



REPORTER

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

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LETTER FROM THE ICADTS PRESIDENT

Dear ICADTS Members,

I hope to be welcoming many of you to T2013, our key tri-annual Council meeting in Brisbane, Australia.

The programme is excellent and provides a challenging and in-depth examination of both the long-standing and the emerging issues in our field. It is particularly exciting to draw attention to our developing strengths as an international Council and our commitment to issues of concern for low- and middle-income countries. This conference will be the first to dedicate a key session to the debate and concern about designer drugs and their potential impact on safety. The programme as always includes in-depth examination of the wide-ranging developments in policy and research around alcohol and driving. There will be sessions with particular focus on rehabilitation and management of recidivist offenders, and these will reflect and respond to the changes in the pattern of drink-driving involvement in our road fatalities. There is also an exciting stream of research being presented by our colleagues working in the forensic and biochemical areas.

Obviously, we look forward enormously to catching up with those colleagues whose work we admire but only tend to meet and talk with during the many conference deliberations. However, the good news is that the program and papers will be available on the web as part of our increasing move to Internet technology.

With kind regards,

Mary Sheehan AO

President ■

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.

T2013 IN BRISBANE, AUSTRALIA

The T2013 is underway in Brisbane, Australia, on August 25 to 28. The [program](#) features over 130 presentations revealing the latest findings and best practice in alcohol and drug testing; legislation, enforcement, and sanctions; toxicology and pharmacology; epidemiology; prevention and rehabilitation; challenges for low- and middle-income countries; management of first-time, repeat, and high-range offenders; forensics; and advocacy, education, and behavioural change.

T2013 brings together delegates from around Australia and 30 countries overseas, drawn from the areas of public health and safety, traffic, and transport psychology; public health; law; medicine; economics; law enforcement; public policy; education; pharmacology; toxicology; forensic science; human factors; and alcohol intervention and rehabilitation.

Keynote speakers include Pablo Martinez Carignano, Road Safety General Director of the Buenos Aires City Government; Dr Leilei Duan, Director of the Injury Prevention Division, National Centre for Chronic and Non-communicable Disease Control and Prevention, China CDC; Dr Kazuko Okamura, Senior Researcher, National Research Institute of Police Science, Japan; The Honourable Mr. Justice Kofi Barnes, Judge of the Ontario Superior Court, Canada; Rob McInerney, Chief Executive Officer, International Road Assessment Programme (iRAP); and Dr. Ralph Hingson, ICADTS Past President.

Papers presented at the conference will be published electronically in official proceedings. ■

TRB HUMAN FACTORS WORKSHOP SERIES: ALCOHOL INTERLOCKS

The Transportation Research Board (TRB) Committee on Alcohol, Other Drugs, and Transportation is organizing a workshop as part of the Human Factors Workshop Series for the TRB annual meeting in Washington, DC. The workshop will take place on Sunday, January 12, 2014, 8:30 am – 4:30 pm. The title is “Next Step Research Issues: Expanding and Extending the Risk Reduction Benefits of Alcohol Interlocks.”

Registration for the TRB conference and for this workshop is expected to be open early to mid-September. Because registration for this workshop will be limited to 25 participants (including presenters), first-come, first-serve, you are urged to register early. The early registration workshop fee will be \$200/late registration \$275.

Abstract: Jurisdictions are increasingly enacting laws that mandate impaired-driving offenders to install ignition interlocks, but laws vary widely and installation rates are low. This full-day workshop presents the latest research findings on the effectiveness of and challenges for interlock programs. Speakers will briefly present new research findings in four areas: (a) effects on recidivism and crash reduction; (b) expanding the benefit through increased monitoring and education/treatment; (c) relative effectiveness of different types of laws; and 4) installation rates. Attendees will engage in interactive discussions and develop action items and next step research recommendations to expand compliance and extend the effectiveness of interlocks after program completion.

For more information and to register, go to:

<http://www.trb.org/AnnualMeeting2014/AM2014Registration.aspx>. ■



TEXTING WHILE DRIVING AND OTHER RISKY BEHAVIORS AMONG ADOLESCENTS

A recent study of distracted driving carried out for the U.S. Centers for Disease Control and Prevention (CDC) found that nearly half of all U.S. high school students, aged 16 or older, text or e-mail while driving. Students who text while driving are nearly twice as likely to ride with a driver who has been drinking and five times as likely to drink and drive than students who do not text while driving.

