

REPORTER

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

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WWW.ICADTS.ORG

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.



LETTER FROM THE ICADTS PRESIDENT

Dear ICADTS members:

By now, you should have received communication from Ralph Hingson, chairman of the ICADTS nominations committee. Election of new officers is underway, and I would like to encourage you to cast your ballot if you haven't already done so. The deadline is August 17.

My term as president ends in August this year, and I would like to take this opportunity to express my gratitude for the many of you who contributed your expertise, time, and effort during the past 3 years. Together with our Norwegian colleagues and friends, we held a very successful 19th conference in Oslo in 2010—and celebrated the 60th anniversary of ICADTS. Further scientific meetings were held in 2011 in Potsdam, Germany. ICADTS also co-sponsored very productive scientific meetings (with the Transportation Research Board) in Woods Hole, Massachusetts, in 2009 and in Irvine, California, in 2011. Our working groups have been very active, and our outreach to young scientists and to colleagues in low- and middle-income countries has increased. ICADTS continues to make a major contribution to the traffic safety field around the world. Under the leadership of our incoming President, Mary Sheehan, I am confident we will continue our lifesaving mission and expand our reach.

I also extend thanks to my fellow board members, particularly those who after 6 years of service for ICADTS will now leave the board: immediate past president Ralph Hingson, secretary Jean Shope, treasurer Jan Ramaekers, and members-at-large Philip Swann and David Shinar. Thank you very much—it was an extremely rewarding experience to work with all of you.

Of course, as past president, I will continue my active involvement in ICADTS and look forward to seeing many of you in Brisbane a year from now.

Wolf-Rüdiger Nickel ■

T2013 PLANNING WELL UNDERWAY DOWN UNDER

Prepare your board shorts and sunglasses—for the first time since 1995, the triennial ICADTS Conference will return to Australia next year from 25-28 August 2013 at the Brisbane Convention and Exhibition Centre in Queensland.

T2013 Conference Chair and CARRS-Q Director Professor Barry Watson said planning for T2013 was progressing well with the strong early commitment of sponsors and exhibitors and a stimulating scientific program unfolding.

“We are delighted to bring the ICADTS Conference to Brisbane. T2013 will be an exciting global forum for researchers, academics, and professionals involved in road safety and injury prevention research and policy, particularly from the fields of drugs and alcohol, to discuss and present on the latest innovative research and programs being undertaken.

“Dr. Ralph Hingson, along with a prestigious international line-up of keynote speakers will provide an update on major global developments, key geographic regions of emerging issue and at risk populations,” Professor Watson said.

The call for abstracts will open next month and submissions are invited for oral and poster presentations in the themes of alcohol ignition interlocks; legislation and enforcement; toxicology/pharmacology; epidemiology; prevention and rehabilitation; impaired driving; low- and middle-income countries; new researchers; repeat/high-range offenders; first-time offenders; detection, measurement, testing, and forensics; advocacy, education and behaviour change; legislation, penalties and punishments; and prescription medications and illicit drugs.

“These themes will provide an invaluable opportunity for a broad range of presentations, workshops, symposia and discussion, and dedicated programs will be offered for young scientists, early career researchers, students and those from low- and middle-income countries,” Professor Watson said.

The following organisations have already confirmed their sponsorship of T2013:

- Alcoliser (Platinum Sponsor);
- Institute for Health & Biomedical Innovation (Foundation Sponsor);
- Securetech Detektions Systeme AG (Gold Sponsor);
- National Highway Traffic Safety Administration (Gold Sponsor);
- Alere (Silver Sponsor);
- Suncorp Insurance (Bronze Sponsor);
- Lion Laboratories (Exhibitor);
- Centre for Automotive Safety Research (Exhibitor); and
- Alcolock (Exhibitor).

“We are thrilled by this early support and delighted to be partnering with the leading industry and stakeholders in the field of impaired driving. We look forward to securing further partnerships in the months ahead,” Professor Watson said.

T2013 is expected to attract 400 delegates from around Australia and overseas, drawn from the areas of public health, law, medicine, economics, law enforcement, public policy, education, pharmacology, toxicology, forensic science, human factors, alcohol rehabilitation, and psychology.

