



# REPORTER

THE NEWSLETTER OF THE INTERNATIONAL COUNCIL ON ALCOHOL, DRUGS AND TRAFFIC SAFETY

## IN MEMORIUM: BARRY SWEEDLER REPORTER EDITOR AND FORMER ICADTS PRESIDENT

Barry Sweedler died October 27, 2009, after a year-long struggle with cancer. Born in Brooklyn, New York, on March 11, 1937, he was trained as an engineer and went on to a lifelong career dedicated to public safety. He spent 31 years at the National Transportation Safety Board, where he worked tirelessly to prevent tragedies in all modes of transportation.

Barry contributed in numerous ways to the International Council on Alcohol Drugs and Traffic Safety (ICADTS). He served as President from 2000 to 2003 and, for many years, edited the *ICADTS Reporter* with his wife, Kathryn Stewart. He made many significant contributions to safety, most prominently in helping to develop and implement strategies to reduce impaired driving. Throughout his career, the question that guided his efforts was "How many lives will that save?" He combined a sophisticated understanding of how government works with the Brooklyn-bred chutzpah to push for action when it was needed. Most recently, he was a founding partner in the safety consulting firm, Safety and Policy Analysis International, where he provided guidance to government agencies around the world and taught courses in aviation safety. Even in his last few weeks, he worked on important transportation safety issues.

In his career at the National Transportation Safety Board, he focused special attention on alcohol-impaired driving and played an important role in the United States adopting a minimum legal drinking age of 21. Barry chaired the committee on Alcohol Drugs and Traffic Safety for the Transportation Research Board of the National Academy of Sciences. He authored numerous research articles and reports, his most recent with Kathryn Stewart on "World Wide Trends in Alcohol and Drinking Impaired Driving" in Verster et al.'s *Drugs Driving and Traffic Safety* 2009.

Barry understood the history and traditions of ICADTS and played a crucial role in expanding its membership and organizing several of its international conferences and working groups. He will be remembered for his humble but inspiring leadership, his good humor, and warm friendship. ICADTS was proud to honor his contribution to our organization with a special presidential award in October 2009. ICADTS and its members have lost a cherished friend who helped shape the history of our organization.

## ABSTRACTS BEING ACCEPTED FOR T2010

Abstracts are now being accepted for the 19<sup>th</sup> International Conference on Alcohol Drugs and Traffic Safety to be held in Oslo, Norway, from 22 to the 26 of August 2010. The organizers invite you to contribute your work to help build a strong and exciting scientific program. The conference Web site can be found at [www.t2010.org](http://www.t2010.org). Registration and abstract submission forms are on the Web site. The deadline for abstracts is 15 March 2010.

Oslo is the capital of Norway, a modern city beautifully situated at the head of Oslo Fjord. The city limits encompass wilderness areas as well as an array of restaurants almost unparalleled in Scandinavia. The conference will be held at the Oslo Congress Center, which is located in the central part of the city and only a few minutes' walk from the Central railway station with trains directly from Oslo Airport.

The conference will start with workshops on Sunday 22. The opening ceremony will be on Monday, followed by featured plenary presentations, seminars, and poster presentations during the rest of the week, ending with closing ceremony on Thursday 26 at lunchtime. The social program includes a get-together party on Sunday evening, reception at the Oslo City Hall on Monday evening, and a half-day boat trip on the Oslo Fjord. The conference dinner will be on Wednesday evening.

Dr. Barry Logan has been appointed as chair for the scientific program with Dr. Jørg Mørland as co-chair. The topics will include alcohol and other drug testing technology, epidemiological studies on motor vehicle accidents, developing countries—alcohol and drug related driving and accidents, alternative biological matrix for drugs testing with focus on oral fluid technology, blood drug concentrations and legal limits, drug effects on driving, results from the European Integrated Research Project DRUID, psychomotor tests after drugs intake, unlicensed drivers and recidivists, rehabilitation programs, and related topics. A special program for young scientists is being organized (for details, contact Robyn Robertson at [robynr@trafficinjuryresearch.com](mailto:robynr@trafficinjuryresearch.com)).

Please join us in Oslo in August!

## **ICADTS EXECUTIVE BOARD MEETS IN WASHINGTON, DC**

The ICADTS Executive Board met in Washington, DC, on January 12 in conjunction with the annual meeting of the Transportation Research Board. President Wolf Nickel was unable to attend due to severe weather in Germany, and the meeting was chaired by President-elect Mary Sheehan. President Nickel had forwarded an ambitious agenda for discussion regarding change and progress in the organization. The Board discussed many of these items and has agreed to take action on some significant tasks. Key topics include the following: (1) The consideration of changes in the membership qualifications and application to streamline the process and expand membership, especially in developing countries; (2) Changes to the ICADTS Web site to improve its usability and enhance communication within the membership; (3) Enhanced liaison with other organizations, such as TIAFT, ITMA, and RTIRN. Reports on these actions will be made at the general membership meeting and Executive Board meeting in Oslo.