For the study, CDC analyzed self-reported data from the 2011 national Youth Risk Behavior Survey (YRBS). Students who reported engaging in risky-driving behaviors said that they did so at least once in the 30 days before the survey.

Car crashes are the leading killer of U.S. teens aged 16 to 19, and teens are nearly three times more likely to be involved in a fatal crash than drivers aged 20 or older. In recent years, most states have enacted laws to limit texting while driving or all cell-phone use while driving among teens. As of October 2012, 32 states and the District of Columbia prohibit newly licensed teens from any cell phone use while driving. However, few evaluations of these laws have been conducted to date, and there is currently no evidence that the laws reduce crashes among teen drivers.

The CDC report pointed out that parents have a crucial role to play in keeping their teens safe on the road. CDC's Parents Are the Key campaign, at <http://www.cdc.gov/parentsarethekey/>, offers parents of teen drivers information, tools, and proven steps to help protect their teens from crashes. To view the full report, go to <http://pediatrics.aappublications.org/content/early/2013/05/08/peds.2012-3462.full.pdf>. ■

MALES ACCOUNT FOR MOST TRAFFIC DEATHS IN EUROPEAN UNION

Females account for 51% of the total EU population but only 24% of road deaths. This percentage has changed by only one percentage point since 2001, but the reduction in female deaths since then has been 4 percentage points greater than the reduction in male deaths. Males account for 76% of people killed on the roads in the EU in 2011. In the EU, on average 95 men are killed on the roads each year per million male population, compared with 28 women per million female population. Males have more than three times the death rate of females on the roads in the EU. Males are killed on the roads mainly as car drivers and motorcycle riders, and females are killed mainly as pedestrians and car passengers.

In terms of the three main risk factors on the roads (speeding, drink driving and failure to wear a seatbelt), a higher incidence of these behaviours has been observed among males than among females. The European research project DRUID investigated the prevalence of alcohol and other psychoactive substances among drivers. Alcohol had the highest incidence of all psychoactive substances, with men in the 35 through 49 and 50+ age groups showing the highest prevalence of drinking and driving. Men in the 25 through 35 [sic 34] age group showed the highest incidence of consuming alcohol among drivers killed or seriously injured in collisions.

To see the full report, go to http://etsc.eu/documents/Flash25_Gender.pdf. ■



WARNINGS ON MEDICINAL DRUGS: AUSTRALIAN RESEARCH

A recent study examined consumer perceptions of the Australian national approach to medication warnings about driving and compared it to the approach used in France. Visual characteristics of the warnings and overall warning readability were investigated. Risk perceptions and behavioral intentions associated with the warnings were also examined using surveys of 358 public hospital outpatients in Queensland, Australia, and a comparison sample of French hospital outpatients ($n = 75$).

The results suggest that the Australian warning approach of using a combination of visual characteristics is important for consumers but that the use of a pictogram could enhance effects. Significantly higher levels of risk perception were found among the sample for the French highest severity label compared to the analogous mandatory Australian warning, with a similar trend evident in the French study results. The results also indicated that the French label was associated with more cautious behavioral intentions. Reviewing text size and readability of messages including the addition of pictograms, as well as clarifying the importance of potential risk in a general community context, is recommended for consideration and further research.

The full article, *Consumer Perceptions of Medication Warnings About Driving: A Comparison of French and Australian Labels*, by T. Smyth, M. Sheehan, V. Siskind, C. Mercier-Guyon, and M. Mallaret can be found in [Traffic Injury Prevention Vol. 14, Iss. 6, 2013](#). ■

NORWEGIAN ROADSIDE SURVEY OF ALCOHOL AND DRUG USE

A recent study in Norway examined alcohol and drug use among random drivers in different regions of the country by analyzing oral fluid. This roadside survey was part of the European DRUID (Driving Under the Influence of Drugs, Alcohol and Medicines) Project.

