



# REPORTER

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

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.Dear ICADTS members,

We are moving toward the end of the year, which seems like a good time for ICADTS to reflect on the impact of the COVID-19 pandemic on traffic safety. Many countries have engaged in movement restrictions and early evidence from some jurisdictions has indicated that COVID-19 has had some effects on road safety. ICADTS will be conducting an environmental scan and would like to know if your region has any information on COVID-19 and road safety. ICADTS has developed a short online survey to collect such information that will be presented to the ICADTS membership during an online membership meeting on December 11, 2020. All ICADTS members will receive an invitation to join this meeting and contribute to this research effort. The ICADTS board welcomes all members to join this meeting. Data that will be collected over the coming months will be presented during an ICADTS webinar on traffic safety that will be hosted during the summer of 2021.

During the meeting with the membership, the ICADTS board will also explain their intention to change the constellation of future boards in order to increase involvement of members of low and middle-income countries as well as young scientists. This proposal requires a constitutional change and therefore will be put to an online vote to the membership of ICADTS later this year. We look forward to your response to the proposal and encourage all ICADTS members to cast their vote.

Meanwhile the local organizing committee of T2022 has prepared an initial call for symposia. That call will provide an opportunity to present specific research issues from a variety of perspectives and will bring together expertise from senior and early career researchers. The call is also included in the current version of the *Reporter*, so feel free to have a closer look and to consider a proposal submission. Hopefully, by the time of the conference, we will all be able to meet again in person and reflect on COVID-19 issues as past events.

Kind regards,  
Jan Ramaekers  
President, ICADTS



## ICADTS MEMBERSHIP MEETING

There will be a Zoom meeting for ICADTS members and others who are interested on December 11 at 9PM GMT. Check the ICADTS website for details. [www.icadtsinternational.com](http://www.icadtsinternational.com). There will be presentations on the impact of COVID19 on traffic safety as well as discussion of changes in the ICADTS constitution and bylaws.

[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.

# Call for Symposium Proposals for the 23rd International Council on Alcohol, Drugs and Traffic Safety (ICADTS) Conference – T2022

28-31 August 2022, De Doelen, Rotterdam, The Netherlands

Dear Colleagues:

The Dutch Community on Drugs and Driving Research is proud to host T2022, the 23rd International Council on Alcohol, Drugs and Traffic Safety (ICADTS) Conference. The tri-annual conference of ICADTS is a stage for exchanging research and policy developments between experts in the field. We look forward to meet you at this conference that will be conducted as a hybrid event covering both virtual and onsite presentations from the host city Rotterdam. The local organizing committee is pleased to launch the first a call for symposium proposals.

## Symposium Proposals

The symposia provide the opportunity to examine specific research issues from a variety of perspectives. The total time of 1.5 hours can be divided between two established investigators in the field (each allocated 20 minutes) and two early-career researchers (each allocated 15 minutes). Early-career researchers should be PhD students or postdocs or hold a non-professional position at the faculty level. The symposium needs a chair and co-chair. The chair should set the scene for the symposium by briefly explaining the background to the topic before presenting his/her data. There should be 20 minutes for Q & A in the form of a panel discussion (all 4 speakers) at the end of the presentations. Organizers and speakers will be expected to register for the Conference. The proposal should include the following:

- Title of symposium
- Brief summary of the topic and what the speakers are expected to address (max 400 words)
- Suggested speakers (incl. name, affiliation and contact information). Speakers should already have agreed to participate.
- Proposed Chair and co-chair (incl. name, affiliation and contact information)

Please submit your proposal by **April 2, 2021** [here](#)

Kind regards on behalf of the [Local Organizing Committee](#).

## RESULTS OF RESEARCH IN MALAWI INDICATE HIGH ALCOHOL INVOLVEMENT IN ROAD INJURIES

Through its ICADTS Foundation, ICADTS provided funding support for a very important research project in Malawi. Major funding was provided by the World Bank. The research team, including participants from the Kamuzu Central Hospital in Lilongwe and the Norwegian Institute of Public Health, recently published a paper describing results from the study. Malawi is a low-income country with a large and increasing burden of road traffic injuries. It has generally been viewed as a country with relatively little alcohol consumption. This study investigates the role of alcohol in road traffic injuries in and around the capital Lilongwe.

