



REPORTER

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

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WWW.ICADTS.NL

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.

MESSAGE FROM THE ICADTS PRESIDENT

Dear Council Members and Colleagues,

Exciting news! In the last letter, I wrote that the new look ICADTS website was nearing completion, and now with great pleasure, I can let you know that it has launched and is available for you to use. The site, available at www.icadtsinternational.com, is easy to access and includes current and all past copies of the *Reporter*, detailed information on the expert working groups, and ways to contact members and share new findings and research issues.

The new website includes access to all conference papers, abstracts, and key words since the ICADTS Conference program began in 1950 in Stockholm, Sweden. This has been the culmination of an enormous endeavour, painstakingly undertaken by many people over many years. It provides an extraordinary record of the growing deliberations and advance of knowledge in our field and of changing insights and problems. As noted in the recent World Health Organization (WHO) address on policy development in this area, the ICADTS Conferences are the only specialised conferences on alcohol, drugs, and traffic safety. They play a major role in advancing policy by presenting the most recent research and including leading and innovative policy directors as plenary session speakers. I most strongly encourage you all to visit the website and see what is available. At the same time, I also hope that you will feel free to treat it as an active communication medium. Please send any material that you consider important to be added to the site, including relevant and useful links for our members. This information, and also any corrections you notice, should be sent to the ICADTS secretary, Assoc. Professor Joris Verster at J.C.Verster@uu.nl.

One of the links that you may be interested in accessing is the address given by Council Members Professor Han de Gier, University of Groningen and Dr Kazuko Okamura, National Research Institute of Police Science, Japan to the WHO in Geneva in December 2014. This was part of a symposium regarding the development of policies to assist low and middle income countries in the management of drug-impaired driving. The title of the presentation is "What policy advice is ICADTS preparing for governments on drugs and road safety?"

The January Transportation Research Board meeting in Washington, DC went well, and in particular, the ICADTS-sponsored session on "Impaired Driving in Low and Middle Income Countries: Challenges and Opportunities for Progress" was very interesting and well attended.

You will be interested and pleased to learn that Professor Barry Watson, who was the Convenor for the T2013 Conference in Brisbane and is currently a Member at Large for the Council Executive, has accepted the position of Chief Executive Officer in the Global Road Safety Partnership. In particular, he will be bringing his long standing research and policy experience in this area to this international body.

I would also like to take this opportunity to commend to you Belinda Lee, Kim Smith, and Clare Murray, who did the hands on work at CARRS-Q [the Centre for Accident Research and Road Safety – Queensland] to make our new website possible.

Finally, just a reminder to put T2016 in your diaries. It will be excellent to meet together in Brazil.

Regards to all,
Mary Sheehan, ICADTS President ■

ICADTS WEBSITE GOES LIVE: WWW.ICADTSINTERNATIONAL.COM

We are very pleased to announce that the new ICADTS website is now live and available at www.icadtsinternational.com. The staff at the Centre for Accident Research and Road Safety – Queensland (CARRS-Q) have done a wonderful job creating the website and have volunteered to maintain it. This is a big accomplishment and a wonderful resource for ICADTS and the field. Please make sure to visit the website soon and help raise our Google profile. ■

SAVE THE DATE: T2016 IN BRAZIL

In October 2016, delegates from different parts of the world will participate in the first ICADTS Conference to be held in South America, in the beautiful city of Gramado, Brazil. This is a great event for scientists in the developing countries and is part of an effort to place ICADTS closer to where it is needed. T2016 is being prepared with care to cover the many aspects of drunk and drugged driving, road safety, and policy making in an atmosphere that will combine science with leisure.

The scientific committee is already formed and the scientific program is being designed. The deadlines for abstract submissions will be announced soon.

