

REPORTER

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

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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.

MESSAGE FROM THE ICADTS PRESIDENT

Dear ICADTS members.

The new ICADTS board was recently installed during a regional ICADTS meeting on Sept 1-4 in Prague that was hosted by the Transport Research Centre (CDV) in close cooperation with the Ministry of Transport of the Czech Republic. Following the election of new ICADTS Officers last summer, we are very pleased to welcome Jim Fell as President-Elect, Tara Kelley-Baker as assistant-secretary, Hallvard Gjerde as assistant treasurer and Mark King and Maria de Fátima Pereira da Silva as board members-at-large. We have great confidence that these officers will be highly motivated to support the mission of ICADTS for the next 6-9 years. In addition, Sjoerd Houwing and Edward Ogden have taken on their position as treasurer and secretary respectively, whereas Flavio Pechansky and Evelyn Vingilis will keep up their good work as members-at-large for three more years.

Kathy Stewart has successfully chaired the ICADTS board for the past 3 years. Kathy has done a tremendeous job in promoting the goals of ICADTS. During her term as President, ICADTS reached out to middle and low-income countries in particular. The main tri-annual meeting (T2016) was hosted in Brasil, regional meetings were held in Slovenia and Czech Republic and co-sponsorship was given to the Norwegian Institute of Health to implement a traffic safety research program in Malawi, in collaboration with The World Bank. We are very grateful for the time and effort that Kathy has devoted to ICADTS and we are pleased that the board will be able to rely on her expertise and experience for 3 more years during her term as Past-President.

Unfortunately, we must also say goodye to ICADTS officers who have served the board for a long time and with much dedication. Richard Compton has served as board member-at-large for 6 years and as treasurer for 8 more years. Barry Watson and Gordon Smith served the board as members-at-large for 6 years. Mary Sheehan went through the cycles of secretary (6 years) and presidency (9 years). We are very grateful for their contributions and support and hope that they will continue to share their expertise with the ICADTS community in the future.

The regional meeting in Prague was well attended and successful and took place in the lovely and historic Břevnov Monastery. The meeting program covered "Current trends and challenges in alcohol, drugs and traffic safety", and included workshops, keynote speakers and oral and poster presentations. For those interested, a closer look at the program is available here. We express our thanks to the local organizers Veronika Kurečková, Petr Zámečník, Pavel Řezáč and Hana Syslová. As before, this regional meeting has allowed valuable exchange of knowledge and practices between ICADTS members, national policy makers and local researchers.

Looking forward, the board welcomes members to contribute to new and onging ICADTS activities. New activities include strategic planning committees on 1) Governance and Education, 2) Marketing and 3) Membership and Services for which all ICADTS members are invited to contibute. Likewise, the board welcomes members to join ongoing ICADTS working group activities or to lauch new initiatives. Committees and working groups will have an excellent opportunity to share and discuss their activities during the 22nd International Council on Alcohol, Drugs and Traffic Safety Conference (T2019) that will be held in Edmonton, Canada on August 18-21, 2019. The deadline for abstract submission however is rapidly approaching. So, be quick and make sure that we will be able to see and hear you during T2019 in the capital city of Alberta!

Regards to all, Jan Ramaekers, ICADTS President





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TO BE OR NOT TO BE? LEGALIZED CANNABIS IN CANADA AN IMPORTANT TOPIC FOR T2019

The question regarding the legalization of cannabis in Canada has been answered and starting October 17, 2018, the long lineups to purchase recreational cannabis may be indicative of an interesting future for this country. While the public has been excited and waited anxiously for the opportunity to purchase legally sold cannabis, the rollout has been mixed across the provinces and territories. From the first purchase of legal cannabis in Canada shortly after midnight in Newfoundland and Labrador, the rising sun provided a whole new perspective on a country waking up to the potential to get legally high.

While the federal legislation provided the legal framework to purchase and possess cannabis, the provinces and territories were left with how to regulate and distribute it. This resulted in varying success on opening day in different locations. As suspected, the demand far exceeded the supply; however, Alberta and in particular Edmonton, seemed to have a substantive supply and racked up sales in to the hundreds of thousands of dollars.

The lineups to purchase legal cannabis were very long with customers arriving early to save their spot. For some it was to say that they made the purchase on the first day of legalization, for others it was an unofficial comparison of legal cannabis and the street product they were more familiar with. Slowly the lines of customers progressed with measured access to the retailers to ensure security and a new customer experience.

Aurora Cannabis Inc. is a Canadian licensed producer, headquartered in Edmonton. With a substantive, local presence and an increasing footprint in cannabis production across the country and into global markets, it is evident that cannabis is here to stay and will be a growing enterprise. Now publically listed in Canada and the United States, many who purchased shares early in the process may see a substantive payoff in the future. Given the continued interest in cannabis and cannabis related products and the ongoing legalization of cannabis in more and more states in the US, how soon will its de facto presence lead to federal legalization?