All patients presenting to the emergency department of Kamuzu Central Hospital after being injured in road traffic crashes were asked to participate in the study. Alcohol testing was done with a breathalyzer or a saliva test. Participants were asked about alcohol use before the injury as well as hazardous drinking using the AUDIT-C questionnaire. Of 1347 patients age 18 years or older who were asked to participate, 1259 gave informed consent, and data on alcohol use (alcohol test results and/or self-reported intake) were available for 1251 participants. Of those, 251 (20.1%) tested positive for alcohol, whereas 221 (17.7%) reported alcohol use before the crash; in total 311 (24.9%, 95% CI 22.5–27.3) either tested positive, reported use, or both. Females had a low prevalence of alcohol use (2.5%), while 30.6% of males had consumed alcohol before the injuries. Pedestrians had the highest prevalence at 41.8% (95% CI 35.5–48.4), while car drivers had 23.8% (95% CI 18.2–30.5). Among male pedestrians, 49.5% had used alcohol before the injury. Alcohol-associated injuries had a peak in the evening and at night,



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## MALAWI RESULTS (CONT.)

especially in the weekends. Of the patients, 63.1% reported that they had not consumed alcohol during the last year, while 21.4% had an AUDIT-C score suggesting hazardous drinking, and 66.2% of those had used alcohol before the injury.

The authors concluded that a large percentage of road traffic injured patients had been drinking alcohol before their injury, especially male pedestrians. A large proportion of the patients were abstaining from alcohol, but those not abstaining had a high prevalence both of alcohol use when injured and hazardous drinking identified by AUDIT-C. This has important implications for prevention.

Source: Mads Sundet, Chifundo Kajombo, Gift Mulima, Stig Tore Bogstrand, Carlos Varela, Sven Young, Asbjørg S. Christophersen & Hallvard Gjerde (2020) Prevalence of alcohol use among road traffic crash victims presenting to a Malawian Central Hospital: A cross-sectional study, *Traffic Injury Prevention*, 21:8, 527-532, DOI: 10.1080/15389588.2020.

## U.S. DEPARTMENT OF TRANSPORTATION REPORT: DRUG AND ALCOHOL PREVALENCE IN SERIOUSLY AND FATALLY INJURED ROAD USERS BEFORE AND DURING THE COVID-19 PUBLIC HEALTH EMERGENCY IN THE UNITED STATES

The National Highway Traffic Safety Administration of the U.S. Department of transportation has released a report on impaired driving as related to the current COVID 19 pandemic. A gap in knowledge exists regarding drug use among drivers and other road users (pedestrians, bicyclists) who are seriously or fatally injured in crashes in the United States. This study examines the prevalence of alcohol as well as selected over-the-counter, prescription, and illegal drugs in the blood of seriously or fatally injured drivers and other crash victims near the time of their crashes before and during the COVID-19 public health emergency (pandemic). Data were collected at Level 1 trauma centers and medical examiner offices. The 3,003 participants represent a convenience sample of roadway users who were seriously or fatally injured during the study period. Trauma centers and medical examiners made available small volumes of blood for toxicological analyses from the total collected during their normal clinical procedures.

The results indicate drug prevalence was high among seriously and fatally injured roadway users before the public health emergency began and was even higher during, especially for alcohol, cannabinoids (active THC), and opioids. Drivers in particular showed significantly higher overall drug prevalence during the public health emergency, with 64.7% testing positive for at least one active drug, compared to 50.8% before. Alcohol prevalence in drivers increased from 21.8% before to 28.3% during the pandemic while the prevalence of active THC in drivers increased from 20.8% before to 32.7% during the pandemic. Drivers also showed an increase in testing positive for two or more categories of drugs going from 17.6% before to 25.3% during the public health emergency. Of particular note, active THC was more prevalent among drivers during the public health emergency than alcohol (32.7% versus 28.3%), and opioid use among drivers almost doubled from 7.5% to 13.9%.