## **U.S. ROADSIDE SURVEY SHOWS STEADY DECLINE IN ALCOHOL LEVELS, WHILE DRIVER DRUG USE IS DETECTED**

A new roadside survey by the National Highway Traffic Safety Administration (NHTSA) confirms a continuing decline in the percentage of legally intoxicated drivers. In 1973, 7.5% of drivers had a blood alcohol concentration (BAC) of .08 or higher. In the latest survey, that figure fell to 2.2%. A BAC of .08 or higher is now above the legal limit throughout the United States.

Previous roadside surveys conducted by NHTSA have measured only alcohol. But the 2007 survey used new screening techniques that detected other substances as well and in the future may help show the extent of drug impairment among drivers. The survey found 16.3% of nighttime weekend drivers were drug positive. The survey focused on weekend nighttime drivers and found that the drugs used most commonly by drivers were marijuana (8.6%), cocaine (3.9%), and over-the-counter and prescription drugs (3.9%). NHTSA is conducting further research to assess how drug traces correspond to driver impairment since some drugs can remain in the body for days or even weeks.

Some findings of the latest roadside survey include:

- The percentage of male drivers with illegal BAC levels was 42% higher than the percentage of alcohol-impaired female drivers.
- Drivers were more likely to be illegally drunk during late nighttime hours (1 a.m. to 3 a.m.) than during daytime or early evening hours.
- Motorcycle riders were more than twice as likely as passenger vehicle drivers to be drunk (5.6% compared with 2.3%). Pickup truck drivers were the next most likely to have illegal BACs (3.3%).

For more information, go to [www.nhtsa.gov](http://www.nhtsa.gov).

## **UPDATE OF ALCOHOL POLICY INFORMATION ON APIS: RESOURCE AVAILABLE ON STATE UNDERAGE DRINKING POLICIES**

The Alcohol Policy Information System (APIS), a project of the National Institute on Alcohol Abuse and Alcoholism, announces its latest update of state-by-state alcohol policies. This year's update includes a new posting on "underage internal possession" laws. These laws prohibit an underage person from having alcohol in his or her system. They typically require evidence of alcohol in the minor's body, but do not require any specific evidence of possession or consumption. Such laws are useful to law enforcement when breaking up underage drinking parties because they allow officers to bring charges against underage persons who are not holding alcoholic beverages and who have not been observed drinking alcoholic beverages by the officers. As of January 1, 2009, eight States have internal possession laws.

In addition to adding underage internal possession laws, this update reports on 22 changes in state alcohol policy statutes and regulations that occurred in the year ending January 1, 2009. Other highlights include a California provision to prohibit denial of payment of health insurance benefits for losses due to intoxication; a Rhode Island law prohibiting the manufacture of false identification for the purposes of obtaining alcohol, an Indiana law that increased the minimum age for selling beer, wine, and distilled spirits in off-premises establishments from 18 to 19 years. Colorado and Missouri have reduced their BAC limits for operators of recreational water craft from 0.10 to 0.08%.

These and other changes to the 29 current APIS policy topics are now posted at [www.alcoholpolicy.niaaa.nih.gov/](http://www.alcoholpolicy.niaaa.nih.gov/).

## **REDUCING ALCOHOL-IMPAIRED DRIVING: MULTICOMPONENT INTERVENTIONS WITH COMMUNITY MOBILIZATION**

A systematic review was conducted to determine the effectiveness and economic efficiency of multicomponent programs with community mobilization for reducing alcohol-impaired driving. The review was conducted for the *Guide to Community Preventive Services (Community Guide)*. Six studies of programs qualified for the review. Programs addressed a wide range of alcohol-related concerns in addition to alcohol-impaired driving.

Multicomponent interventions to reduce alcohol-impaired driving can include any or all of a number of components, such as sobriety checkpoints, training in responsible beverage service, education and awareness-raising efforts, and limiting access to alcohol. Interventions that qualified for this review (1) implemented multiple programs and/or policies in multiple settings to effect the community environment to reduce alcohol-impaired driving, and (2) included participation of active community coalitions or task forces in their design or execution (community mobilization). Interventions included responsible beverage service programs and other efforts to limit access to alcohol, such as controlling alcohol outlet density and enforcing minimum legal drinking age laws (6

studies); sobriety checkpoints (5 studies); an awareness or educational campaign (5 studies); attention to other driving risks, such as speeding (2 studies); and, improved access to alcohol treatment (2 studies).

