



REPORTER

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

ISSUE HIGHLIGHTS

Message from the ICADTS President	1
T2016 Launched in Brazil	1
ICADTS Sponsors Two Sessions at International Association of Legal Medicine	3
Alcohol Use Questionnaire Identifies Risky Behavior among Professional Drivers.....	3
New Tool Helps States Align Crash Data with Federal Guidelines	3
Drug-Impaired Driving: A Guide for What States Can Do—New Publication from Governors Highway Safety Association.....	4
NHTSA Releases State Alcohol-Impaired Driving Estimates	4
Illinois Alcohol Tax Increase Associated with 26-Percent Reduction in Fatal Alcohol-Related Motor Vehicle Crashes	5
ICTTP2016: The Sixth International Conference on Traffic & Transport Psychology—Call for Abstracts.....	5
U.S. Department of Transportation Releases Fact Sheet on Young Drivers	6

WWW.ICADTSINTERNATIONAL.COM

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:

The coming year promises to be an exciting one for ICADTS. Less than one year from now (October 16 to 19, 2016), we will convene our 21st major international conference in Gramado, Brazil. T2016 is the centerpiece of ICADTS activities, where we can reconnect with long-term colleagues and meet new ones in South America. Our Brazilian partners are putting together a stimulating scientific program and a delightful social program—with a special Brazilian flavor!

As you can see in the article below, we are also sponsoring two sessions at the 2016 Symposium of the International Academy of Legal Medicine in Venice, Italy in June of next year. This meeting provides an opportunity for young researchers and scientists from Eastern European countries to meet with us in a setting closer to their homes and less expensive for travel. We are committed as an organization to reaching out to new colleagues who may lack generous funding.

The ICADTS Executive Board is scheduled to meet in Washington, DC in January, where we will take up the very important topic of strategic planning for the organization. We are working hard to enhance our visibility, expand our membership, and make our work more useful to researchers and policymakers around the world.

I hope to connect with many of you personally in the next year.

Kathryn Stewart, ICADTS President ■

T2016 LAUNCHED IN BRAZIL

T2016 was officially launched on October 29 during an alcohol-free cocktail party at the Laghetto Hotel in Porto Alegre. The ceremony was hosted by Flavio Pechansky, Tanara Sousa, and Renata Limberger, Chairs of the upcoming conference, together with members of the Center for Drug and Alcohol Research of the Hospital de Clínicas of Porto Alegre.

This will be the first ICADTS conference in Latin America. T2016 will occur from October 16 to 19, 2016 at the Wish Serrano Resort and Convention, in Gramado, Brazil. Brazil is the first developing country to host this event and discuss the matter at the world level.

According to Dr. Flavio Pechansky, the event in Brazil will stress the need to build solutions that increase the emphasis on traffic safety in developing countries. This is very important considering that in the last decade the number of crashes has not decreased and traffic safety problems still persist, with a strong impact in health politics. Pechansky foresees that T2016 will provide important input from national and international participants interested in discussing and disseminating information that will help reduce mortality and morbidity related to substance use among drivers. Dr. Pechansky stated, “The ‘Dry Law’ culture, campaigns that prevent risk behaviors, discussion about the use of drug detection devices, among other measures for conscious driving, are a reality among us. However, it is known that demands and solutions are different across countries, which reinforces the need to debate these issues aiming at the same time at the advancement of science and the reinforcement of public policies.”



Scientific Committee and Representatives of ABRAMET (Associação Brasileira de Medicina de Tráfego [Brazilian Association of Traffic Medicine])

The launch event was attended by the Director of the State Department of Transportation, Mr. Hildo Mário Szinvelsky; the President of the Zero Accidents Institute, Carlos Tatsch; the spokesperson from the Federal Highway Patrol, Mr. Alessandro Castro; the Scientific Director of the Brazilian Association of Traffic Medicine—ABRAMET Rio Grande do Sul, Dr. Ricardo Hegele; the President of ABRAMET RS, Dr. Trajano Henke; the President of the Thiago Gonzaga Foundation Diza Gonzaga; the President of the Brazilian Association of Traffic Psychology RS, Dr. Patricia Sandri; and Traffic Agent Marcelo Cunha da Silva.

T2016 was launched with key sponsors already on board: Platinum Sponsor Alcolizer, the National Institute on Drug Abuse as the Senior Institutional Sponsor, and Intoximeters as a Bronze Sponsor.

More information about the conference program, as well as registration and abstract submission, will be available November 15 on at the conference website (www.t2016.org). ■



Renata Limberger, Flavio Pechansky, and Tanara Sousa, Chairs of the upcoming T2016 Conference

IALM Symposium deadlines approach: IALM Symposium abstract submission deadline and early registration deadline are both December 31, 2015.