Check for updates on T2016 at www.T2016.org. Spread this news, invite your colleagues, and plan to join to us! ■



21st International Council on Alcohol,
Drugs and Traffic Safety Conference

T2016

Gramado/Brazil

**SAVE
THE DATE**

October 16-19, 2016



www.t2016.org | Wish Serrano Resort & Convention | www.icadtsinternational.com

EDMONTON, ALBERTA, CANADA TO HOST T2019

The City of Edmonton Office of Traffic Safety in Alberta, Canada has been selected as the site for the 2019 ICADTS Conference. That may seem like a long way off, but it's never too soon to start planning. We are looking forward to working with Edmonton to organize a stimulating and exciting conference. Stay tuned for more information. ■

NOMINATIONS FOR ICADTS OFFICERS

In the next few months, it will be time for the election of officers for the ICADTS Executive Board. Offices include President Elect, Assistant Secretary, Assistant Treasurer, and two Board Members at Large. The nominating committee is headed by Past President, Wolf Nickel. Consider who among your colleagues would be able to make a leadership contribution to ICADTS, or put yourself forward as a candidate. Send nominations to Wolf Nickel at w.nickel@t-online.de. ■



A STUDY COMPARING THE EFFECTIVENESS OF THREE WARNING LABELS ON THE PACKAGE OF DRIVING-IMPAIRING MEDICINES

Several medicines are known to potentially impair patients' driving fitness. Appropriate communication towards patients about this risk can be supported by the use of package warning labels.

The objective of the study was to compare the effectiveness of a standing practice in the Netherlands, where a yellow/black label with written warning has been used since 1973, with a newly developed European rating model in communicating risk on driving-impairing medicines (DIMs). Furthermore, the added value of a side-text, which advises how to manage the warning, in the rating model was determined.

Community pharmacies (n = 38) in the Netherlands participated in a cross-sectional study. Patients with a first dispensing of a DIM were asked to fill out a written questionnaire to compare each of the three warning labels. A 2 (yellow/black label vs. rating model [pair 1] and rating model with side-text vs. rating model without side-text [pair 2]) x 3 (category of driving-impairment: I = minor risk, II = moderate risk, III = severe risk) design was used. The category of driving-impairment varied per respondent, depending on the DIM the patient collected.

The main outcome measures were (1) the patients' estimated level of driving risk and (2) intention to change driving behaviour after seeing the warning label.

In total, 992 patients were approached. As 298 questionnaires were analysed, the net response rate was 30%. With the yellow/black label, respondents considered DIMs of all three categories of driving-impairment to equally impair driving fitness, while with the rating model the estimated risk was higher when the category referred to a higher level of driving-impairment. Addition of a side-text to the rating model resulted in a significantly higher estimated level of driving risk and a significant increase in intention to change driving behaviour. Only 8.0% of the patients using a category III DIM estimated the level of driving risk correctly when seeing the yellow/black label, while this was 26.7% for the rating model and 43.0% for the rating model with side-text.

It was concluded that the yellow/black label, which is standing practice in the Netherlands, is less effective in terms of estimated risk and intention to change driving behaviour, compared to a newly developed rating model. This model is even more effective when a side-text is added. Implementation of the rating model in clinical practice should be considered.







	Rating model	Rating model with side-text
Category I	<p>Your risk in traffic</p> 	<p>Your risk in traffic</p>  <p>Be careful! Read the patient information leaflet before driving.</p>
Category II	<p>Your risk in traffic</p> 	<p>Your risk in traffic</p>  <p>Be very careful! Don't drive without the advice of your GP or pharmacist.</p>
Category III	<p>Your risk in traffic</p> 	<p>Your risk in traffic</p>  <p>Attention: danger! Do not drive. Seek medical advice before driving again.</p>

Fig. 2. Rating model as developed within the Driving under the Influence of Drugs, Alcohol and Medicines (DRUID) project (left) and after the addition of a side-text (right) for the three different categories of driving-impairment.

Source: Emich B, van Dijk L, Monteiro SP, de Gier JJ. *Int J Clin Pharm.* 2014. 36:1152-1159. ■



Fig. 1. Yellow/black label as currently used in the Netherlands.