The Australasian Road Safety Research, Policing and Education Conference (www.rsrpe2013.com.au) will immediately follow T2013 in the same venue in Brisbane from 28-30 August 2013.

“The RSRPE Conference is one of the most important road safety conferences in Australasia and its immediate following presents an invaluable learning and information-sharing opportunity for delegates, exhibitors, and sponsors,” Professor Watson said. “With the UN Decade of Action for Road Safety underway, these conferences will be critical forums in the decade-long initiative to advance road safety and address impaired driving, both in Australia and overseas.

“Brisbane will most certainly be a beacon for international road safety in August 2013.” ■



DRINKING AND DRIVING IN NIGERIA

A recent study examined the roles of selected psychological, demographic, and environmental variables in predicting hazardous drinking for both commercial drivers and private drivers in Nigeria. Drinking and driving is a serious problem in Nigeria. Previous studies have estimated that 50% of crashes on Nigerian roads are related to alcohol use. Of particular concern is that commercial drivers drank alcoholic beverages in the vicinity of their various motor parks, and the use of psychoactive substances, especially alcohol, was very common among long-distance vehicle drivers in Ilorin, Nigeria. In one study of commercial drivers, 32.2% of respondents admitted to intake of alcohol before driving in the preceding year.

In another study, the prevalence of drinking by commercial drivers in Nigeria (from Port Harcourt and Ile-Ife) was 67.2%. Of those drivers, 47% were “heavy” users, 15.3% were “moderate” users, and 37.7% were occasional or “mild” users. In addition, between 60% and 70% of commercial drivers engage in drinking and driving, a habit linked to the pervasive perception and general notion that alcohol helps them to “shine their eyes”—that is, be alert while driving.

One of the reasons for the high rates of drinking and driving in Nigeria is that the country lacks a legal maximum blood alcohol concentration (BAC). Furthermore, Nigeria has a single law against impaired driving under the country’s Federal Traffic Code, which stipulates that all individuals who are under the influence of alcohol “to the extent as to be incapable of having proper control of the vehicle” shall be penalized. However, without an established illegal BAC, it is impossible to prosecute an individual for impaired driving.

For the current study, a convenience sample of 566 drivers was recruited (241 commercial and 325 private drivers) at motor parks, auto workshops, and car wash centers across the metropolis of Ibadan. Most drivers were male, and the mean age of the total sample was 35.70 years. Results indicated that about 45% of commercial drivers and 25% of private drivers reported hazardous levels of alcohol consumption. Hazardous drinking was predicted by age, education, income, proximity to alcohol outlets, neighborhood density, optimistic bias, and perceived drinking. These variables accounted for a substantial proportion of variance in predicting hazardous drinking.

The authors concluded that psychological, environmental, and demographic variables are important in understanding hazardous drinking among drivers and should be incorporated into intervention for reducing drivers’ hazardous drinking, including drinking and driving.

The authors state that there are important implications of the findings of this study for preventing vehicular accidents. First, drivers’ alcohol consumption could be discouraged by government through appropriate legislation and empowering relevant agencies with equipment, personnel, and other resources to help them apprehend and prosecute offenders. Second, attention should not be restricted to commercial drivers only. Because results indicated that private drivers are also involved in hazardous drinking and because there are more private drivers than commercial drivers in Nigeria, the greatest effect will be achieved by focusing on both commercial and private drivers. Another implication is that hazardous consumption is associated with proximity of alcohol outlets, so prohibiting the sale of alcohol in motor parks, garages, and along highways could substantially reduce alcohol-related vehicular crashes.