Drivers were selected for a voluntary and anonymous study using a stratified multistage cluster sampling procedure in collaboration with the Mobile Police Service. Samples of oral fluid were taken using the StatSure Saliva Sample (StatSure Diagnostic Systems, Framingham, MA), and the drivers' gender, age, and nationality were recorded. Samples of oral fluid were analyzed for alcohol or drugs (28 psychoactive substances).

More than 180 roadside survey sessions were conducted and 10,004 drivers were asked to participate. The refusal rate was 5.8%. Psychoactive substances were found in 4.8% of the 9,410 oral fluid samples analyzed. Alcohol was detected in 0.3%, medicinal drugs in 3.2%, and illegal drugs in 1.5% of the samples. Illegal drugs were significantly more frequently detected in samples from southeastern Norway, including Oslo (the capital), whereas medicinal drugs were more frequently detected in samples from southeastern Norway excluding Oslo. Illegal drugs were significantly more frequently detected in samples from drivers in urban areas than in rural areas, though there were no significant differences for alcohol and medicinal drugs. Medicinal drugs were most commonly found in samples collected during the daytime on weekdays (3.8%), and illegal drugs were most commonly found in samples collected during late night on weekdays or weekends (2.8%–3.2%). The most commonly found substances were the sleeping agent zopiclone (1.4%), the main active substance in cannabis tetrahydrocannabinol (1.1%), and the sedative drug diazepam (0.7%). The prevalence of driving with drug concentrations above the Norwegian legislative limits for blood was estimated to be about 0.2% for alcohol, 0.6% for illegal drugs, and about 1.3% for medicinal drugs.

The paper, *Norwegian Roadside Survey of Alcohol and Drug Use by Drivers (2008–2009)*, by Hallvard Gjerde, Asbjørg S. Christophersen, Per T. Normann, Terje Assum, Elisabeth L. Øiestad, Jørg Mørland appears in [Traffic Injury Prevention Vol. 14, Iss. 5, 2013](#). ■

NHTSA RELEASES TRAFFIC SAFETY REPORT FOR 2011

The U.S. National Highway Traffic Safety Administration (NHTSA) has released an overview of crash information for 2011. Highlights from the report include:

- Fatal crashes decreased by 1.8% from 2010 to 2011, and the fatality rate dropped to 1.10 fatalities per 100 million vehicle miles of travel in 2011.
- The injury rate in 2011 was the same as the rate in 2010 and 2009, at 75 persons injured per 100 million vehicle miles of travel.
- The occupant fatality rate (including motorcyclists) per 100,000 population, which declined by 22.7% from 1975 to 1992, decreased by 32.7% from 1992 to 2011.
- The occupant injury rate (including motorcyclists) per 100,000 population, which declined by 13.6% from 1988 to 1992, decreased by 41.1% from 1992 to 2011.
- The nonoccupant fatality rate per 100,000 population has declined by 57.4% from 1975 to 2011.
- The nonoccupant injury rate per 100,000 population has declined by 49.4% from 1988 to 2011.
- The percentage of alcohol-impaired driving fatalities has declined from 48% in 1982 to 31% in 2011.

The full report can be seen at <http://www-nrd.nhtsa.dot.gov/Pubs/811754AR.PDF>. ■

TRAFFIC FATALITIES INCREASED IN THE UNITED STATES IN 2012

Traffic fatalities in the United States increased 5.3%, from 32,367 in 2011 to 34,080 in 2012, according to a new report released by NHTSA. The fatality rate per 100 million vehicle miles traveled also increased from 1.10 in 2011 to 1.16 in 2012. Traffic fatalities in the United States declined about 26% between 2005 and 2011. No information on impaired-driving rates was available in the new report.