Translation: This medicine can impair your reaction time. (driving – using machines – playing on the street) Be careful in combination with alcohol!

SESSION ON DRINKING AND DRIVING IN LOW AND MIDDLE INCOME COUNTRIES AT TRB MEETING IN WASHINGTON, DC

Several ICADTS representatives participated in a session entitled “Impaired Driving in Low and Middle Income Countries: Challenges and Opportunities for Progress” at the Annual Meeting of the Transportation Research Board in Washington, DC. High income countries have made considerable progress in reducing deaths and injuries from impaired driving in recent decades. Many low and middle income countries face increasing problems with impaired driving as their economies advance and motorization spreads. This session was designed to discuss some of the common issues confronted by low and middle income countries in traffic safety related to impaired driving through presentations on the experience of individual countries. In keeping with ICADTS’s current emphasis on addressing and including low and middle income countries, several ICADTS members presented in the session. Flavio Pechansky, who will be the host of T2016 in Gramado, Brazil, presented on “The Drinking and Driving Situation in Brazil – Controversies and Potential Solutions.” In this presentation, Dr Pechansky compared the cultural and legal situation in Brazil with regard to enforcing and prosecuting impaired driving with situations in several other countries. Stig Tore Bogstrand and Asbjørg S. Christophersen from the Norwegian Institute of Public Health presented on two proposed projects, one comparing the situation in Northern Norway to that in Northern Russia and a second project to be carried out in emergency departments in Malawi in Southeastern Africa. Keqin Jia, who has been carrying out research for his Ph.D. at CARRS-Q in Brisbane, Australia, presented on “Drink Driving in China: Results from Research in Two Cities.” Brett Bivans, from the International Center for Alcohol Policies, presented on “Implementing the Global Actions Drink Driving Initiative in Vietnam: Lessons Learned and the Way Forward.”

Themes that emerged from the presentations included the need to address public attitudes and the legal framework related to alcohol consumption and availability and impaired driving in these very different countries, as well as increased crash risks in these countries and the greater toll on vulnerable road users. The lack of training and equipment for enforcement agencies and the lack of reliable data are also common issues that pose challenges.

We hope that this session will be just one of many events that ICADTS can be involved in to promote further study of impaired driving in low and middle income countries and to solicit participation from researchers in these countries. ICADTS now has an Expert Working Group on this topic. Interested readers should contact the working group chair, Mark King at mark.king@qut.edu.au. ■



BARRY WATSON TO BECOME CEO OF THE GLOBAL ROAD SAFETY PARTNERSHIP

Barry Watson, ICADTS board member and host of T2013, has accepted the position of Chief Executive Officer of the Global Road Safety Partnership. Barry is the current Director of Queensland University of Technology’s Centre for Accident Research and Road Safety – Queensland (CARRS-Q) in Brisbane, Australia. He has over 30 years of experience in road safety research and policy development, arising from positions in government, industry, and academia. Barry has conducted research into a wide range of road user safety issues, including drinking and driving, speeding, driver licensing, driver education, and traffic law enforcement, and has been involved in the development and delivery of courses in road safety and traffic psychology for both undergraduate and postgraduate students. ■

REPORT ON BICYCLE FATALITIES IN THE UNITED STATES

The U.S. Governors Highway Safety Association recently released a report on bicycle safety. The report, authored by Allan Williams, notes that despite the association of biking with healthy lifestyles and environmental benefits, a surprisingly large number of fatally injured bicyclists have blood alcohol concentrations (BAC) of .08% or higher. This was the case for 28% of those aged 16 years and older in 2012, just a few percentage points lower than for passenger vehicle drivers with high BACs (33%).

REPORT ON BICYCLE FATALITIES IN THE UNITED STATES (CONTINUED)

The percentage of bicyclists with high BACs has remained relatively constant from 1982 to 2012, ranging from 23% to 33%. Between 1982 and 1992, the percentage of high BACs among bicyclists changed little, but dropped sharply for passenger vehicle drivers.