The full article, “Psycho-spatial predictors of hazardous drinking among motor drivers in Ibadan, Nigeria: Implications for preventing vehicular accidents,” by Gboyega E. Abikoye was published in the new journal, International Journal of Alcohol and Drug Research, the official journal of the Kettil Bruun Society at <http://www.ijadr.org/index.php/ijadr/article/view/32/19>. ■

CHARACTERISTICS OF DRIVERS IN ALCOHOL-RELATED CRASHES: REPORT FROM AUSTRALIA

The Australian Centre for Automotive Research in Adelaide, South Australia, recently released a report linking data from multiple sources to present a more comprehensive profile of the person, crash, and licensing characteristics of a group of road users involved in a casualty crash because of



IJADR International Journal of Alcohol and Drug Research
The Official Journal of the Kettil Bruun Society
for Social and Epidemiological Research on Alcohol

Psycho-spatial predictors of hazardous drinking among motor drivers in Ibadan, Nigeria: Implications for preventing vehicular accidents

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ABSTRACT

Aims: The study examined the roles of selected psychological, demographic and environmental variables in predicting hazardous drinking for both commercial drivers and private drivers.

Design: The study was a cross-sectional survey.

Setting: Data were collected at motor parks, auto workshops and car wash centers across the metropolis of Ibadan, Nigeria.

Participants: A convenience sample of 566 drivers was recruited (241 commercial and 325 private drivers). Most drivers were male, and the mean age of the total sample was 35.70 years.

Measurements: The Alcohol Use Disorders Identification Test (AUDIT) was used to measure hazardous drinking. Psychological variables included standardized measures of perceived drinking norms and optimism bias. Demographic variables included age, sex, education, marital status, employment status and income. Environmental variables included proximity to alcohol outlets in motor parks and neighborhood density.

Results: About 45% of commercial drivers and 25% of private drivers reported hazardous levels of alcohol consumption. Hazardous drinking was predicted by age, education, income, proximity to alcohol outlets, neighborhood density, optimistic bias and perceived drinking norms when all variables were included in the regression model. These variables accounted for a substantial proportion of variance in predicting hazardous drinking.

Conclusions: Psychological, environmental and demographic variables are important in understanding hazardous drinking among drivers and should be incorporated into intervention for reducing driver hazardous drinking, including drinking and driving.

Alcohol is widely consumed around the world, and its use is associated with many negative health, social, psychological and economic consequences. Alcohol is the most commonly abused substance in Nigeria, with 45% men and 25% women (total prevalence) (Gboyega et al., 2011). One of the problems associated

with hazardous alcohol use is increased possibility of involvement in road traffic accidents. Due to negligent judgement and/or higher probability for an individual to engage in risk-taking behavior and/or violating traffic regulations (Gboyega, 2011), researchers have established a strong association between alcohol

Keywords: hazardous drinking, psycho-spatial predictors, hazardous drinking, alcohol-related accidents, Nigeria.

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CHARACTERISTICS OF DRIVERS IN ALCOHOL-RELATED CRASHES: REPORT FROM AUSTRALIA (CONT.)



alcohol impairment. Participants for this study were drawn from data collected for those active road users who were admitted to the Royal Adelaide Hospital after involvement in a crash over a 3-year period between 1 January 2008 and 31 December 2010. Objective blood-alcohol results related to road users were used to identify those participants who were acutely impaired as the result of alcohol at the time of crash involvement. For those cases where data were not available from blood tests, the breath-alcohol results taken at the hospital were used. For this study, an alcohol-impaired participant was defined as any active participant with a blood alcohol concentration (BAC) of 0.05gm/100ml or a breath analysis result of 0.05 or more.

In the 1,490 cases examined in the study, it was found that impairment from alcohol was a major contributing factor to crash causation in 274 cases. These 274 cases represent 18.4% of all cases in the study sample. Close to 20% of the participants in the study did not have an alcohol reading available for scrutiny; therefore, the 18.4% figure is likely to be an underestimate. When only those cases where an alcohol reading was available were examined, it was found that close to 23% of participants were involved in the crash while alcohol impaired. This was particularly the case for pedestrians, where it was found that more than 55% of those tested for alcohol had a level that was 0.05 or more.

Data for each of the 274 crash-involved participants identified as being impaired by alcohol were linked with two other data sources: police crash data related to this crash and previous crashes, and registration and licensing data, including data related to infringement and disqualification history. This linkage provided a more comprehensive understanding of the multiple aspects that are important when trying to understand who is at risk of being involved in a crash because of alcohol impairment, the context in which the crash occurred, and other common characteristics found amongst this group of road users.