ICADTS SPONSORS TWO SESSIONS AT INTERNATIONAL ASSOCIATION OF LEGAL MEDICINE

ICADTS has organized two sessions at the 2016 Symposium of the International Academy of Legal Medicine (IALM), which takes place from June 21 to 24, 2016 in Venice, Italy. The goal of the overall symposium is to discuss the present and future evolution of bio-medicolegal sciences in the post-genomic framework of Personalized Medicine, in terms of the symposium themes: innovation, unitariness, and evidence. The ICADTS sessions are scheduled to occur on Wednesday, June 22. One session will cover a variety of topics related to medicinal drugs and driving. The second session brings together scientists from around Europe, including several Eastern European countries, to discuss recent research. In all, 12 different countries will be represented in the sessions. We also planned a meeting for all ICADTS members and for anyone interested in becoming involved with ICADTS on Thursday, June 23. This promises to be a stimulating program that will appeal to a wide range of interests. For more information on the Symposium, go to www.ialm2016venice.org. For more information on the ICADTS sessions and meetings, email Kathryn Stewart at stewart@pire.org. ■

ALCOHOL USE QUESTIONNAIRE IDENTIFIES RISKY BEHAVIOR AMONG PROFESSIONAL DRIVERS

A recent study examined professional drivers enrolled in professional driving courses in Italy. Of the 377 drivers surveyed, 89 (23.6%) admitted alcohol consumption in the workplace (19 [5%] rarely, 37 [9.8%] frequently and 33 [8.8%] daily). Almost all of the drivers (305 or 81.8%) reported at least one of the risky driving behaviors, such as hand-held cell phone use, text messaging, PC use, reading, or TV watching while driving (107 [28.7%] rarely, 95 [25.5%] frequently and 103 [27.6%] daily). The respondents' scores on the Alcohol Use Disorders Test-Consumption (AUDIT-C) were significantly associated with these behaviors (adjusted odds ratios [AOR] 1.45 and AOR 1.15, respectively). An AUDIT-C cut-off ≥ 4 (instead of ≥ 5 , as suggested by some Italian regional laws) was more reliable in identifying professional drivers with risky behaviors.

The authors concluded that the AUDIT-C questionnaire is an effective alcohol-screening tool and can help to identify not only high-risk drinkers but also those with increased risk of alcohol consumption in the workplace and risky driving behaviors.

Source: Rosso, G. L., Montomoli, C., & Candura, S. M. (2015). AUDIT-C score and its association with risky behaviours among professional drivers. *International Journal of Drug Policy*. ■

NEW TOOL HELPS STATES ALIGN CRASH DATA WITH FEDERAL GUIDELINES

A new publication from the U.S. Governors Highway Safety Association (GHSA) and the National Highway Traffic Safety Administration (NHTSA) will help states map crash data to the Model Minimum Uniform Crash Criteria (MMUCC) to improve data sharing and comparison.

While there has been a voluntary federal guideline for crash data in place since 1998, states often use different formats and names for data elements and attributes, or they may combine (or split) the elements and attributes used in the guideline. As a result, it can be very difficult to compare or share crash data among states, between state and federal data sets, and in some cases even between different agencies within a state.

Over the past year, GHSA worked with NHTSA to help states determine how well each state's Police Accident Report and crash database align with this federal guideline. The resulting document, *Mapping to MMUCC*, is a voluntary guideline for mapping state data elements to the MMUCC guideline (4th Edition).

MMUCC is a minimum, standardized data set for describing motor vehicle crashes and the vehicles, persons, and environment involved. The guideline comprises 110 data elements: 77 that are to be collected at the scene and 33 that are linked with other databases or derived from MMUCC data elements. By providing a “minimum” set of data elements, MMUCC helps states collect reliable crash data, guide enforcement planning effectively, and shape sound traffic safety policy.

“Producing quality shareable data is critically important to improving traffic safety,” said Jonathan Adkins, Executive Director of GHSA. “This new tool will help states be better able to benchmark their progress against their peers and share their data so that they can identify state issues and trends and federal safety agencies can better understand national highway safety issues and develop appropriate policies in response.”