A recent study of alcohol in fatally injured bicyclists indicates that from 2007 to 2011, 25% had BACs of 0.08% and above, and 19% had high BACs of .15% or greater (compared with 25% of passenger vehicle drivers fatally injured) (Eichelberger, Cicchino, & McCartt, 2013). High BAC bicyclist deaths were most likely to occur between 9 p.m. and 3 a.m. and involve drivers aged 30 to 49 years.

A National Highway Traffic Safety Administration report presents alcohol information in terms of both the driver of the motor vehicle and the bicyclist. In 32% of crashes in 2012, either the driver or the cyclist were reported to have a BAC of .08% or higher.

To see the full report, go to <http://www.ghsa.org/html/publications/spotlight/bicycles2014.html>. ■

LIMITATIONS ON DRUG TEST INFORMATION IN U.S. FATAL ANALYSIS REPORTING SYSTEM

Since 1975, the National Highway Traffic Safety Administration (NHTSA) has collected data from all 50 states, the District of Columbia, and Puerto Rico on all police-reported fatal crashes on public roadways and included data from these fatal crashes in the Fatality Analysis Reporting System (FARS). This dataset provides a wealth of information on fatal crashes, the roadways, vehicles, and the drivers involved.

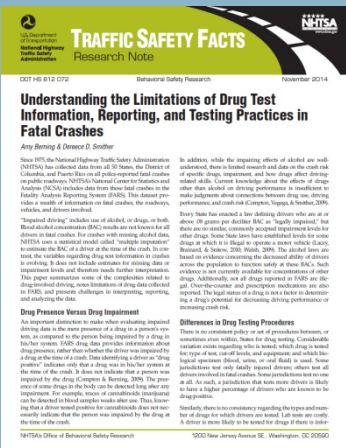
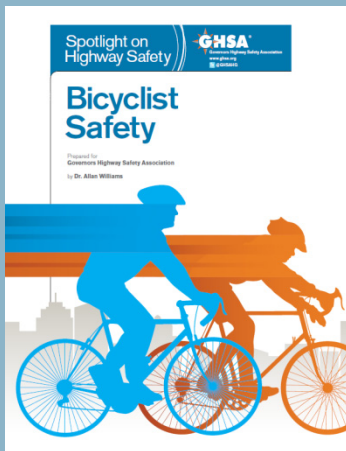
“Impaired driving” includes use of alcohol, drugs, or both. Blood alcohol concentration (BAC) results are not known for all drivers in fatal crashes. For crashes with missing alcohol data, NHTSA uses a statistical model called “multiple imputation” to estimate the BAC of a driver at the time of the crash. In contrast, the variables regarding drug test information in crashes is evolving. It does not include estimates for missing data or impairment levels and therefore needs further interpretation. A recent report summarizes some of the complexities related to drug-involved driving, notes limitations of drug data collected in FARS, and presents challenges in interpreting, reporting, and analysing the data.

One important distinction made in the report is that, when evaluating impaired driving, data are the mere presence of a drug in a person’s system, as compared to the person being impaired by a drug in his/her system. FARS drug data provide information about drug presence, rather than whether the driver was impaired by a drug at the time of a crash. Data identifying a driver as “drug-positive” indicates only that a drug was in his/her system at the time of the crash. It does not indicate that a person was impaired by the drug. Additionally, not all drugs reported in FARS are illegal. Over-the-counter and prescription medications are also reported. The legal status of a drug is not a factor in determining a drug’s potential for decreasing driving performance or increasing crash risk. Other important issues to consider include:

- The majority of drivers were not tested for drugs (only 41% and 40% of drivers were tested in 2008 and 2012, respectively).
- There are typically higher testing rates of drivers who died in crashes (65% in 2008 and 61% in 2012) compared to surviving drivers (20% in 2008 and 21% in 2012).
- There is no consistent set of policies or procedures for drug testing across states.
- Decreases in the cost of drug testing may have led to an increase in the number of people tested, as well as the range of drug types tested.

