



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.



CDC TASK FORCE FINDS COMMERCIAL LIABILITY AN EFFECTIVE STRATEGY TO REDUCE ALCOHOL-RELATED PROBLEMS

Holding alcohol retailers liable for injuries or damage done by their intoxicated customers can reduce motor-vehicle deaths, homicides, injuries, and other alcohol-related problems, according to the Community Preventive Services Task Force organized by the Centers for Disease Control and Prevention (CDC) in the United States. The independent, nonfederal, volunteer body of public health and prevention experts has determined that commercial host liability, otherwise known as dram shop liability, can be an effective intervention for reducing alcohol-related harms.

Dram shop liability refers to laws that provide for retail establishments that sell alcohol to be liable for the injuries or harms caused by their intoxicated or underage customers. The Task Force had found that these types of laws have been shown to encourage more responsible alcohol beverage serving because managers and servers have an incentive to manage their beverage service to intoxicated and underage customers more closely, which can lead to penalties for retail establishments when this service leads to harms or damages.

As of January 2009, 44 states and the District of Columbia have dram shop laws in the United States, although the laws vary in their scope and in the evidence required for holding commercial hosts liable for their conduct. State-by-state information on dram shop laws pertaining to illegal service to underage minors is included in the US Department of Health and Human Services' *Report to Congress on the Prevention and Reduction of Underage Drinking*.

The Task Force findings are based on a systematic review of all available studies. The findings and systematic review were posted online on August 10, 2011, by the *American Journal of Preventive Medicine* and was published in the journal's September 2011 issue.

The review says jurisdictions that seek to hold retail alcohol establishments liable for injuries or harms that result from their service to intoxicated customers or underage minors have reduced incidence of alcohol-related problems, including injuries and deaths. Evidence shows that dram shop liability can reduce motor-vehicle deaths, homicides, and alcohol-related medical conditions, the article says. In six studies that examined the association, a median reduction in alcohol-related motor-vehicle deaths of 6.4% was found in areas with increased dram shop liability. The article also states that more research is needed to determine the effectiveness of enhanced enforcement of laws that prohibit overservice, or the service of alcoholic beverages to intoxicated customers.

Excessive alcohol use causes more than 79,000 deaths in the United States each year and contributes to a wide range of health and social problems. For more information, see www.thecommunityguide.org. ■

LETTER FROM THE ICADTS PRESIDENT

Dear ICADTS Members:

The ICADTS Strategic Planning Group has continued working on simplifying and modernizing our rules by drafting a new constitution and bylaws. After Board discussion in September, the drafts will be disseminated to the membership for voting.

The Executive Board will meet on September 8 in Potsdam, Germany, and conduct a symposium with 10 presentations on the general topic of “*The Road Ahead for Alcohol, Drugs and Traffic Safety: Evolution, Revolution, and Research Needs.*”

Planning for future ICADTS conferences, we recall that ICADTS successfully cooperated with the International Association of Forensic Toxicologists (TIAFT) for the Seattle conference in 2007. Similar collaborations could benefit us in future years and talks on potential partnering have begun with the president of the International Traffic Medicine Association (ITMA). The Executive Boards of both organizations will decide on this issue soon.

Finally, on a more somber note, one year ago the 19th International Conference – T 2010 – was held in Oslo, Norway. We were all shocked by recent events in Norway. On behalf of ICADTS, I expressed sympathy to our Norwegian members and friends and our hopes that none of them or any of their close ones were affected by the terrible events. Many of us who had attended the conference and visited beautiful Norway were stunned to see this peaceful venue hit by destruction. I am sure I speak for all of us when I wish our colleagues and their countrymen comfort and healing after this tragedy.

Regards to all,

Wolf Nickel, ICADTS President ■

BRAZIL ADOPTS NEW PROGRAM TO REDUCE IMPAIRED DRIVING

The government of Brazil implemented new legislation in 2008 to address its drink-driving problems. The *Lei Seca* (Dry Law) makes it a criminal offence to drive with a blood alcohol concentration of 6 decigrams per litre or higher. The penalty for infringement is 6 months to 3 years imprisonment, although fines and driving bans can also apply. As currently applied, the law is even more stringent, setting the limit at 2 decigrams, well below international best practice, which requires a blood alcohol concentration limit of less than 5 decigrams per litre. Two jurisdictions have implemented vigorous enforcement programs along with the law. One is the state of Rio de Janeiro – with what is known as *Operação Lei Seca* (Operation Dry Law), and the other is the federal capital, Brasília.