An established diagnosis of alcohol dependence at the time of crash involvement was identified for 146 of the 1,490 participants in this study, constituting 9.8% of all participants. Although alcohol dependence was found across all road user types, 23% of all pedestrians were found to have alcohol dependence compared to 8% of drivers and 6.6% of motorcycle riders. Half of all participants who had an established diagnosis of alcohol dependence were found to be acutely impaired from alcohol at the time of the crash. Those who were identified as being alcohol dependent were more likely than other impaired road users to have an alcohol level within the higher limits, with more than 40% found to have an alcohol level that was 0.3 or higher. Of the 93 license holders identified in medical records as alcohol dependent, only one had reported that status to the licensing authority.

Indigenous Australians were identified as a vulnerable group found to be at an increased risk of being involved in a crash because of alcohol impairment. Although Indigenous Australians represented 3% of the study group, they were identified as being involved in 9% of the crashes involving a road user who was alcohol impaired. The involvement of alcohol in the crash for Indigenous road users was particularly noted among the pedestrian group where 15 of the 16 Indigenous pedestrians tested for alcohol were found to have an alcohol reading higher than 0.05. More than 41% of Indigenous Australians in the study had an established diagnosis of alcohol dependence.

More than 40% of those participants identified as being alcohol impaired in this study were found to have incurred at least one previous infringement that involved driving with an alcohol level higher than 0.05gm/100ml and were twice as likely to have had at least one period of license disqualification when compared with road users who were not found to be impaired. This included 11 license holders who were under a period of license disqualification at the time of their involvement in the crash in this study. Evidence of driving during a period of disqualification was noted in 12% of the cases. There were 33 impaired road users who were identified as being involved in at least one previously reported crash where alcohol was identified as a contributing factor, constituting more than 12% of this group.

The full report, authored by V.L. Lindsay, can be obtained from the Centre for Automotive Safety Research <http://casr.adelaide.edu.au/casrpubfile/1200/CASR105.pdf>. ■

Centre for
Automotive Safety Research

Characteristics of alcohol impaired road users
involved in casualty crashes

V.L. Lindsay

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TOWARDS ZERO TOLERANCE FOR DRINKING AND DRIVING IN THE EUROPEAN UNION

The European Transport Safety Council (ETSC) recently published a policy paper that provides an overview of the drink-driving situation in the European Union and measures taken at the EU level to curb drink-driving deaths. In the report, the ETSC calls on Member States and the European Institutions to adopt a zero tolerance for drink driving. Other ETSC recommendations to Member States and the European Union are also included.

The report examines countries' progress in reducing road deaths attributed to drink-driving between 2001 and 2010. Around 3,200 people were recorded as being killed in a drink-driving collision in police records in 2010 in 22 EU countries (taken together where data are available), compared with 6,400 in 2001. Road deaths attributed to alcohol have been cut by 53% between 2001 and 2010 in these countries, whereas other road deaths decreased by 47%. Ireland achieved impressive reductions in cutting alcohol-related deaths from 124 in 2003 to 48 in 2007. Slovakia cut drink-driving deaths from 50 in 2001 to an average of 15 per year in 2008-2010. Latvia, Bulgaria, Hungary, Sweden, Slovenia, Lithuania, Germany, Belgium, Greece, and Austria also reduced drink-driving deaths faster than other road deaths.

The report presents case studies of four European countries: the Czech Republic, Ireland, Norway, and Sweden. Successes and shortcomings of drink-driving policies are discussed with national experts from these four countries. The implementation of alcohol interlocks in Norway, the adoption of a lower BAC limit in Ireland or the effect of zero tolerance for drink-driving in the Czech Republic, and the effect of Vision Zero to support the fight against drink driving in Sweden are among the good practices implemented in those countries.

In November 2011, an important piece of legislation relevant to drink-driving was adopted by the EU to improve enforcement of traffic laws across Europe. The Cross Border Enforcement Directive will allow the exchange of data between the country in which the offence is committed and the one in which the vehicle is registered.