Keeping those caveats in mind, the number of drivers testing positive was 26% in 2008, increasing to 32% in 2012.

Source: U.S. Department of Transportation Traffic Safety Facts, DOT HS 812 072, by Amy Berning & Dereece D. Smither. Available at <http://www-nrd.nhtsa.dot.gov/Pubs/812072.pdf>. ■



TRAFFIC STOPS AND DUI ARRESTS LINKED MOST CLOSELY TO LOWER DRINKING AND DRIVING RATES IN THE USA

From 1982 to 1997, American states got tough on impaired driving. Policies favoured adopting lower blood alcohol concentration (BAC) limits for driving, administrative license revocation (ALR), and increased sanctions for those convicted of driving under the influence (DUI) of alcohol. In the absence of stricter laws, enforcement offers the greatest opportunity for reducing alcohol-impaired driving. A study of variations in DUI prevalence and several categories of enforcement intensity has found that the number of traffic stops and DUI arrests per capita had the most consistent and significant association with drinking and driving. Results were published in the January 2015 online-only issue of *Alcoholism: Clinical & Experimental Research*.

“From 1982 to 1997, public attention to impaired driving was at its peak,” said James C. Fell, a senior research scientist with the Pacific Institute for Research and Evaluation (PIRE) in Calverton, Maryland and current Assistant Secretary of ICADTS, as well as corresponding author for the study. “Organizations such as Mothers Against Drunk Driving [MADD] and the Presidential Commission Against Drunk Driving [PCADD] were pressing the states to adopt tougher DUI laws. The minimum legal drinking age of 21 was passed by Congress, and other effective laws were adopted in the states. By 1997, most states had already adopted laws on lower BAC limits as well as ALR.”

Fell and his colleagues examined six different measures of enforcement intensity and their effect on the prevalence of weekend, nighttime drivers in the 2007 National Roadside Survey who had been drinking alcohol and had BACs > .05 g/dl, as well as those who were driving with an illegal BAC > .08 g/dl. “We found that two measures of enforcement intensity significantly affected the rate of impaired driving on the roads in a community—the rate of traffic stops and of DUI arrests,” said Fell. “Communities with a high rate of traffic stops—representing enforcement visibility to the public—had a lower rate of impaired drivers on their roads. Similarly, communities with high rates of DUI arrests also had lower rates of alcohol-impaired drivers on their roads. This is the first study I am aware of that actually calculated several enforcement intensity rates and related those measures to impaired driving on the roads in several communities.”

“Alcohol researchers will need to conduct future research to determine what thresholds of enforcement intensity have a significant impact on alcohol-impaired driving and on impaired driving crashes in communities,” said Fell.

Source: *Alcoholism: Clinical & Experimental Research* (ACER) is the official journal of the Research Society on Alcoholism and the International Society for Biomedical Research on Alcoholism. Co-authors of the ACER paper, “Relationship of Impaired Driving Enforcement Intensity to Drinking and Driving on the Roads,” were Geetha Waehrer, Robert B. Voas, Amy Auld-Owens, Katherine Carr, and Karen Pell of PIRE in Calverton, Maryland. The study was funded by the National Institute on Alcohol Abuse and Alcoholism. A full copy of the manuscript may be obtained by contacting Mary Newcomb with the ACER Editorial Office at 317.626.0857 or acerjournal@earthlink.net, or Lisa Daitch at 925.915.0271 or ldaitchACER@gmail.com. ■

DRUNK DRIVING DECLINES IN U.S. WHILE DRUG USE BEHIND THE WHEEL RISES

The U.S. Department of Transportation’s National Highway Traffic Safety Administration (NHTSA) recently released two important reports. The first, the latest version of NHTSA’s [Roadside Survey of Alcohol and Drug Use by Drivers](#), found that the number of drivers with alcohol in their systems has declined by nearly one third since 2007 and by more than three quarters since the first Roadside Survey in 1973. However, that same survey found a large increase in the number of drivers using marijuana or other illegal drugs. In the 2014 survey, nearly one in four drivers tested positive for at least one drug that could affect safety.