“Thousands of lives have been saved since we started,” says Major Marco Andrade, the general coordinator of Operation Dry Law in Rio de Janeiro state. Since implementing the law in 2008, Ministry of Health data show a 32% decline in road traffic deaths in Rio de Janeiro state, compared to a decline of only 6.2% during the same period in states where the Dry Law has not been fully enforced.

Operation Dry Law depends more on shock than stealth. Everyday seven teams of a total of 140 enforcement officers set up tents and hoist enormous balloons into the air showing the Operation Dry Law logo on major roads in Rio de Janeiro state. These teams stop cars randomly, verify papers, and conduct breath-analyzer tests. A driver who refuses to cooperate is fined (about US\$ 600), and the car is impounded on the spot, unless a relative or friend comes to fetch it. Drivers with a blood alcohol concentration of more than 3.2 decigrams per litre are arrested and can only apply for bail the following day. If they are unable to put up money for bail, they may be behind bars for several weeks until a court appearance.

According to enforcement officials, teams have inspected nearly 500,000 vehicles, more than 25,000 vehicles each month. About 83,000 drivers have incurred fines, about 36,000 drivers have had their licences revoked, and more than 1,500 drivers have been arrested. In coming years, more Operation Dry Law-style initiatives may take to the streets in other states.



BRAZIL ADOPTS NEW PROGRAM TO REDUCE IMPAIRED DRIVING (CONT.)

Brazil is one of the countries included in the Road Safety in 10 Countries project (RS10), which is to be implemented over 5 years by a consortium of six international partners, coordinated by WHO and funded by a grant from Bloomberg Philanthropies. Each of the 10 countries participating in the RS10 project selected two risk factors on which to concentrate. Brazil chose drink-driving reduction and speed management. RS10 implementation sites include one state capital in each of the five major geographical regions of the country. When the RS10 project was launched in Brazil in June 2008, it was named after a pre-existing road safety initiative called *Projeto Vida no Trânsito* (Life in Traffic Project) to emphasize the notion of improving the quality of life in general, rather than merely addressing two risk factors.

Source: *Bulletin of the World Health Organization* 2011;89:474–475.
doi:10.2471/BLT.11.020711 ■

NHTSA PUBLISHES UPDATES

The US National Highway Traffic Safety Administration has recently published reports relevant to traffic safety and impaired driving. These include:

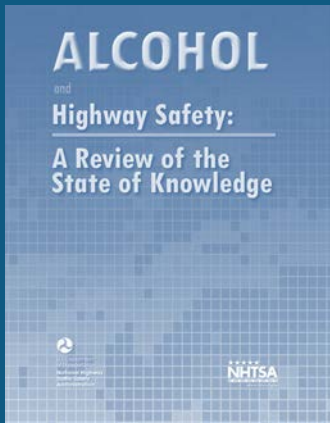
Alcohol and Highway Safety: A Review of the State of Knowledge. This is the sixth report that reviews the state of knowledge on alcohol and highway safety, dating back to 1968. Previous reviews in this series were published in 1968, 1978, 1984, 1989, and 2001. Click [here](http://www.nhtsa.gov/staticfiles/nti/pdf/811374.pdf) for a copy of the report. <http://www.nhtsa.gov/staticfiles/nti/pdf/811374.pdf>

Digest of Impaired Driving and Selected Beverage Control Laws. The first edition was published in 1983. The 25th Edition is current, as of March 1, 2010. Click [here](http://www.nhtsa.gov/staticfiles/nti/pdf/811456.pdf) for a copy of the report. Please note that the document is 569 pages in length. For the convenience of users, it contains Summary Charts of Key Provisions of State Impaired Driving and Selected Beverage control Laws. <http://www.nhtsa.gov/staticfiles/nti/pdf/811456.pdf>