To view the full report, go to <http://www-nrd.nhtsa.dot.gov/Pubs/811741.pdf>. ■

POLICE DOCUMENTATION OF ALCOHOL INVOLVEMENT IN HOSPITALIZED INJURED DRIVERS IN BRITISH COLUMBIA, CANADA

Injured drivers with blood alcohol concentrations (BACs) above the illegal limit are rarely convicted of impaired driving. One explanation is that police may have difficulty recognizing alcohol intoxication in injured drivers. A recent study examined police documentation of alcohol involvement with the BAC measured on arrival at a hospital. The study included injured drivers (1999–2003) who were admitted to a British Columbia trauma center or treated in the Vancouver General Hospital emergency department. Two thousand four hundred and ten injured drivers (73.5% male) were matched to a police report. Overall, 857 (35.6%) drivers tested positive for alcohol ($BAC \geq 0$) and 736/857 (85.9%) of alcohol-positive drivers had a $BAC \geq 0.05\%$ (the illegal limit in British Columbia). Of the 736 drivers with a $BAC > 0.05\%$ at time of admission, police indicated alcohol involvement in 530 (72.0%). The criminal code conviction rate for impaired driving was 4.7% for drivers with $0.08\% \leq BAC < 0.16\%$ and 13.6% for drivers with $BAC > 0.16\%$. The following factors were associated with higher odds of police indicating alcohol involvement: (a) increasing blood alcohol levels, (b) a prior record of impaired driving, (c) involvement in a single-vehicle crash, (d) involvement in a nighttime crash, and (e) traffic violations or unsafe driving actions recorded by police.



POLICE DOCUMENTATION OF ALCOHOL INVOLVEMENT IN HOSPITALIZED INJURED DRIVERS IN BRITISH COLUMBIA, CANADA (CONT.)

Police recognized and documented alcohol involvement in 72% of injured drivers with BAC \geq 0.05%. Police documentation of alcohol involvement was more common at higher BAC levels, in nighttime or single-vehicle crashes, for drivers who committed traffic violations or drove unsafely, and for drivers with a prior record of impaired driving. The low conviction rate of injured impaired drivers does not appear to be due to police inability to recognize alcohol involvement.

The paper, by Jeffrey Reynold Brubacher, Herbert Chan, Ming Fang, Doug Brown & Roy Purssell, can be seen in [Traffic Injury Prevention, Vol. 14, Iss. 5, pages 453-460.](#) ■

COUNTERMEASURES THAT WORK

NHTSA has published the latest version of *Countermeasures That Work: A Highway Safety Countermeasure Guide for State Highway Safety Offices*, Seventh Edition, 2013. The guide is a basic reference to assist U.S. Highway Safety Offices in selecting effective, evidence-based countermeasures for traffic safety problem areas including alcohol-impaired and drugged driving, seat belts and child restraints, aggressive driving and speeding, distracted and drowsy driving, motorcycle safety, young drivers, older drivers, pedestrians, and bicyclists.

In the area of alcohol-impaired and drugged driving, countermeasures are described in the following categories:

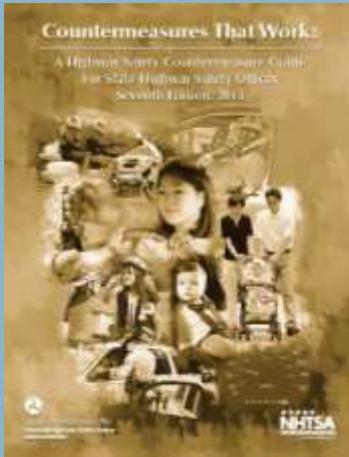
1. Deterrence: Laws (e.g., administrative license revocation; high BAC sanctions)
2. Deterrence: Enforcement (e.g., sobriety checkpoints; passive alcohol sensors)
3. Deterrence: Prosecution and Adjudication (e.g., DWI Courts; Court Monitoring)
4. Deterrence: DWI Offender Treatment, Monitoring and Control (e.g., interlocks, lower BAC for repeat offenders)
5. Prevention, Intervention, Communications, and Outreach (e.g., screening and brief interventions, responsible beverage service)
6. Underage Drinking and Alcohol-Impaired Driving (e.g., zero tolerance; minimum drinking age laws)
7. Drugged Driving (e.g., laws, enforcement, education)

To view the full report, go to <http://www.nhtsa.gov/staticfiles/nti/pdf/811727.pdf>. ■

STRENGTHENING ROAD SAFETY LEGISLATION: A PRACTICE AND RESOURCE MANUAL FOR COUNTRIES

The World Health Organization has released a report that outlines how governments and other stakeholders can reduce injury and death from road crashes and evaluate their road safety efforts. The manual includes a variety of traffic safety laws. Recommended laws related to impaired driving are included in the report. Among the laws discussed are laws establishing a blood alcohol limit. The report recommends a .05 BAC limit for general population drivers and a .02 limit for young or novice drivers and commercial drivers. The report also recommends establishing a minimum purchase age for alcohol, the use of random breath testing or sobriety checkpoints, and the use of ignition interlock devices by offenders. The report discusses ways of structuring and passing legislation and provides examples from countries around the world.