UPCOMING EVENTS

Chicago, IL
March 15–17, 2015
Lifesavers 2015
<http://www.lifesaversconference.org/>

Washington, DC
May 26–29, 2015
Society for Prevention Research
<http://www.preventionresearch.org/2015-annual-meeting/>

Denver, CO
June 16–19, 2015
Society for Epidemiological Research
48th Annual Meeting
<http://www.epiresearch.org/index.php>

San Antonio, TX
June 20–24, 2015
38th Annual Research Society on
Alcoholism Scientific Meeting
<http://www.rsoa.org/2015meet-indexAbs.htm>

Philadelphia, PA, USA
October 4–7, 2015
59th Annual Meeting of the
Association for the Advancement of
Automotive Medicine (AAAM)
<http://www.aaam.org>

Brisbane, Australia
August 2–5, 2016
6th International Conference on
Traffic & Transport Psychology
<http://icttp2016.com/>

Gramado, Brazil
October 16–19, 2016
T2016
www.T2016.org



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REPORTER please visit:
<http://www.icadts.nl/reporter/reporter.html>

DRUNK DRIVING DECLINES IN U.S. WHILE DRUG USE BEHIND THE WHEEL RISES (CONTINUED)

The National Roadside Survey, conducted five times over the last 40 years, is a completely voluntary, anonymous survey that gathers data in dozens of locations across the country from drivers who agree to participate. The latest edition of the survey shows that the prevalence of alcohol use by drivers continues to drop. About 8% of drivers during weekend nighttime hours were found to have alcohol in their systems, and just over 1% were found with .08% or higher breath alcohol content—the legal limit in every state. This is down by about 30% from the previous survey in 2007 and down 80% from the first survey in 1973.

The number of weekend nighttime drivers with evidence of drugs in their systems climbed from 16.3% in 2007 to 20% in 2014. The number of drivers with marijuana in their systems grew by nearly 50%.

A second survey, the largest of its kind ever conducted, assessed whether marijuana use by drivers is associated with greater risk of crashes. The survey found that marijuana users are more likely to be involved in accidents, but that the increased risk may be due in part because marijuana users are more likely to be in groups at higher risk of crashes. In particular, marijuana users are more likely to be young men—a group already at high risk.

The study, conducted in Virginia Beach, VA, gathered data over a 20-month period from more than 3,000 drivers who were involved in crashes, as well as a comparison group of 6,000 drivers who did not crash. The study found that drivers who had been drinking above the .08% legal limit had about four times the risk of crashing as sober drivers and those with blood alcohol levels at .15% percent or higher had 12 times the risk.

See the following links for more information:

- [Roadside Survey executive summary](#)
- [Roadside Survey fact sheet](#)
- [Crash Risk Study executive summary](#)
- [Crash Risk Study fact sheet](#) ■

APIS ANNOUNCES ANNUAL UPDATE OF ALCOHOL POLICY INFORMATION

The Alcohol Policy Information System (APIS), a project of the National Institute on Alcohol Abuse and Alcoholism, announces its latest annual update of state-by-state alcohol policies. This update reports on 23 substantive changes in state alcohol policy statutes and regulations that occurred through January 1, 2014. Highlights relating to the annual update include changes in the legal alcohol limit for boating in Georgia, some changes in underage drinking statutes, and a repeal of the insurance exclusion, or Uniform Accident and Sickness Policy Provision Law (“UPPL”) in Texas, which had permitted insurers to deny benefits for losses arising from intoxication of the insured.

These and other changes to current APIS policy topics are now posted to the site found at <http://www.alcoholpolicy.niaaa.nih.gov/>. Many are consistent with the goal of reducing underage drinking and its consequences, as well as the goal of reducing alcohol-related death and injury in the general population.

This project has been funded with federal funds from the National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, Department of Health and Human Services. ■

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