State Traffic Safety Information (STSI) Web pages include the most recent (2009) Vehicle Miles of Travel provided by the US Federal Highway Administration. STSI shows selected traffic safety data for each state for 5 years (currently, 2005 – 2009). STSI also has the option, if you load the Google Earth Plug-in, to show the location, using “pin maps,” of fatal crashes of various types. The direct link to STSI is www.nhtsa.gov/STSI. You can also access STSI from NHTSA’s Web page: <http://www.nhtsa.gov/NCSA>, by scrolling down the left side of the page and clicking on “State Traffic Safety Information (STSI)” and then “Search for State-Specific Information.” ■

EUROPEAN UNION APPROVES CROSS BORDER ENFORCEMENT

Drunk drivers driving in a European Union (EU) Member State, other than where their vehicles are registered, will be identified and prosecuted after the approval of the Cross-Border Enforcement Directive. On the 6th of July, the European Parliament voted in favor of this legislation that will allow the exchange of data between the country in which the offence is committed and the one in which the car is registered. Drink-driving is listed as one of the main offences causing death and serious injury in the EU, together with speeding, failing to wear seatbelts, and failing to stop at traffic lights. Furthermore, the list has been extended to cover two other important safety-related offences: drugged driving and illegal mobile phone use while driving. The UK and Ireland are exempt from this road safety legislation. The legislative proposals now need final approval from the EU Council of Ministers before becoming law. There will then be a 2-year period for Member States to transpose it before it comes into force, possibly by 2013. (Source: *ETSC Drink Driving Monitor*, July 2011). ■



PSYCHOACTIVE DRUG USE AMONG COMMERCIAL TRUCK AND BUS DRIVERS

The US Transportation Research Board has published a report titled *Effects of Psychoactive Chemicals on Commercial Driver Health and Performance: Stimulants, Hypnotics, Nutritional, and Other Supplements: A Synthesis of Safety Practice* (CTBSSP Synthesis 19). The synthesis includes:

1. A narrative technical review of the scientific and analytical literature, summarizing what is documented about the effects of psychoactive chemical substances on equipment operator performance, in particular insofar as the substances have application to commercial driver safety and health;
2. An extensive bibliographic listing of published literature on these topics;
3. Possible procedural discrepancies and information gaps in the examination process as it pertains to a driver's use of prescribed or self-administered medications (based on a convenience survey sampling of a small number of medical providers ($n = 23$) who conduct Commercial Driver Medical Examinations); and
4. Views on access to user-friendly information and guidance regarding chemical substances that commercial drivers (employees) sometimes ingest (based a convenience sample of more than 30 commercial carrier managers).

Many medications produced by the pharmaceutical industry are prescription drugs and require licensed medical providers. A modest number of over-the-counter medications, however, can be used by drivers to self-medicate, even if not diagnosed with an ailment. Further, an abundance of nutritional supplements and other readily available products (e.g., energy boost bars, drinks, and dietary measures) are aggressively advertised to commercial drivers as products that will help them maintain alertness on the job, sustain safe driving performance, and improve their health and well-being. Many substances in this latter category are prominently displayed for sale at convenience stores at highway rest and refueling stops, shopping centers, and elsewhere. CTBSSP Synthesis 19 provides information to assist the commercial transportation safety community in addressing issues involving the proliferation and availability of numerous chemical substances available to and sometimes used by commercial drivers.

The primary focus of CTBSSP Synthesis 19 was to examine what is known about a driver's performance and/or a driver's health, as each may be positively or negatively affected by these substances. Additional attention is given to what is known about the possible interaction effects resulting from taking two or more of these substances simultaneously. The literature makes clear that numerous psychoactive medications (whether prescribed or over the counter) and other readily available chemical substances have measurable effects on human operator performance of tasks akin to those of commercial drivers and, therefore, may affect job performance (both positively and negatively). The CTBSSP Synthesis 19 literature review reaffirmed that there are only a few viable chemical substances that commercial drivers can legitimately and safely use as sleep aids (hypnotics) or as alertness enhancers (stimulants) during transportation operations. These are described in the synthesis report.