The report also describes recent developments in the use of alcohol interlocks. In many EU countries, the technology has found its way into vehicles that are voluntarily used for the transport of goods or passengers: the alcohol interlock is used as a quality assurance tool to comply with a company's alcohol and drug policy. More and more countries in Europe are adopting legislation for the use of alcohol interlocks in rehabilitation programs for first-time high-level offenders and recidivists as a substitute punishment for driving licence withdrawal. The report also includes some discussions of individual countries:

- Finland was the first European country to legislate on alcohol interlocks in 2008. The legislation includes a requirement that the offender also participate in an accompanying rehabilitation program. Since August 2011, alcohol interlocks also have become mandatory for all vehicles used for child and daycare transportation.
- Sweden has installed more than 70,000 alcohol interlocks in commercial driving vehicles.
- Denmark adopted alcohol interlock legislation for first-time high-level offenders and recidivist drivers. The law has not yet come into force, and a date still has needs to be set for the starting of the program.
- Belgium adopted legislation on alcohol interlocks rehabilitation of first-time high-level offenders and recidivist drivers in December 2010.
- In the Netherlands, the law on the Alcohol Interlocks Program came into effect in December 2011. It targets first-time serious drink-driving offenders and repeat offenders.
- In France, a 2010 law introduced mandatory alcohol interlocks in all new buses carrying children. The existing fleet will be retrofitted progressively until September 2015.
- Other EU Member States, such as Austria and Germany, have set up pilot projects to assess the effect of alcohol interlocks.

To see the full report, go to

http://www.etsc.eu/documents/Drink_Driving_Towards_Zero_Tolerance.pdf. ■



Drink Driving: Towards Zero Tolerance

ETSC

European Transport Safety Council



UPCOMING EVENTS

Helsinki, Finland

September 9-11, 2012

Alcohol Interlock Symposium 13

For more information, see
www.interlocksymposium.com

Gold Coast, Queensland, Australia

September 20-21, 2012

Occupational Safety in Transport
Conference

For more information, go to
<http://ositconference.com/>

Wellington, New Zealand

October 1-4, 2012

11th World Conference on Injury
Prevention and Safety Promotion

For more information, visit
<http://www.conference.co.nz/worldsafety2012>

U.S. DEPARTMENT OF TRANSPORTATION RELEASES FATALITY STATISTICS FOR 2010

In 2010, 10,228 people were killed in alcohol-impaired-driving crashes according to statistics from the National Highway Traffic Safety Administration (NHTSA) of the U.S. Department of Transportation. These alcohol-impaired-driving fatalities accounted for 31% of the total motor vehicle traffic fatalities in the United States. This number constitutes a 4.9% decrease from 10,759 in 2009 to 10,228 in 2010. The alcohol-impaired-driving fatality rate per 100 million vehicle miles traveled (VMT) also decreased to 0.34 in 2010 from 0.36 in 2009. The impaired driver was killed in 65% of the cases. The role of other fatally injured persons appears in the following table.

Role	Number	Percent of Total
Driver with BAC=.08+	6,627	65%
Passenger Riding w/Driver with BAC=.08+	1,721	17%
Subtotal	8,348	82%
Occupants of Other Vehicles	1,151	11%
Non-occupants	729	7%
Total Fatalities	10,228	100%

In 2010, motor-vehicle traffic crashes caused the deaths of 1,210 children aged 14 and younger. Of those, 211 (17%) occurred in alcohol-impaired-driving crashes of which 131 (62%) were occupants of a vehicle with a driver who had a BAC level of .08 or higher. Another 25 children (12%) were pedestrians or pedal cyclists struck by drivers with a BAC of .08 or higher.

The proportion of fatal crashes involving alcohol varies considerably from state to state in the United States. The highest percentage of drivers in fatal crashes with a BAC higher than .08 was 47% in Alaska. The lowest percentage was 17% reported in Utah.