Results included two studies that found decreases in fatal crashes of 9% and 42%; one study that measured a 10% decrease in nighttime injury crashes; one study that found a 45% decrease in crashes among drivers aged 16-20; and one study that found a small decrease in the rate of crashes among drivers under 21, though the percentage change could not be calculated.

The Task Force on Community Preventive Services recommends the use of multicomponent interventions with community mobilization on the basis of strong evidence of their effectiveness in reducing alcohol-impaired driving. According to *Community Guide* rules of evidence, the studies reviewed here provided strong evidence that carefully planned, well-executed multicomponent programs, when implemented in conjunction with community mobilization efforts, are effective in reducing alcohol-related crashes. Three studies reported economic evidence that suggests that such programs produce cost savings.

These results are based on a systematic review of all available studies led by scientists from CDC's Division of Unintentional Injury Prevention with input from a team of specialists in systematic review methods and experts in research, practice, and policy related to reducing alcohol-impaired driving.

An article summarizing the guide was published in the October 2009 edition of the *American Journal of Preventive Medicine*. Authors were Ruth A. Shults, PhD, MPH, Randy W. Elder, PhD, James L. Nichols, PhD, David A. Sleet, PhD, FAAHB, Richard Compton, PhD, Sajal K. Chattopadhyay, PhD. More information about the Guide can be found at [www.thecommunityguide.org/mvoi/multicomponent.html](http://www.thecommunityguide.org/mvoi/multicomponent.html).

## EVALUATION OF DESIGNATED DRIVER PROGRAM IN AUSTRALIA

The Centre for Accident Research and Road Safety—Queensland (CARRS-Q) recently conducted an evaluation of the “Skipper” designated driver program. The program operates in drinking venues and involves patrons agreeing to stay sober and drive their friends' homes in exchange for free soft drinks. The “Skipper” program has been operating for a number of years in Queensland, Australia. For the purposes of the evaluation, an enhanced version of the program was implemented in the city of Mackay (population 75,000) beginning in July 2007. The trial was supported by substantial press and radio advertising. A total of 41 drinking venues participated in the trial. A comparison city of comparable size (Rockhampton, population 77,000) was also selected. It does not share local media with the intervention city.

Results of the evaluation indicated that a high level of awareness of the program was achieved (72% as compared to 4% in the comparison city). More than 60% of interview respondents at drinking venues in both the intervention and comparison cities indicated that they had used a designated driver in the previous three months at baseline. There was a significant increase (to 82%) in the

proportion of respondents in the intervention city who reported being a designated driver in the past three months at follow-up. However, 16 months after implementation, the proportion had fallen to 70%, which was not significantly different than at baseline. No significant changes were found in the proportion of respondents who had used a designated driver in the comparison city. There was no evidence of an increase of self-reported alcohol consumption among the passengers of designated drivers or of drug use among designated drivers.

No changes attributable to the intervention were found in the police random breath testing alcohol impairment detection rates; however, the police data cover a larger district than the intervention area and may therefore have not been able to discriminate program effects. CARRS-Q will be analyzing alcohol related crash rates soon to determine whether there was a safety effect of the program in the study area. For more information, contact Barry Watson ([b.watson@qut.edu.au](mailto:b.watson@qut.edu.au)).

## OVERVIEW OF ALCOHOL POLICY IN AUSTRALIA

In a paper presented to the TRB Committee on Alcohol, Other Drugs, and Transportation in January, Ian Faulks and Julia Irwin provided an overview of recent alcohol policy developments in Australia. In the paper, they argue that the countermeasures designed to address drink driving and alcohol-related road trauma in Australia have proven to be resilient in the face of major challenges such as the development of a binge drinking culture among young Australians, the extension of trading hours of licensed premises, continued problems with the secondary supply of alcohol to minors, and increases in the marketing of alcopops and ready-to-drink spirit-based beverages.

Australians drink a large volume of alcohol and drink it frequently. In 2007 the per capita consumption of alcohol for Australians over 15 years was nearly 10 litres, a level judged high by world standards. Almost one in ten Australians over 14 years of age in 2007 drank at levels considered risky or high risk to health (i.e., seven or more standard drinks on any one day for males and five or more standard drinks on any one day for females). Young Australians are starting to drink at an earlier age, and most drink in a way that puts their health and others' at risk. The age at which Australians are having their first drink is continuing to decrease.

