive controlling abuse that may be perpetrated through various means beyond EM surveillance. These can include: threats, intimidation and harassment conveyed via mail, email, mobile phone or text message or via a third party acting for the offender. The intractable determination of some offenders to ‘punish’ their ex-partner means that they will stop at nothing, including EM, to attack the victim. These offenders find ways to manipulate the technology and are an unacceptable risk to the safety and wellbeing of their ex-partners.⁵⁵

Australia’s National Research Organisation for Women’s Safety (ANROWS) suggests that comprehensive best practice could incorporate EM, requiring the following five elements:

1. Comprehensive risk assessment and risk management
2. Evidence-based, reliable EM technology and responsive monitoring systems
3. Effective supervision of defendants/offenders and their participation in structured programs
4. Co-operation and information-sharing between technology providers and criminal justice and community agencies
5. Active inclusion in decision-making and information-sharing and safety planning with those who are at risk of further harm from the offender.⁵⁶

However, ANROWS also warns that these principles are inter-connected and cannot be applied in isolation. The consistent, adequately resourced application of all five principles is essential to the effective application of EM in the limited context of DFV.

7. Review of U.S. and New Zealand Programs

Criminal justice programs using EM with alcohol detection ankle bracelets have been trialled and evaluated in various international jurisdictions. The following is evidence from evaluations of EM for alcohol-related offences in programs in the U.S. and in New Zealand.

South Dakota 24/7 Sobriety program

The 24/7 Sobriety Project began in 2005 and is a court-based management program originally designed for repeat Driving Under the Influence (DUI) offenders. The program originated in South Dakota and is now being implemented in many other U.S. states. It uses a variety of mechanisms to ensure abstinence from alcohol and other drugs, including SCRAM ankle bracelets with alcohol-detection.

Evaluations of the 24/7 Sobriety Program do not address the concerns above regarding lived experience, human rights, stigma, net-widening or effective treatment of problematic alcohol use. However, they do provide some statistical measure of the immediate impact on crime and recidivism within the limited context of the criminal justice system.

Number of car crashes. With respect to traffic crashes, the evidence was not conclusive. 24/7 did not reduce overall traffic crashes, but there is suggestive evidence that crashes among males age 18–40 fell as a result of the program.⁵⁷

Probability of a DUI re-arrest. Results from statistical models provide *suggestive* evidence that 24/7 participation reduced the probability of DUI re-arrest (perhaps on the order of 45% to 70%), but missing criminal history information for approximately half of the sample prevents making stronger conclusions about causality.⁵⁸ Individual-level probability of rearrest is moderately (13.7 per cent) lower for 24/7 participants than non-participants 12 months after their DUI arrest.⁵⁹

Adult mortality. Randomised controlled trials and analyses of individual-level data, is needed to corroborate a finding of a drop in all-cause adult mortality, reassess the strength of the associations, and understand causal mechanisms.⁶⁰

The New Zealand AODT program

The New Zealand Alcohol and Other Drug Treatment (AODT) Court, was established in Auckland and Waitākere in 2012. In 2019, it was announced that the pilot courts would be made permanent. AODT incorporates multiple strategies, (including intensive monitoring with Alcohol Detection Anklets), where sentencing is deferred while participants work through the program. The program takes one to two years to complete. Following is evidence from multiple evaluations of the AODT program.

Alcohol Detection Anklets (ADAs) were ineffective in reducing recidivism. This was particularly evident with respect to reoffending rates, which were not lower than would be expected under normal conditions. Available evidence is unfavourable to continued investment in the relatively expensive ADA option.⁶¹

The program had no effect on the majority of offenders. The largest group of offenders explained that testing had no effect on their substance use as they already decided to abstain from AOD.⁶²

The program has no sustainable benefit. Over follow-up periods, the effectiveness of the AODT program in reducing reoffending and imprisonment declines markedly. The only significant difference for the reoffending rate and frequency of reoffending measures was within three years, and no significant differences in a four-year follow-up period.⁶³ Recidivism rates are found to be comparable with those who have not been subject to ADA.⁶⁴

Officers observed net-widening effects of enforcing of breaches. Probation officers observed that there was no point in testing offenders who had problematic AOD use and who were not able to stop regardless of accountability or punishments. The testing was setting offenders up to fail by providing a pathway for them to be breached and go back to prison rather than a rehabilitative pathway.⁶⁵

ADAs were stigmatising. Offenders with Alcohol Detection Anklets did not find them comfortable. The ADA device could be casually observed. Visibility of the device meant offenders could be identified as offenders by members of the public. That impacted social interactions and could result in the offender being exposed to questioning they would prefer to avoid about their offending and community sentence.”⁶⁶

ADAs were expensive. The ADA element of the pilot has required the larger share of funding.⁶⁷

ADAs had technical problems. Staff thought many offenders had not received information about the ADA. They were concerned the offender may not have the required information around things like mouth wash, deodorants or creams that contain alcohol or how to look after the device.⁶⁸

8. Alternatives

Electronic Monitoring is not the only alternative to incarceration. EM (including Ankle Bracelets with transdermal alcohol testing) is framed as a cheaper alternative to incarceration. However, the evidence suggests that EM is stigmatising, unreliable, breaches human rights, doesn't treat problematic alcohol use, nor does it reduce crime, costs or prison populations. Treating public health issues such as problematic AOD use, and disabilities such as FASD, as health issues, not criminalising them, reduces harm in the community and reduces prison populations, costs and recidivism.

Even within the criminal justice system, there are many other sentencing alternatives to incarceration available, including other alternatives for prison sentences served in the community. These cheaper and more effective alternatives involve community work, rehabilitation programs, and intensive reporting to corrections officers. Yet, rates of community-based sentences have decreased whilst imprisonment rates have increased, due to poorly resourced programs and the media fuelled demands for 'harsher' sentences.⁶⁹

An example of a successful community-based program is the Work and Development Orders (WDOs) system first successfully implemented in NSW,⁷⁰ and now also being run in Queensland.⁷¹ These orders are an extension of previous community orders for people defaulting on state government fines. Activities that can be completed as part of a WDO are unpaid work; medical or mental health treatment by approved practitioners; educational, vocational or life skills courses; financial or other counselling and drug or alcohol treatment. Mentoring programs are included and culturally appropriate programs for Aboriginal or Torres Strait Islander peoples living in remote areas.⁷²

Other community-based programs that have been assessed include residential drug and alcohol treatment for Indigenous offenders, which have been found to have significant financial savings when compared with incarceration.⁷³

9. Conclusion

Evidence suggests that EM does not reduce crime, costs or prison populations. In addition, EM has been found to be unreliable, stigmatising, in breach of human rights, and unable to treat problematic alcohol use. There are effective, evidence-based, public health and community-based alternatives to Electronic Monitoring for responding to problematic alcohol use and alcohol-related offences.

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