



# REPORTER

The Newsletter of The International Council on Alcohol, Drugs & Traffic Safety

## MESSAGE FROM THE ICADTS PRESIDENT

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### Alcobaça, Portugal



It has been my distinct pleasure and an honor to serve as ICADTS President over the past three years. I met many of you at T2022 in Rotterdam and I hope to see many of you at T2025 in Portugal. Keep up the great work you do on reducing impaired driving and stay healthy and happy.

We are in the process of electing new officers and Board Members. Flavio Pechansky will be taking over as ICADTS President for 2024-2027 so you will be electing a President-Elect. Evelyn Vingilis (our current Board Secretary) has been nominated for President-Elect and I believe she will make a fine President. The current candidates for ICADTS officers and Board Members appear following this letter. In addition to President Elect, we will be electing a Secretary, Assistant Secretary, Treasurer, and two Board Members at Large. If you are a member in good standing and have not yet voted, please do so soon!

Our most recent ICADTS Webinar based upon the “Impaired Driving Behavioral Interventions ICADTS Interest Group (IDBIIIIG)” chaired by Tara Casanova Powell was held on March 13, 2024. Speakers included Flavio Pechansky, Christine Wickens, Zahra Tabibi and yours truly. If you have suggestions for additional ICADTS webinars, please contact me or Evelyn Vingilis with the proposed subject and whether you would like to lead the webinar or be a presenter.

One of our goals is to encourage members of low-and-middle-income-countries (LMIC) to join ICADTS. We believe that we have much to learn from each other. We gained a couple of LMIC members recently but not enough. If you have LMIC colleagues, please encourage them to join ICADTS. The dues for LMIC members will be very reasonable.

One of my goals when I became ICADTS President was to better disseminate the work on impaired driving being developed by our subject matter expert members. Thanks to the work on our website by Dr. Edward Ogden, we are beginning to do that. Please visit our website as it is constantly being upgraded (icadtsinternational.com).

Jim Fell, ICADTS President

### ICADTS BOARD NOMINEES

Evelyn Vingilis (Canada)	President Elect
Eef Theunissen (Netherlands)	Secretary
Stig Tore Bogstrand (Norway)	Assistant Secretary
Frederick Vinckenbosch (Belgium)	Assistant Treasurer
Angela Eichelberger (US)	Member at Large
Tara Casanova Powell (US)	Member at Large
Sjoerd Houwing (Netherlands)	Member at Large
José Ignacio Nazif-Muñoz (Chile and Canada)	Member at Large
Eduardo Romano (US)	Member at Large

[www.icadtsinternational.COM](http://www.icadtsinternational.COM)

The International Council on Alcohol, Drugs & Traffic Safety (ICADTS) is an independent nonprofit body whose only goal is to reduce mortality and morbidity brought about by misuse of alcohol and drugs by operators of vehicles in all modes of transportation.

## T2025 UPDATE

Plans move forward for T2025, taking place in Alcobaça, Portugal, June 15-18, 2025. We hope you are already thinking about papers you would like to present there. Following is an outline of the current themes proposed for the conference, subject to some revision. You will note many familiar topics along with themes that are based on recent developments in the field. More detail coming soon at [www.T2025.org](http://www.T2025.org).

Alcobaça is a beautiful and historic town, but it is also not large, and the number of available lodging rooms is limited. So, plan on booking early!

We look forward to seeing you there!

***Fátima Pereira da Silva, Conference Chair***  
***Flavio Pechansky, ICADTS President Elect***

### T2025 Themes

- Current Trends in Alcohol and Drug Use among drivers and pedestrians
- Epidemiology of DUI
- Challenges in Detection and Prevention of alcohol and drug consumption
- Advancements, Innovations and Solutions
- Impaired Driving Prevention Strategies
- Driver Alcohol Detection Systems
- Drug Testing Technology
- Technology Saving Lives
- Challenges in Low- and Middle-Income Countries
- Education, Communication Strategies and Awareness
- Post-Pandemic Challenges: impaired driving during and after COVID-19
- Pretrial services: Key Components & Best Practices worldwide
- Impaired Driving, sustainability and safe environments, especially for vulnerable road users
- Research, and support in the medical and biochemical field
- DUI and Emerging Challenge for Medical Intervention
- DUI and Emerging Challenge for the Biochemical Field

## IMPAIRED DRIVING BEHAVIORAL INTERVENTIONS AROUND THE GLOBE: INTEREST GROUP WEBINAR

The IDBIIIG hosted a webinar on March 13<sup>th</sup> highlighting current evidence-based impaired driving behavioral interventions conducted in Iran, Brazil, Canada, and the United States. The webinar had 391 registrants and 244 attendees.