Although companies employing commercial drivers may have policies regarding employee use of chemical substances, CTBSSP Synthesis 19 suggests there is a need for additional information to inform decision-making by companies on chemical substances that might be used by commercial drivers, under various circumstances and operational use protocols.

To view the full document, see http://onlinepubs.trb.org/onlinepubs/ctbssp/ctbssp_syn_19.pdf ■

IRELAND ADOPTS MANDATORY ALCOHOL TESTING

On the 1st of June, mandatory alcohol testing for drivers involved in road traffic collisions came into force in Ireland. The measure requires Gardai (the Irish Police) to conduct mandatory testing of drivers for alcohol at the scene of a crash where someone has been injured or of a driver who has been injured and taken to the hospital. Mandatory alcohol testing will increase the chance of drivers being caught by the police if they commit an offence. The new anti-drink-driving measure follows the introduction of a lower BAC level from 0.8 to 0.5 g/dL for all categories and 0.2 g/dL for novice and professional drivers, adopted in July 2010. (Source: *ETSC Drink Driving Monitor*, July 2011) ■



UPCOMING EVENTS

Palm Springs, California, USA

September 18–20, 2011

12th Annual International Alcohol
Interlock Symposium

More information at

www.interlocksymposium.com

Cincinnati, Ohio, USA

September 25–28, 2011

2011 GHSA Annual Meeting—
Shifting Gears: Driving Culture
Change in Highway Safety

For more information, visit

<http://www.ghsa.org/>

Paris, France

October 3–5, 2011

55th Annual Conference of the
Association for the Advancement of
Automotive Medicine

For more information, visit

<http://www.aaam.org>

Maastricht, The Netherlands

October 7, 2011

Symposium on “Drugs and Traffic
Safety

www.epu25.nl

Brisbane, Australia

November 2–4, 2011

10th National Conference on Injury
Prevention and Safety Promotion

For more information, visit

<http://www.injuryprevention2011.com>

Washington, DC, USA

January 22–26, 2012

91st Annual Meeting of the U.S.
Transportation Research Board

For more information, visit

www.trb.org/trb/meeting

ICADTS WELCOMES NEW MEMBER

ICADTS welcomes Christopher Shambarger of the New Hampshire (USA) State Police. We look forward to meeting him and working with him. ■

SCIENTIFIC EVIDENCE AND POLICY CHANGE: LOWERING THE LEGAL BLOOD ALCOHOL LIMIT FOR DRIVERS TO 0.08% IN THE USA

A recently published report describes the process by which research findings were incorporated into law in the United States mandating a 0.08% per se blood alcohol concentration (BAC) limit in the nation. In 1997, 32 states in the USA had per se BAC laws of 0.10% and only 16 states had 0.08% BAC laws. At 0.10%, the United States had one of the highest BAC limits in the world. At that time, government agencies disagreed on whether the evidence indicated that a 0.08% level would enhance safety. To help answer this question, the US Centers for Disease Control and Prevention (CDC) and key partners conducted a systematic review of the effectiveness of 0.08% BAC laws on alcohol-related traffic mortality. The partners presented strong evidence of the effectiveness of 0.08% BAC during US Congressional hearings, contributing to the passage of a bill requiring states to lower the legal BAC limit to 0.08% or lose a portion of their federal highway funds. The bill was signed into law in 2000, making 0.08% the new national standard. Extensive and targeted dissemination of the evidence and recommendations to key stakeholders and partners built support for policy change at the state level. This effort demonstrates the advocacy work needed to move from evidence (a rigorous systematic review) to recommendations (by an impartial, reputable Task Force) to readiness for an open policy window (transportation legislation hearings) to federal policy change (Congress adopting a lower national BAC standard), and finally, to state-level change (through dissemination to build support among key stakeholders). Lessons learned here translating evidence into policy can inform other efforts. The full paper, authored by D. Sleet, S. Mercer, K. Cole, R. Shults, R. Elder, and J. Nichols can be seen in *Global Health Promotion*, 2011; 18(1): pp. 23–26. ■