Overall, the results of this study suggest the highway safety community should be concerned about the impact of other drugs as well as alcohol. In particular, the observed cannabis and opioid prevalence rates before and during the public health emergency could be indicative of a growing problem. These findings are prevalence rates only and cannot be used to determine whether the people were impaired at the time of their crash.

Source: Thomas, F. D., Berning, A., Darrah, J., Graham, L., Blomberg, R., Griggs, C., Crandall, M., Schulman, C., Kozar, R., Neavyn, M., Cunningham, K., Ehsani, J., Fell, J., Whitehill, J., Babu, K., Lai, J., and Rayner, M. (2020, October). Drug and alcohol prevalence in seriously and fatally injured road users before and during the COVID-19 public health emergency (Report No. DOT HS 813 018). National Highway Traffic Safety Administration.

[https://rosap.nhtsa.gov/view/dot/50941/dot\\_50941\\_DS1.pdf](https://rosap.nhtsa.gov/view/dot/50941/dot_50941_DS1.pdf)



## U.S. FATALITY REPORTS

The U.S. Department of Transportation's National Highway Traffic Safety Administration released a preview of 2019 data from the Fatality Analysis Reporting System (FARS) and preliminary estimates for the first half of 2020. Alongside the release of the 2019 preview data and 2020 first-half fatality projections, the agency issued two companion reports, Special Report: Examination of the Traffic Safety Environment During the Second Quarter of 2020 and Drug and Alcohol Prevalence in Seriously and Fatally Injured Road Users Before and During the COVID-19 Public Health Emergency. [See description of this report in article above.]

Traffic deaths decreased nationwide during 2019 as compared to 2018. There were 36,096 fatalities in motor vehicle traffic crashes in 2019. This represents a decrease of 739 (down 2%) from the reported 36,835 fatalities in 2018, even though vehicle miles traveled increased by nearly 1%. As a result, the fatality rate for 2019 was 1.10 fatalities per 100 million VMT – the lowest rate since 2014, down from 1.14 fatalities per 100 million VMT in 2018.

Fatalities decreased in most major traffic safety categories in 2019:

- Passenger vehicle occupants (down 2.8%)
- Motorcyclists (down 0.5%)
- Pedestrians (down 2.7%)
- Pedalcyclists (down 2.9%)

NHTSA also released preliminary fatality estimates for the first half of 2020. The second quarter of 2020, during the height of the COVID-19 public health emergency, showed a continued decline in overall traffic fatalities. FARS data indicate that there was a decrease in fatalities of about 3.3% compared to the second quarter of 2019, which translates into 302 fewer fatalities as compared to the same period in 2019.

At the same time, at the height of the COVID-19 public health emergency, the total traffic volume decreased by more than 16% in the first six months of 2020. The traffic fatality rate per 100 million VMT is projected to increase to 1.25 in the first half of 2020, up from 1.06 in the same period in 2019.

The study suggests that during the height of the national public health emergency and associated lockdowns, driving patterns and behaviors changed significantly, and that drivers who remained on the roads engaged in more risky behavior, including speeding, failing to wear seat belts, and driving under the influence of drugs or alcohol.

For more information, see <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813021>