Having had the opportunity to tour the Aurora facilities by our international airport, it is evident that this new enterprise is being positioned for rapid growth, leading applications of technology and the development of new industries and clusters of related business. With 800,000 square feet of growing space, cutting edge technology and an unmet demand, Aurora is looking to continue its expansion with new facilities being built and coming on line as soon as possible. This will ensure its ability to operate across the country and globally.

We have met with and discussed the possibility of tours of the Aurora facility in conjunction with the ICADTS conference and are working out the details. Like any new business, once you get a sense of the scale, strategic vision and ongoing execution of their business plan, it permeates many traditional markets and creates many new and innovative applications. Clearly the question of legalization in Canada has been answered. It now begs the question on how quickly there is global uptake.

Please join us for T2019 to learn more about the impact of the legalization of recreational cannabis along with the many other challenges that stem from the relationship between alcohol and drugs and traffic safety.

ICADTS REGIONAL CONFERENCE IN PRAGUE BRINGS TOGETHER PRESENTERS FROM TEN COUNTRIES

Our colleagues from CDV in Brno, Czech Republic, organized a stimulating and varied program for the conference, Alcohol, Drugs and Traffic Safety, in Prague, September 1-4. The conference included a workshop on issues related to marijuana and traffic safety as well as presentations on cultural differences in drinking as well as drinking and driving, the effects of drugs on driving, alcohol in public transport, enforcement issues, and rehabilitation of impaired driving offenders. The conference format allowed for considerable discussion and interchange among participants. We thank the hosts and sponsors for this excellent professional opportunity and for their gracious hospitality.





ABSTRACTS AVAILABLE FROM 2017 ICADTS MEETING IN SLOVENIA

The abstracts from the ICADTS Regional Meeting, *Taking action to decrease road fatalities and injuries*, hosted by our colleagues at FORTOX, are now available on line. We thank Dr. Majda Zorec Karlovšek both for hosting the event and for making the abstracts available. They can be seen at http://www.fortox.si/mednarodna-konferenca-fortox/

MEMBERS WANTED FOR NEW ICADTS WORKING GROUP ON DEVELOPMENTS IN REHABILITATION PROGRAMS

ICADTS is looking for professionals in the field of rehabilitation programs for drink and drug driving offenders and other professionals to join a new ICADTS working group on rehabilitation programs. The main aim of this working group is to publish recommendations for effective rehabilitation programs for different target groups.

Many countries have implemented rehabilitation programs for drink driving offenders. These programs aim to change the behaviour of drivers. The effectiveness of these programs is often not scientifically evaluated and there are many differences in design between rehabilitation programs in different countries. Therefore, it is very hard to determine which programs would be considered as good practice and which programs would not. In addition, new technological approaches such as monitoring devices and e-learning and micro-learning modules have been introduced but not thoroughly documented and evaluated.

Members of the working group will be selected from the applicants and the group will officially begin in February 2019. Our goal is to deliver at least one presentation at a scientific conference, a paper in a scientific journal and a final report in the first half of 2021. Ideally the working group will consist of a mixture of professionals who represent different professional backgrounds and different geographical regions of the world. Members are preferred to have good writing skills and a broad network in their field of expertise. However, willingness to cooperate actively in a dedicated working group is the most important item that we ask from working group members. Potential members of the working group do not necessarily need to be ICADTS members.

Those who are interested in applying for this ICADTS working group can write a short e-mail with their CV to Sjoerd Houwing (Sjoerd.houwing@cbr.nl).

WHEN SHOULD THE DRIVER WITH A HISTORY OF SUBSTANCE MISUSE BE ALLOWED TO RETURN TO THE WHEEL?

Drivers who have chronically used alcohol or other drugs pose a significant challenge for licensing authorities who must determine whether they are fit to resume driving following completion of rehabilitation. A recent position paper discusses some of these issues related to guidelines in Australia and provides recommendations.

Assessing fitness to drive in applicants with a substance use disorder presents a specific clinical challenge. The Australian guidelines require evidence of remission and absence of cognitive change when considering applications for relicensing a driver. The paper reviews some of the clinical and biochemical indicators that determine whether a particular person is in 'remission' and meets the criteria for return to driving. It provides an overview of the challenges in establishing an evidence-based approach to determining fitness for safety critical activities. There is no internationally accepted definition of 'remission'. Assessing fitness to drive when there is a history of substance misuse and/or substance use disorders assessment of biomarkers, clinical findings and clinical assessment before the person returns to driving. The authors propose that hair testing provides a reliable and reproducible way to demonstrate remission and provide cost-effective monitoring. Standardised psychological tests, widely used in Europe, could provide a reproducible assessment of the cognitive effects of drug use and suitability to resume driving.