In March 2008, the Australian Prime Minister, announced a new national strategy to address the binge drinking epidemic among young Australians. The National Binge Drinking Strategy provided financial resources to address the problem of alcohol misuse among young Australians, including confronting the culture of binge drinking, and advertising to confront young people with the costs and consequences of binge drinking.

Another recent approach to alcohol problems is the Alcohol Linking Project, which was a systemic intervention to enhance police enforcement of liquor laws by providing data-based feedback to police and licensees about alcohol-related crime following drinking on specific licensed premises. The Alcohol Linking Project data were shown to contribute to a reduction of alcohol-related crime and this approach has been adopted into routine practice by the New South Wales Police Force state-wide.

For a copy of the complete paper, contact Ian Faulks at [safetyandpolicy@optusnet.com.au](mailto:safetyandpolicy@optusnet.com.au)

### US TRAFFIC FATALITIES: RECORD LOW IN 2008

The U.S. Department of Transportation announced that the number of overall traffic fatalities reported in 2008 hit the lowest level since 1961 and that fatalities in the first three months of 2009 continue to decrease. The fatality rate, which accounts for variables like fewer miles traveled, also reached the lowest level ever recorded. The fatality data for 2008 placed the highway death count at 37,261, a drop of 9.7% from 2007. The fatality rate for 2008 was 1.27 persons per 100 million VMT, about 7% lower than the rate of 1.36 recorded for 2007. Continuing this trend, the January-March 2009 estimate of 7,689 total crash deaths represents a 9% decline from a year ago. It was the twelfth consecutive quarterly decline.

Alcohol-impaired fatalities also declined by more than 9% over 2007: 13,041 deaths occurred in crashes involving alcohol impaired drivers in 2007 while that number was reduced to 11,773 in 2008. The percentage of total fatalities remained the same at 32%. For more information, go to [www.nhtsa.gov](http://www.nhtsa.gov).

### DRIVING IMPAIRMENT AND DUI ARRESTS FOLLOWING ABUSE OF COLD MEDICATIONS

Dr. Barry K. Logan, Director of Forensic Services at NMS Labs, recently reported in the *Journal of Forensic Science*, that abuse of over-the-counter medications can cause dramatic impairment in driving performance. These medications, dextromethorphan and chlorpheniramine, found together in cough, cold and flu medications, produced driving behavior resulting in crashes and DUI arrests. The study describes impairment in 12 drivers arrested for driving under the influence of these drugs. Massive ingestion of these substances produces a dissociative dreamlike state where the user can have out-of-body experiences, delusions, and hallucinations.

“The impairing effects of alcohol and drugs of abuse are well known, but is important for drivers to know that abuse of non-prescription cough suppressants can be life threatening, and creates the same type of roadway tragedies as alcohol and other impairing drugs,” explains Dr. Logan. “In most states, a person can be found guilty of DUI if their driving is affected by drug use, irrespective of whether the drug involved is a prescription, abused, or available over-the-counter.”

Law enforcement agencies are now well equipped to detect drug and alcohol impairment in drivers, through field tests and evaluations, followed by laboratory testing of blood or urine. Dextromethorphan is not always tested for in suspected impaired drivers but this report suggests that it should be considered when the suspect's impairment is not explained by their blood alcohol level. For more information, contact Pam Lipschutz, Marketing, 215-366-1638, [pamela.lipschutz@nmslabs.com](mailto:pamela.lipschutz@nmslabs.com)

## UPCOMING EVENTS

### August 22-26, 2010

T=2010-19th International Conference on Alcohol, Drugs and Traffic Safety - Oslo, Norway  
Sponsored by ICADTS. Visit [www.T2010.org](http://www.T2010.org) for information.

### October 17-19, 2010

Ignition Interlock Symposium, Montebello Quebec. Information coming soon to [www.interlocksymposium.com](http://www.interlocksymposium.com).

### December 6-11, 2009

*The Robert F. Borkenstein Course on Alcohol and Highway Safety: Testing, Research and Litigation*

Contact: Center for Studies of Law in Action, Indiana Univ.  
Tel: 812-855-1783, or visit [www.borkensteincourse.org](http://www.borkensteincourse.org) for information.

### January 23-27, 2011

*89<sup>th</sup> Annual Meeting of the U.S. Transportation Research Board, Washington, D.C., USA*

Alcohol and drug impaired driving technical sessions, meeting of the ICADTS Executive Board will be featured. For meeting information, visit [www.trb.org/trb/meeting](http://www.trb.org/trb/meeting).



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The International Council on Alcohol, Drugs and Traffic Safety 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. To accomplish this goal, the Council sponsors international and regional conferences to collect, disseminate and share essential information among professionals in the fields of law, medicine, public health, economics, law enforcement, public information and education, human factors and public policy.

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