## DRUG USE AND DRIVING BEHAVIORS AMONG BRAZILIAN DRIVERS

A recent paper published by a research team from Universidade Federal do Rio Grande do Sul compares drug use and driving behavior profiles of drivers with and without alcohol-related infractions. For the study, 178 drivers stopped at routine roadblocks were assessed by traffic agents who conducted standard roadblock procedures (document verification; request of a breathalyzer test). Drug use and driving behavior data were collected through semi-structured interviews. Subjects were divided into three groups: drivers who refused the breath test ( $n = 72$ ), drivers who tested positive on the breath test ( $n = 34$ ), and drivers who had committed other infractions ( $n = 72$ ). Analysis determined that the proportion of alcohol use in the last year was higher among drivers who refused the breath test (100%) than in the drivers with a positive breath test and drivers who had committed other infractions (97.1% and 72.2% respectively,  $p < 0.001$ ). Lifetime prevalence of cannabis and cocaine use for the overall sample was 44.3% and 18.2%, respectively. Fewer individuals in the drivers with other infractions (31.5%) reported having been stopped at roadblocks in the previous year compared to drivers with positive breath tests (55.9%) and drivers who refused the breath test (48.6%,  $p = 0.03$ ). However, a higher proportion of drivers who refused the test reported drunk driving in the same period (87.5%) compared to drivers with a positive test (69.7%) and drivers with other infractions (26.9%;  $p < 0.001$ ). The authors concluded that there were significant differences among groups. Drivers who refused the test may be unresponsive or less responsive to social deterrence and enforcement actions.

Source: [Drug use and driving behaviors among drivers with and without alcohol-related infractions](#), JN Scherer, JB Schuch, MR Rocha, V Assunção, R Silvestrin, V Roglio, R Limberger, T Sousa, and F Pechansky, *Trends in Psychiatry and Psychotherapy*, 2020



## ROAD SAFETY COMPARISONS BETWEEN THE US AND AUSTRALIA

A recent study by the Mountain Plains Consortium North Dakota State University compared the United States to Australia in terms of road safety and various policies, programs and practices in the two countries. Despite similarities to the US in terms of transportation, land use, and culture, Australia kills 5.3 people per 100,000 population on the roads each year, as compared to the US rate of 12.4. Similar trends hold when accounting for distance driven and the number of registered cars. This research project seeks to understand what is behind the road safety disparities between these two countries. The results suggest that a number of inter-related factors seem to play a role in the better road safety outcomes of Australia as compared to the US. This includes Australia's strategies related to seat belt usage and impaired driving as well as their efforts to help curb vehicle speeds and reduce exposure. Design-related differences include a much greater reliance on roundabouts and narrower street cross sections as well as guidelines that encourage self-enforcing roads. Policy-related differences include stronger and more extensive enforcement programs, restrictive licensing programs, and higher driving costs. Combined with a more urban population and multimodal infrastructure, Australia tends to discourage driving mileage and exposure while encouraging safer modes of transportation such as transit, at least more so than in most of the US communities. Australia also enacted their version of Vision Zero – called the Safe System Approach – more than a decade before similar policies began cropping up in US cities. While it is difficult to attribute recent road safety successes to any specific policy, Australia continues to expand their lead on the US in terms of safety outcomes and is a road safety example worthy of consideration.

With respect to impaired driving, alcohol has long been a significant issue in terms of road safety outcomes, and these countries have their share of differences in terms of both policy and enforcement. In terms of policy differences, the U.S. legal BAC limit is set at 0.08%. For commercial drivers, the limit is half that at 0.04%. Australia, notably, has lower BAC limits of 0.05%, which dates back to Victoria's initial law in 1966, and 0.02% for commercial drivers as well as for drivers of any truck over a certain weight. Moreover, the BAC limit is zero for drivers holding a driver's license from another country or anyone with a provisional license. Despite the lower BAC limits that would classify more crashes as alcohol-related, Australia experiences a lower percentage of alcohol-related road fatalities. In the United States, 29% of 2015 traffic fatalities involved alcohol as a contributing crash factor. This number has dropped significantly from over half of all road fatalities in 1990 to just over 42% in 2009. Alcohol as a contributing factor in Australia's road fatalities, on the other hand, dropped from 44% in 1981, to 28% in 1999, and to 13% in 2015. In addition to lower BAC limits, Australia is known for strict enforcement. Random breath testing (RBT) is extremely common in Australia, having been around since 1976 in Victoria and in all states by 1988. For instance, in 1985, Tasmania conducted more than 200,000 random breathalyzer tests on a driving population of only 268,887. With their random breath testing program, Australia seems to focus more on deterrence than maximizing arrests via a highly visible and intense approach. Random drug testing is also becoming common in Australia. Blood tests are also mandatory for any driver admitted to a hospital with injuries suffered in a road crash. So while Australia tests for drugs in all drivers killed in crashes, the United States only tested 57% of drivers killed in 2015 crashes. Related to the alcohol enforcement issue is the fact that alcohol is significantly more expensive in Australia than in the United States.