An interactive panel discussed the following:

- How best practices and effective interventions can be implemented across the globe.
- Where are the challenges to implement these strategies?
- What does research tell us about the effectiveness of pre-trial/pre-sentence interventions for the impaired driver population?
- Where are the gaps in training and education for these countermeasures?
- What impaired driving technologies can help with implementation of interventions?

IDBIIIG is looking to gather information from this discussion to develop a more robust baseline of different country's efforts. This will inform the development of additional IDBIIIG education and training efforts. This is the first of several webinars in pursuit of gathering and disseminating this life saving information. To view the recording click [here](#) and use the Passcode: ?&@F0fqk

If you would like more information on this working group and the events sponsored by IDBIIIG click [here](#) to view our website page.

Tara Casanova Powell, Chair



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## RESEARCH COLLABORATION IN LOW- AND MIDDLE-INCOME COUNTRIES: ISSUES AND RECOMMENDATIONS

A recent article in *Traffic Injury Prevention* addresses some of the issues related to research on impaired driving in low- and middle-income countries (LMIC). Alcohol or drug impairment is a major risk factor for road traffic crashes, and studies on this issue are essential to provide evidence-based data for policymakers. Such studies in LMICs are often conducted in partnership with one or more organizations in high-income countries (HICs). The article provides recommendations for improving project planning and decision-making processes in epidemiological studies on alcohol, drug and traffic safety in LMICs involving HICs. Based on a review of the existing literature related to this topic, several conclusions and recommendations were found to be relevant. The authors present a checklist for risk and quality assessment.

An important recommendation from the authors is to find a research team, including a dedicated project leader (or principal investigator), researchers, and collaborators. An aim should be to avoid power imbalance between research partners when discussing priorities, timelines, expenditures, and more, especially if the research in an LMIC is funded by a HIC. The project leader should be a local researcher; HIC researchers should have a capacity-building role.

Collaborative projects in LMICs may face challenges ranging from minor issues that are easy to solve to serious situations that cause premature project closure. Common challenges are often related to financial issues, limited resources, lack of experience in similar studies, and insufficient involvement when deciding aims, milestones, and timelines in projects where HIC organizations are involved. Key requirements include addressing local needs, ensuring sufficient resources, local project ownership, capable leadership, strong anchoring in all involved partners, shared decision-making, and plans and willingness to translate research findings into policy, practice, and published recommendations. It is also important to avoid HIC bias, which prioritizes the interests or perspectives of HICs over those of LMICs. Risk and quality assessments should be performed based on factual, direct and continuous cooperative conversation between researchers from all partners.

Source: Hallvard Gjerde, Marilyn A. Huestis, Gift Mulima, Chifundo Kajombo, Mads Sundet and Flavio Pechansky. Recommendations for effective collaboration and capacity building in epidemiological studies on the effect of alcohol and drug use on traffic safety in low- and middle-income countries, *Traffic Injury Prevention*, <https://doi.org/10.1080/15389588.2024.2316720>

## UPDATE ON DRIVER ALCOHOL DETECTION SYSTEM FOR SAFETY (DADSS)

Over the years, many non-vehicle countermeasures have been implemented to prevent impaired driving and consequent crashes, injuries, and deaths. Unfortunately, the toll of impaired driving crashes remains unacceptably high. An approach based on in-vehicle technologies to detect alcohol in drivers has been under development for several years and is making progress. Some updates on this progress are summarized here.

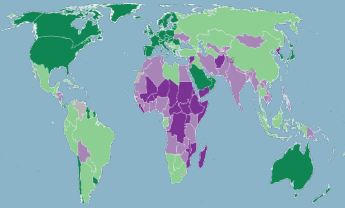
A presentation recently published in *Transportation Research Procedia* provides an update on the status of the in-vehicle technology, Driver Alcohol Detection System for Safety (DADSS), which can prevent alcohol-impaired driving at the source. In 2020, an online survey was conducted in the US, with 1001 subjects, assessing public acceptance of the development and deployment of in-vehicle technology. The results showed a positive acceptance of passive touch systems and breath systems.

[Kristin Kingsley, Fátima Pereira da Silva, Robert Strassburger, TRA Lisbon 2022 Conference Proceedings <https://doi.org/10.1016/j.trpro.2023.11.741>]

The U.S. National Highway Traffic Safety Administration recently released an [Advanced Notice of Proposed Rulemaking](#) that would require all new vehicles in the U.S. to be equipped with advanced alcohol impairment detection technology. This notice outlines the issues that the agency is considering during the rulemaking process and seeks input from the public on a number of questions. The comment period closed March 5, 2024.