Mapping to MMUCC and the complementary mapping spreadsheet are available for download from the GHSA website (www.ghsa.org) as well as from the MMUCC website (www.mmucc.us). ■



DRUG-IMPAIRED DRIVING: A GUIDE FOR WHAT STATES CAN DO—NEW PUBLICATION FROM GOVERNORS HIGHWAY SAFETY ASSOCIATION

The U.S. Governors Highway Safety Association has published a report on issues related to drug-impaired driving, how it affects traffic safety in the states, and what strategies states can use to address the problem. The report was guided by an advisory panel of experts from the states, the research community, and several organizations concerned with impaired driving. It provides references to research and position papers, especially papers from the last 20 years that summarize the research on drugs and driving, and includes information obtained by GHSA from a survey of state highway safety offices. The report states that drug-impaired driving is more complex than alcohol-impaired driving for many reasons:

- Hundreds of different drugs can impair drivers.
- Some drugs that can impair driving are illegal to use, some are legal to use under certain conditions, and some are freely available over the counter.
- For many drugs, the relationship between a drug’s presence in the body, its effect on driving, and its effect on crash risk is complex, not understood well, and varies from driver to driver.
- Data on drug presence in crash-involved drivers are incomplete in most jurisdictions, inconsistent from state to state, and sometimes inconsistent across jurisdictions within states.
- It is more difficult for law enforcement to detect drug impairment than alcohol impairment at the roadside.
- Laws regarding driving while under the influence of drugs vary across the states.
- It is more difficult to prosecute and convict a driver for driving under the influence of drugs than for driving under the influence of alcohol.

Source: http://www.ghsa.org/html/files/pubs/GHSA_DruggedDrivingt2015_R5_LoResInteractive.pdf. ■

NHTSA RELEASES STATE ALCOHOL-IMPAIRED DRIVING ESTIMATES

The National Highway Traffic Safety Administration (NHTSA) of the U.S. Department of Transportation recently released a fact sheet containing estimates of driver alcohol involvement in fatal crashes for the United States and for each of the 50 States, the District of Columbia, and Puerto Rico. Data from the most recent available year (2013) and from 10 years ago (2004) are presented for comparison. These estimates are based on data from the Fatality Analysis Reporting System (FARS). Some highlights from the fact sheet include the following:

- Of the 32,719 motor vehicle traffic fatalities in 2013, there were 10,076 (31%) people killed in crashes involving alcohol-impaired driving in which at least one driver in each crash had a blood alcohol concentration (BAC) of .08 grams per deciliter (g/dL) or higher.

- The states with the highest percentages of alcohol-related crashes were South Carolina (44%), North Dakota (42%), Connecticut (41%), Montana (40%), and Texas (40%).
- Of the 44,574 drivers involved in fatal crashes in 2013, 9,461 (21%) were alcohol-impaired (BAC \geq .08 g/dL).
- In 2013, the percentages of alcohol-impaired drivers involved in fatal crashes in each state ranged from 13 percent (Utah) to 32 percent (South Carolina), compared to 21 percent in the United States.
- Of the 44,574 drivers involved in fatal crashes in 2013, slightly less than half (48%) had known BAC test results.
- In 2013, BAC test results were known for 71 percent of fatally injured drivers compared to only 28 percent of surviving drivers in fatal crashes.

To view the fact sheet, go to <http://www-nrd.nhtsa.dot.gov/Pubs/812188.pdf>. ■

ILLINOIS ALCOHOL TAX INCREASE ASSOCIATED WITH 26-PERCENT REDUCTION IN FATAL ALCOHOL-RELATED MOTOR VEHICLE CRASHES

A new study examined the effects of a 2009 increase in alcohol taxes on alcohol-related fatal crashes. The analysis included an interrupted time series design with intrastate and cross-state comparisons 8 years before and 2 years after the enactment of the tax increase. Autoregressive moving average and generalized linear mixed Poisson models were used. Both populationwide effects and stratifications by blood alcohol concentration (BAC) level, age, gender, and race were examined. After the tax increase, there was a 26-percent reduction in fatal alcohol-related motor vehicle crashes, which translated to almost 10 fewer fatal crashes per month in the state. The effect was similar for both high and low BAC drivers. Younger drivers (younger than 30 years) showed larger declines (-37%) than older drivers (30 years and older; -23%). Gender and race findings did not differ. The authors concluded that increases in alcohol excise taxes, such as the Illinois act in 2009, could save thousands of lives each year in the United States as part of a comprehensive strategy to reduce alcohol-impaired driving.

Source: Wagenaar, A. C., Livingston, M. D., & Staras, S. S. (2015). Effects of a 2009 Illinois alcohol tax increase on fatal motor vehicle crashes. *American Journal of Public Health*. Online publication. ■

ICTTP2016: THE SIXTH INTERNATIONAL CONFERENCE ON TRAFFIC & TRANSPORT PSYCHOLOGY—CALL FOR ABSTRACTS

The call for abstracts for ICTTP2016: The Sixth International Conference on Traffic & Transport Psychology is now open. The abstract deadline is November 23, 2015. ICTTP2016 will be held from August 2 to 5, 2016 at the Brisbane Convention & Exhibition Centre in Queensland, Australia.