To see the full report, go to <https://www.ugpti.org/resources/reports/downloads/mpc20-420.pdf>

## ICADTS NOW ON SOCIAL MEDIA!

Thanks to a team of young and dedicated IADTS members, the organization is now live on social media. The social media team includes Dr. A.J.A.E. van de Loo, Dr. van Asperen, BSc, Dr. A.C. Hayley, and Dr. J.N. Scherer.

We also must thank our hard working Webmaster in Chief, Dr. Edward Ogden, who (rumor has it) also has other jobs and responsibilities besides wrangling the ICADTS website. The social media links are now available at [www.icadtsinternational.com](http://www.icadtsinternational.com).

The social media sites are at:

<https://twitter.com/IcadtsInternat>

<https://www.facebook.com/ICADTS>

<https://www.instagram.com/icadtsinternational/>

<https://www.linkedin.com/company/icadtsinternational>

### MOUNTAIN-PLAINS CONSORTIUM

MPC 20-420 | W.E. Marshall

Forging a Path to Vision Zero in the US: A Critical Analysis of Road Safety in Australia



## UPCOMING EVENTS

Transportation Research  
Board Annual Meeting  
Virtual Event  
January 2021  
[www.trb.org](http://www.trb.org)

IFDAT 2020- 10th Annual  
International Forum for  
Drug and Alcohol Testing  
19-21 September 2021  
Salzburg, Austria  
[www.ifdat.com](http://www.ifdat.com)

T2022  
28-31 August 2022  
Rotterdam, The Netherlands  
[www.t2022.org](http://www.t2022.org)

## BOLSONARO'S MOONWALK STEPS IN SANCTIONING THE NEW BRAZILIAN TRAFFIC LAWS: ARE WE GOING FORWARD OR BACKWARDS?

Editorial By Flavio Pechansky

The term “Social Deterrence” has been explored in different areas – and was duly utilized during and after the Cold War as a means to explain what Thomas Schelling – 2005 Nobel Prize in Economy – explored in his writings (1): cooperation may be obtained by intelligent negotiation, but frequently will be directed by deterrence – a rational choice that is provided to the opponent by means of weighing pros and cons of a decision.

Deterrence is a common expression among professionals who deal with the intricate aspects of preventing traffic collisions, drunk or drugged driving - or any driving behavior that puts others at risk. Decades of scientific information have proved that deterrence methods may have a positive impact in shaping aggressive behaviors related to driving – at least in a significant group of drivers (2,3). The perception of continuous enforcement provided by police forces – such as highly visible roadside “blitzes” or “booze buses” in Australia against drunk driving, hidden speed traps and radars, as well as a continuum of media actions, are main components of this approach.

Brazil's rollercoaster relation with safe driving has endured government changes, different traffic legislations, and the endless challenge of enforcing these codes and laws. In the last two decades, some benefits of tougher laws have reflected on positive trends and statistics – to the benefit of the nation. One of the most important trends is the decrease of drunk driving in some Brazilian capitals (mostly after the passing of a “dry law” with zero tolerance for alcohol in 2008 – followed by visible enforcement), as well as increased use of seatbelts by drivers, and the use of child restraints and child safety seats in the back seat of vehicles. At the same time, we have seen legislators struggle back and forth between political, cultural and moral issues implicated in the dyadic relation between public and individual good – the typical (and complex) topic related to implementing tougher sanctions related to driving laws. In October 2020, Brazil's President Jair Bolsonaro issued a revision of some topics of the general Brazilian Traffic Law that were under discussion for more than a year as part of his election platform (4). Some are straightforward advances – such as toughening penalties for drunk or drugged drivers, which from now on prevent such drivers to walk free (or with minor sanctions) from court, as was typical before the sanction. The new law defines that in cases of bodily injury or death caused by a drunk driver – even without intention – the imprisonment penalty cannot be transformed into a softer penalty. Brazil has waited at least 12 years for this to be implemented after the 2008 traffic code was passed. A true benefit to the nation – to the cost of thousands of lives.