The DADSS program is on schedule to deliver for open licensing the reference design for a passive breath-based alcohol detection sensor by the end of 2025. Open licensing means the technology will be made available, on the same terms, to any product integrator interested in installing the technology into their products or vehicles. Automakers will need at least another 18-24 months to integrate the system into their vehicles before it is ready for purchase by the general public.

DADSS is available for fleet applications now. Anyone who is interested should visit <https://dadss.org/fleets/>.

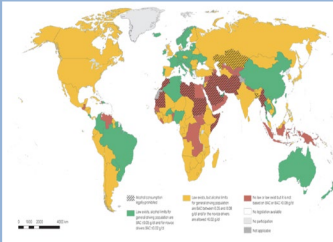


## Upcoming Events

**IFDAT**  
Tampa, Florida USA  
April 17-19, 2024  
<https://ifdat.com/>

**Global Road Safety Film Festival**  
Alcobaça, Portugal  
October 8, 9, 10, 2024  
<https://filmfreeway.com/GlobalRoadSafetyFilmFestival/>

**T2025**  
15-18 June, 2025  
Alcobaça, Portugal  
[www.icadtsinternational.com](http://www.icadtsinternational.com)



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## WORLD HEALTH ORGANIZATION REPORT ON ROAD SAFETY

The World Health Organization (WHO) recently published its *Global Status Report on Road Safety for 2023*. Regarding impaired driving, the report provides some summary information.

Drinking alcohol significantly increases the risk and severity of a crash and therefore the chance it will result in death and serious injury. In high-income countries it is estimated that about 20% of fatally injured drivers have blood alcohol concentration (BAC) levels above the legal limit. And studies in low- and middle-income countries show that between 33% and 69% of fatally injured drivers and between 8% and 29% of nonfatally injured drivers had consumed alcohol before their crash. Drink driving legislation that is evidence driven, context relevant, consistently enforced and well understood by enforcement officials and the public has been effective in saving lives in many jurisdictions.

Among countries surveyed for this report, 18 prohibit alcohol consumption among the general population. Specific legislation on drink driving is reported by 166 countries, of which 48 meet WHO best practice – which means that the law specifies a BAC limit of  $\leq 0.05$  g/dl for the general driving population and  $\leq 0.02$  g/dl for novice drivers (32). This represents an increase of three countries meeting WHO best practice since the Global status report on road safety 2018 (4) (Fig. 13). Of note, fatally injured drivers are tested for the presence of alcohol routinely in 61 countries, whereas nonfatally injured drivers involved in a fatal road crash are tested for the presence of alcohol in 51 countries.

Among those surveyed in this report, 167 countries have legislation that prohibits driving under the influence of drugs and other psychoactive substances.

The findings of this report are based mainly on a survey and review of legislation in which 170 UN Member States and two territories participated. For the 24 Member States not participating in this report, the most recent data from previous surveys are used in their Country Profiles. The methodology used.

Source: Global status report on road safety 2023. Geneva: World Health Organization; 2023.  
<https://iris.who.int/bitstream/handle/10665/375016/9789240086517-eng.pdf?sequence=1A>.

## CANNABIS AND ALCOHOL USE BY CRASH PATIENTS

A recent study examined the relationship between cannabis and alcohol use and occurrence of motor vehicle collision (MVC) among patients in the emergency department (ED). It used a cross-sectional examination of visits to EDs in Denver, CO, Portland, OR, and Sacramento, CA by drivers who were involved in MVCs and presented with injuries (cases) and non-injured drivers (controls) who presented for medical care. The researchers obtained blood samples and measured delta-9-THC and its metabolites. Alcohol levels were determined by breathalyzer or samples taken in the course of clinical care. Participants completed a research-assistant-administered interview consisting of questions about drug and alcohol use prior to their visit, context of use, and past-year drug and alcohol use. Multiple logistic regression was used to estimate the association between MVC and cannabis/alcohol use, adjusted for demographic characteristics.

Cannabis alone was not associated with higher odds of MVC, while acute alcohol use alone, and combined use of alcohol and cannabis were both independently associated with higher odds of MVC. Stratifying by level of self-reported or measured cannabis use, higher levels were not associated higher odds for MVC, with or without co-use of alcohol; in fact, high self-reported acute cannabis use was associated with lower odds of MVC (odds ratio [OR] 0.18, 95% confidence interval [CI] 0.05–0.65). In the case-crossover analysis, alcohol use alone or in combination with cannabis was associated with higher odds of MVC, while cannabis use alone was again associated with decreased odds of MVC.

The authors concluded that alcohol use alone or in conjunction with cannabis was consistently associated with higher odds for MVC. However, the relationship between measured levels of cannabis and MVC was not as clear. Source: Choo, et al., *Accident Analysis and Prevention*, 2024.