FINLAND: HIGHER RISKS FOR PASSENGERS IN THE DRUNK DRIVER'S VEHICLE

A new study published by the University of Turku and commissioned by the Traffic Safety Committee of Insurance Companies (VALT) in Finland showed that drink-driving is more dangerous for those who travel in the drink-driver's car. The report examined all the fatal road crashes due to alcohol in the 1999–2008 decade. The results demonstrated that most of the road deaths caused by the influence of alcohol were concentrated in the vehicle of the drunk driver. Those most at risk are therefore primarily the drink-driver and his or her passengers. Estimated on the basis of fatal collisions, the drink-driving situation has remained more or less unchanged in the past 10 years. One in four fatal collisions is caused by a drink-driver. Most of those who are killed in alcohol-related collisions are the drink-driver or a passenger in the drink-driver's car. Of all victims of alcohol-related road collisions, only 8% were killed elsewhere. In single-vehicle collisions, an average of 37 drivers and 13 passengers were killed annually. In head-on collisions caused by a drink-driver, 84% were killed in the vehicle of the party causing the collision and 16% in the collision partner's vehicle. There were few pedestrian or cyclist deaths in alcohol-related collisions, an average of 2 people per year. Last year, as many as 85% of the drink-drivers who caused a fatal accident exceeded the limit of 1.2 g/dL. The drivers' age is rising, too: last year half of the drink-drivers were older than age 40. Typically, fatal collisions caused by drink-drivers are concentrated in the summer: last year they accounted for 82% of the collisions from April to September. (Source: *ETSC Drink Driving Monitor*, July 2011) ■

UPCOMING EVENTS (CONT.)

Banff, Alberta, Canada
June 10–13, 2012
Canadian Multidisciplinary Road
Safety Conference
For more information, visit
<http://www.carsp.ca>

Wellington, New Zealand
October 1–4, 2012
11th World Conference on Injury
Prevention and Safety Promotion
For more information, visit
<http://www.safety2012.org.nz>

Working Group
on DWI System
Improvements



To view past issues of the
REPORTER please visit:
[http://www.icadts.nl/reporter/
reporter.html](http://www.icadts.nl/reporter/reporter.html)

TIRF REPORT ON EFFECTIVE STRATEGIES TO REDUCE DRUNK DRIVING

A Working Group organized by the Traffic Injury Research Foundation (TIRF) (www.dwiwg.tirf.ca) has published a report to inform decision makers and the public about proven strategies to reduce drunk-driving and ways to maximize their effectiveness to reduce drunk driving on United States roadways. The Working Group is a coalition of frontline influential organizations representing professionals in all phases of the criminal driving-while-intoxicated (DWI) system.

Proven technologies (such as alcohol interlocks) and other strategies to supervise offenders are not consistently or uniformly applied to appropriate offenders. Frontline professionals may not receive the necessary training and educational opportunities to implement and use proven strategies effectively. Communication across agencies involved in the management of drunk drivers is inadequate in some instances and allows offenders to avoid supervision and “slip through the cracks.” Drunk-driving legislation can be complex and/or may be created without enough input from frontline practitioners, making it challenging to implement strategies.

However, progress in addressing these challenges is promising. As evidence of this, all 50 states in the United States have alcohol interlock legislation and/or an interlock program; 38 states permit the use of sobriety checkpoints; 172 DWI courts have been established; and 46 jurisdictions have a traffic safety resource prosecutor (TSRP). The ongoing challenge is to ensure that these strategies have the tools, resources, and trained staff to deliver them.

There are several proven interventions that should be used to reduce drink-driving, particularly among high BAC and repeat offenders. This report from the *Working Group on DWI System Improvements* was designed to provide a comprehensive and balanced understanding about effective interventions for drink-drivers and what it takes to make them work. Each section highlights one intervention and describes:

- The research surrounding the intervention;
- Information relating to the implementation and use of the intervention;
- Barriers that may be encountered and how they can be overcome; and
- The costs and benefits associated with its use.

Highlighted strategies include:

- Alcohol-monitoring technologies;
- Screening, assessment, and treatment;
- DWI courts;
- TSRPs;
- Community supervision; and
- Impaired-driving data systems to manage paperwork. ■

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