There are reasons to believe, though, that the passing of these tougher sanctions has a Trojan Horse imbedded in it: some of the new paragraphs in the current law are in contrast with the aforementioned sanctions, and seem to run in the opposite direction, after its projected implementation in April 2021, such as:

- The renewal time for a driver's license has been extended from 5 to 10 years for drivers under 50 years of age, and conceptually similar extensions/adaptations have been approved for older ages. These may be revised if the driver has a mental or physical condition or progressive disease, at the discretion of the examiner. However, the current physical and psychological examinations are generally weak and too superficial – which means that more inept drivers will be on the streets – with a potential increase in traffic collisions, as well as the concurrent increased burden to the health system;
- The current Brazilian system penalizes drivers based on a demerit point system, according to the level of severity of the infraction (5): light (3 points); mild (4 points); severe (5 points) and extremely severe (7 points) – and these can be multiplied up to 60 times, depending on numerous variations. Presently, if a driver accumulates up to 20 points – regardless of the severity of the infraction – the license is retained, suspended and the driver must undergo a recertification process. Bolsonaro's project aims at changing that towards the following set of points:

## BRAZILIAN TRAFFIC LAWS (CONT.)

- 40 points for drivers with zero *extremely severe* infractions;
- 30 points for drivers with one *severe* infraction;
- 20 points for drivers with two or more *severe* infractions.

Professional drivers will have a ceiling of 40 points, regardless of the type of infraction, and may undergo recertification at 30 points. The original project presented by Bolsonaro to the legislators suggested a 40-point ceiling for all drivers. In practice, since the points system is based solely on the capacity of enforcement provided by the police, what we will see is a loosening of an already permissive system. Interestingly enough, there are anecdotal media reports suggesting that this specific set of changes was based primarily on the President's own complaints about the "industry of fines" developed by previous governments. Different media networks found that some of the President's close family members would have enough points to have their licenses retained, if based on the previous point system. Many are due to speed traps – which have been one of his persistent complaints throughout the election campaign of 2018.

- The President's proposed bill would only provide a written warning for drivers who do not use a child's seat for children up to 10 years of age - or less than 1,45m height. Luckily, the bill revised by the Congress reverted that, and the penalty for not providing the appropriate child seat will correspond to an extremely severe penalty.
- After Bolsonaro issued a nationwide ban of speed traps in August 2019 – which lasted until April 2020, when a Federal Justice sentence overruled it -, the new law defines that all mobile radar enforcement must obey the following rules:
  - Traffic agents must be in uniform and visible;
  - Radars and speed traps must be visible;
  - Devices cannot be attached to trees, marquees or walkways;
  - Maximum speed signs must be visible where radar devices are enforced.

The current approach to radars and speed traps provided by the new law is the *coup de grace* towards a whole legal framework that has been progressively built in many developed nations for decades, with a solid scientific evidence to sustain it. For many years many professionals – including this author - fought against a law that obliged municipalities to publish where speed traps and would be placed, on a daily basis. The deterring effect of this measure is minimal - and increases the likelihood that drivers will only reduce their speed when aware of a visible speed trap, and resume it a few meters after passing it.

The casuistry with which President Bolsonaro deals with crucial aspects of traffic laws - whether based on his personal experience, or yielding to the force of "electoral winds" -, directly puts the lives of millions of Brazilians at risk and jeopardizes the efforts of years of science. In the end, it looks like Michael Jackson's famous "Moonwalk step": it seems to be walking forward, but in fact it is moving backwards.

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<http://www.icadtsinternational.com/pages/icadts-reporter.php>