To view the full report, go to http://apps.who.int/iris/bitstream/10665/85396/1/9789241505109_eng.pdf. ■



UPCOMING EVENTS

Quebec City, QC, Canada
September 22-25, 2013
Association for the Advancement
of Automotive Medicine
57th Annual Conference
<http://www.aaam.org/>

Heringsdorf, Germany
September 27-28, 2013
The German Society of Traffic
Psychology and the German
Society of Traffic Medicine (DGVP
and DGVM) 9th Joint Symposium
of DGVP & DGVM
www.verkehr-symposium.de

Washington, DC, USA
January 14-16, 2014
93rd Annual Meeting of the
Transportation Research Board
<http://www.trb.org>

Warsaw, Poland
May 8-9, 2014
8th Fit to Drive Congress
www.vdtuev.de



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[http://www.icadts.nl/reporter/re
porter.html](http://www.icadts.nl/reporter/reporter.html)

MODEL SPECIFICATIONS – BREATH ALCOHOL IGNITION INTERLOCK DEVICES (BAIIDS)

The U.S. National Highway Traffic Safety Administration (NHTSA) has published revised Model Specifications for Breath Alcohol Ignition Interlock Devices (BAIIDS) in the *Federal Register* (78 Fed. Reg. 26849).

BAIIDS are devices that are designed to prevent a driver from starting a motor vehicle when the driver's breath alcohol concentration (BrAC) is at or above a set alcohol level. Every state in the United States has enacted a law that provides for the use of BAIIDS as a sanction for drivers convicted of impaired-driving offenses. In 18 states, the law requires BAIIDS to be installed on the vehicle(s) of all impaired-driving offenders (including first-time offenders).

The Model Specifications are guidelines for the performance and uniform testing of BAIIDS. NHTSA published the first set of Model Specifications in 1992. This notice revises the 1992 Model Specifications. The revisions contained in this notice are based, in large part, on input from interested parties received during an open comment period. In a previous Federal Register notice, NHTSA requested public comment about whether NHTSA should test BAIIDS and develop a Conforming Products List (CPL). The *Federal Register* notice just published indicates that NHTSA will delay rendering a decision about the feasibility and timing of a CPL until more information is available. Before rendering a decision, NHTSA plans to conduct an assessment to determine whether establishing and maintaining a CPL is feasible.

The revisions contained in this notice will take effect one year from the date of its publication in the *Federal Register*. To view the notice, go to <https://www.federalregister.gov>.

NHTSA also has developed Model Specifications for other breath-alcohol testing equipment, including Evidential Breath Testing Devices, Alcohol Screening Devices, and Calibrating Units. Recently, NHTSA published *Federal Register* notices containing CPLs for these instruments, including:

- CPL of Evidential Breath Testing Devices, published June 14, 2012 (77 Fed. Reg. 35747) - <http://www.gpo.gov/fdsys/pkg/FR-2012-06-14/pdf/2012-14581.pdf>
- CPL of Alcohol Screening Devices, published June 14, 2012 (77 Fed. Reg. 35745) – <http://www.gpo.gov/fdsys/pkg/FR-2012-06-14/pdf/2012-14582.pdf>
- CPL of Calibrating Units, published October 22, 2012 (77 Fed. Reg. 64588) – <http://www.gpo.gov/fdsys/pkg/FR-2012-10-22/pdf/2012-25915.pdf>. ■

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Pacific Institute for Research and Evaluation
11720 Beltsville Drive, Suite 900
Calverton, MD 20705
Editor: Kathryn Stewart
Email: Stewart@pire.org