Source: When should the driver with a history of substance misuse be allowed to return to the wheel? A review of the substance misuse section of the Australian national guidelines Edward J. D Ogden, Joris C. Verster, Amie C. Hayley, Luke A. Downey, Bruce Hocking, Con K. Stough, Andrew B. Scholey and Yvonne Bonomo, *Internal Medicine Journal* 48 (2018) 908–915 © 2018





NEW ICADTS MEMBER PRESENTS INITIATIVE IN GHANA

On October 9, 2018, at the Ashanti Regional Police Command hall of Kumasi Ghana, Stephen Baafi, recent member of ICADTS, presented an initiative that he developed for the Ashanti Regional Police Command and medical Doctors to enlighten them on the impacts of drugs and alcohol on driving and its effect on road traffic crashes. The participants were taken through major influence drugs and alcohol has on our day to day life and the need to enforce the laws on drugs and alcohol whilst operating vehicle of any mode. Present were commissioner of National Insurance Commission Ashanti Region, Dr Maxwell Osei Ampofo; physician Surgeon Komfo Anokye Teaching Hospital Kumasi Ghana; Guest Speaker Alhaji of Ava Togo, Ashanti Regional Police Commander (MTTD), Investigators and Medical Doctors across the Region.

We are very pleased to have Dr. Baafi as a member of ICADTS and applaud his efforts in Ghana.

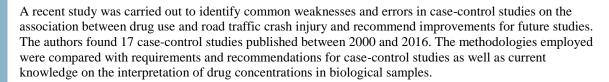
RECORDING OF ALCOHOL IN OFFICIAL CRASH STATISTICS: UNDERREPORTING AND PROCEDURES TO IMPROVE STATISTICS

A recent paper analyzes how alcohol involvement is recorded in official traffic crash statistics and the issues that need to be addressed in improving the statistics. Worldwide 1.25 million people die in road crashes every year and it is widely recognized that drink driving is an important risk-increasing factor. Official statistics of alcohol-related crashes are likely to underestimate alcohol-related crashes and casualties, because official statistics are affected by underreporting. The study was designed to gain insight into the definitions, legislations and reporting procedures of alcohol-related road casualties to reach an accurate estimate of the drink driving problem and recommendations on how to improve the reliability and comparability of official statistics. A total of 45 countries, represented by road safety experts, responded to an online questionnaire. A weighted average of 21.8% alcohol-related road deaths is found in official statistics in the group of 45. However, this number is an underestimate of the real problem because strong indications of underreporting of alcohol-related crashes in official crash statistics are found. Most countries (89%) still base their official data upon only one single data source and in most cases (87.5%) these are the police records for which this study found evident shortcomings. Study authors recommend that police agencies carry out systematic and 100% alcohol testing of all road users actively involved in all serious road crashes (fatal crashes and crashes with serious injuries). They also recommend conducting additional investigation to assess underreporting and, when necessary, to apply correction factors to estimate "real numbers". If this is not a realistic option, it is recommended to estimate the number of alcohol-related road fatalities by using additional statistical analysis methods.

To make official country statistics comparable, definitions of alcohol related road casualties should be harmonized. One area that requires particular attention is to apply definition of alcohol-related road crashes to include alcohol involvement for pedestrians and cyclists. Under current circumstances, these vulnerable road user groups are typically not be recorded as an alcohol-related road casualty.

Source: Recording of alcohol in official crash statistics: underreporting and procedures to improve statistics, L. Vissers, S. Houwing and F. Wegman, *J. of the Australasian College of Road Safety* – 29: 3

CHALLENGES AND WEAKNESSES IN CASE-CONTROL STUDIES



The major difficulties in the studies were related to likely selection bias, information bias, and confounding. In some studies, the definition of drug exposure was different for controls than for cases, generating potentially serious errors. Other weaknesses include lacking explanation of the assessment of drug exposure, missing covariates, lacking description of statistical methods, and lack of discussion of bias and confounding. The authors concluded that many of these challenges and weaknesses can be reduced.