For more information, go to use <http://www-nrd.nhtsa.dot.gov/Pubs/811606.pdf>. ■

DRINKING AND DRIVING IN VIETNAM

A recent study surveyed a sample of road users in Vietnam regarding their knowledge, attitudes, and behavior regarding drinking and driving. Of the 633 respondents randomly selected at gas stations in three provinces, almost 45% said that they had driven after drinking, even though most reported that they believed that drinking increased the risk of crashes. Almost 57% admitted to driving after drinking within the last month. The proportion was particularly high (71%) among young males aged 17-26. The authors concluded that the results are of concern as the country is rapidly motorizing. They call for a multifaceted approach, including social marketing, public education campaigns, enhanced enforcement, and alternative transportation programs.

Source: *Traffic Injury Prevention* 13(81) 37-43, 2012. ■

UPCOMING EVENTS (CONT.)

Seattle, Washington, USA

October 14-17, 2012

56th Annual Meeting for the
Advancement of Automotive
Medicine

For more information, visit
<http://www.aaam.org>

Athens, Greece

November 22-23, 2012

European Road Safety Conference
on Data and Knowledge-based
Policy-making

<http://www.dacota-project.eu/>

Washington, DC USA

January 13-17, 2013

Annual Meeting of the
Transportation Research Board
www.trb.org

Brisbane, Queensland, Australia

August 25-28, 2013

T2013: 20th ICADTS Conference

For more information see
www.t2013.com

Brisbane, Queensland, Australia

August 28-30, 2013

Australasian Road Safety
Research, Policing and Education
Conference

www.rsrpe2013.com.au



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

MOVING AHEAD FOR PROGRESS IN THE 21ST CENTURY – UNITED STATES

A new surface transportation bill, Moving Ahead for Progress in the 21st Century (MAP-21), was adopted in the United States. The bill provides funding for two fiscal years, FY 2013 and 2014 and includes important priorities for impaired-driving programs. The bill includes \$139 million in FY 2013 for grants to states for effective programs to reduce driving under the influence of alcohol, drugs, or the combination of alcohol and drugs or alcohol interlock programs.

States are divided into three categories: low-, medium- and high-range states and given more flexibility depending on the state's status. A state's average impaired-driving fatality rate means the number of impaired-driving fatalities (.08 BAC or higher) per 100 million vehicle miles traveled (VMT). This rate is based on the most recent 3 years of Fatality Analysis Reporting System data, as calculated by the National Highway Traffic Safety Administration (NHTSA). Low-range states have a rate of .30 impaired-driving fatalities per 100 million VMT or lower. Mid-range states have a rate that is higher than .30 but lower than .60. High-range states have a rate of .60 and higher. Under the impaired-driving grants, eligible low-range states may use the funds for any impaired-driving purpose based on problem identification. In addition, medium- and low-range states can use the funds for any of the following: high-visibility enforcement; hiring a full- or part-time impaired-driving coordinator to address enforcement and adjudication of impaired-driving laws and court support of high-visibility enforcement efforts; training and education of criminal justice professionals; driving-under-the-influence courts; alcohol ignition interlock programs; paid and earned media; conducting Standardized Field Sobriety Testing, Drug Recognition Expert and Advanced Roadside Impaired Driving Enforcement training; equipment purchases used in connection with impaired-driving enforcement; training on Screening and Brief Intervention; impaired-driving information systems, and costs associated with a 24-7 twice a day breath-testing sobriety program. In FY 2013, \$20.85 million of the impaired-driving incentive grant program is earmarked for states that adopt and enforce an ignition interlock law for all persons convicted of driving under the influence of alcohol (first and repeat offenders). States that qualify for this funding can use it for any purpose under Section 402.

The legislation also authorizes a collaborative research effort on in-vehicle technology to prevent alcohol-impaired driving. Funding for this effort is earmarked from the Section 405 program. This would support the Driver Alcohol Detection System for Safety research program. NHTSA must submit an annual report to Congress on the progress of this research. ■

WELCOME NEW ICADTS MEMBER

ICADTS welcomes Hallvard Gjerde as a new member. We look forward to working with him. ■

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