Source: Challenges and common weaknesses in case-control studies on drug use and road traffic injury based on drug testing of biological samples, Hallvard Gjerde, Giovanni Romeo, Jørg Mørland, *Annals of Epidemiology*, DOI: https://doi.org/10.1016/j.annepidem.2018.08.006





Upcoming Events

Transportation Research Board Annual Meeting 13-17 January 2019 Washington, DC, USA www.trb.org

T2019

18-21 August 2019 Edmonton, Alberta, Canada www.t2019.org

63rd Annual Scientific Conference of the Association for the Advancement of Automotive Medicine 15-18 October 2019 Madrid, Spain www.aaam.org

Lifesavers Conference

National Conference on Highway Safety Priorities Louisville, Kentucky, USA March 31-April 2, 2019 www.lifesaversconference.org

Governors Highway Safety Association Annual Meeting

Anaheim, California, USA August 24-28, 2019 www.ghsa.org

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INTOXICATED VULNERABLE ROAD USERS IN THE CZECH REPUBLIC

At the September ICADTS regional meeting in Prague, the Czech Transport Research Centre presented the results of in-depth accident analysis for 1867 injury traffic crashes since 2011 in the South-Moravian region. The investigations included analysis of transport infrastructure, automotive technology, and human factors in each crash occurrence.

Even though impaired driving is strictly prohibited in the Czech Republic, from 2011 until today, more than 45 thousand accidents with injury under influence of alcohol were reported by the police of the Czech Republic. 8,516 of them were caused by bicyclists or pedestrians, which are a risky group due to their vulnerability. Unlike for motorcycle riders, helmet and protective clothing are not obligatory in the Czech Republic for adult bicyclists. Results from the naturalistic data analysis collected by in-depth accident analysis shows that specific behavioral patterns occurred in road accidents when cyclists and pedestrians are under influence of alcohol. Alcohol impairs the balance system and increases reaction time. It also affects judgment, decision making, and self-confidence. Crashes involving these vulnerable road users usually occur in the following situations: 1) Fall into the car trajectory due to the influence of alcohol on the cerebellum. It is very difficult for the driver to predict an atypical change in the direction of pedestrian movement and avoid the impact; 2) Run into the vehicle trajectory due to cognitive impairment which leads directly to poor distance estimation and inadequate reaction; 3) Staggering when alcohol affects the activity of the cerebellum, which is also reflected in the quality of the movement and keeping the intended pedestrian's movement route; 4) Absence of retroreflective material which ensures visibility of pedestrian or cyclist in the dark or places with reduced visibility conditions; 5) Lying on the road, which could be caused by impaired judgment and imperfect decision making, high fatigue, or nausea. Crashes involving cyclists most often include: 1) Falling on the road; 2) Delayed or absent perception of an obstacle ahead; 3) Delayed braking, 4) Error in avoiding an obstacle.

This presentation was prepared by Eva Matuchová of the Transport Research Centre and was produced with the financial support of the Ministry of Education, Youth and Sports within the National Sustainability Programme I, project of Transport R&D Centre (LO1610), on the research infrastructure acquired from the Operation Programme Research and Development for Innovations (CZ.1.05/2.1.00/03.0064).

ROADSIDE SURVEY OF ALCOHOL AND DRUG USE AMONG NORWEGIAN DRIVERS IN 2016–2017: A FOLLOW-UP OF THE 2008–2009 SURVEY

A recent paper reports on the presence of alcohol and drugs among the general driving population in the southeastern part of Norway. The paper compares the findings with the results from a similar roadside survey in 2008–2009. A roadside survey of drivers of cars, vans, motorcycles, and mopeds was performed from April 2016 to April 2017. Oral fluid was collected and analyzed for alcohol, illicit drugs, and psychoactive medicinal drugs. Age, sex, time, and geographical region were recorded.

5,034 drivers were included in the survey. Fifteen drivers (0.3%) suspected by the police for driving under the influence of alcohol or drugs refused to participate in the study, so the alcohol and drug findings represent minimum values. The weighted prevalence of alcohol concentrations above the legal limit of 0.2g/L was 0.2%, which is similar to the finding in the 2008–2009 survey. The weighted prevalences of medicinal drugs and illicit drugs were 3.0 and 1.7%, respectively; those numbers included more drugs than the 2008–2009 survey and are therefore not comparable. The most prevalent illicit and medicinal drugs were tetrahydrocannabinol (1.3%) and zopiclone (1.4%). The prevalences of benzodiazepines and amphetamines were significantly lower than detected in the 2008–2009 survey.

The proportion of samples that tested positive for alcohol had not changed since 2008–2009, and the proportions that tested positive for benzodiazepines and amphetamines were lower. There are several possible reasons for the reduction: Implementation of legal limits for 28 drugs in 2012–2016, increased use of drug recognition tests, implementation of drug screening instruments, and automatic number plate recognition by the police since 2010; more focused enforcement of the driving under the influence (DUI) law; better information provided to drivers; and changes in drug prescriptions.

Source: Håvard Furuhaugen, Ragnhild E. G. Jamt, Galina Nilsson, Vigdis Vindenes & Hallvard Gjerde (2018) Roadside survey of alcohol and drug use among Norwegian drivers in 2016–2017: A follow-up of the 2008–2009 survey, *Traffic Injury Prevention*, 19:6, 555-562, DOI: 10.1080/15389588.2018.1478087