Held every four years, ICTTP has achieved a long-standing and highly regarded reputation as the leading international gathering in the field of traffic and transport psychology. This will be the first time this conference has been held in the Southern Hemisphere and only the second time outside of Europe.

ICTTP2016 is expected to attract 300 to 350 delegates from many countries, including academics, researchers, and practitioners in the areas of public health, law, medicine, economics, law enforcement, public policy, education, human factors, and psychology.

With a theme of “UN Decade of Action For Road Safety: The Half-way Point,” the conference will provide an update on worldwide developments, key geographic regions of emerging issues, and at-risk populations.

Submissions are invited for oral and poster presentations and symposia and interactive roundtable presentations.

For online abstract submission and further information, visit www.icttp2016.com. ■

UPCOMING EVENTS

Washington, DC

January 10–14, 2016

Annual Meeting of the Transportation Research Board

<http://www.trb.org/AnnualMeeting/AnnualMeeting.aspx>

Washington, DC

April 6–8, 2016

Alcohol Policy 17

<http://www.alcoholpolicyconference.org>

Venice, Italy

June 21–24, 2016

Symposium of the International Academy of Legal Medicine (IALM)

<http://www.ialm2016venice.org/>

Brisbane, Australia

August 2–5, 2016

6th International Conference on Traffic & Transport Psychology

<http://icttp2016.com/>

Long Beach, CA

April 3–5, 2016

Lifesavers National Conference on Highway Safety Priorities

<http://lifesaversconference.org/>

Waikoloa, HI

September 17–21, 2016

60th Annual Meeting of the Association for the Advancement of Automotive Medicine (AAAM)

<http://www.aaam.org>

Gramado, Brazil

October 16–19, 2016

T2016

www.T2016.org

U.S. DEPARTMENT OF TRANSPORTATION RELEASES FACT SHEET ON YOUNG DRIVERS

The National Highway Traffic Safety Administration (NHTSA) of the U.S. Department of Transportation recently released a brief report summarizing data on crashes among young drivers for the year 2013 (the most recent year data are available). For the purposes of this fact sheet, the term young driver refers to a person aged 15 to 20 years operating a motor vehicle involved in a crash. This age group is generally just getting their licenses and many are under a graduated drivers licensing program as they learn driving skills. In all motorized jurisdictions around the world, young, inexperienced drivers have much higher crash rates than older, more experienced drivers. In 2013, 9 percent of all drivers involved in fatal crashes in the United States were aged 15 to 20 years. Young drivers accounted for 6 percent of the total number of licensed drivers in the United States in 2013.

The report included information on alcohol involvement among these drivers. All states in the U.S. have laws specifying a minimum drinking age of 21 years. Alcohol involvement in this report includes a fatal crash in which a driver had a blood alcohol concentration (BAC) of .01 g/dL or higher. A driver is considered to be alcohol-impaired when the driver's BAC is .08 g/dL or higher. In 2013, 29 percent of the young drivers 15 to 20 years old who were killed in crashes had BACs of .01 g/dL or higher; 24 percent had BACs of .08 g/dL or higher. Thus, of the 492 young drivers killed who had alcohol in their systems, 405 (82%) were at .08 g/dL or higher, past the legal driving limit for those legally permitted to consume alcohol.

The number of young drivers involved in fatal crashes who had BACs of .01 g/dL or higher dropped by 52 percent, from 1,801 in 2004 to 863 in 2013. In 2013, 22 percent of young drivers involved in fatal crashes had alcohol in their systems (fatally injured and surviving drivers combined). This compares to 3 percent of young drivers who were reported by police to have alcohol in their systems during injury crashes and 1 percent of young drivers during property-damage-only crashes.

Among young drivers, 527 were killed at the age of 20—highest among the young drivers; 38 percent of these drivers had alcohol in their systems at the time of the fatal crashes. Of those young drivers killed, the percentage that involved alcohol increased as age increased.

For young drivers in fatal crashes, alcohol involvement was higher among males than among females. In 2013, 24 percent of young male drivers involved in fatal crashes had been drinking at the time of the crashes (BAC of .01 g/dL or higher), compared with 16 percent of young female drivers involved in fatal crashes.

In general, drivers are less likely to use restraints when they have been drinking. In 2013, 49 percent of the young drivers of passenger vehicles involved in fatal crashes who had been drinking were unrestrained. Of the young drivers who had been drinking and were killed in crashes, 65 percent were unrestrained (based on known restraint use). In comparison, of the nondrinking young drivers killed, 44 percent were unrestrained.

NHTSA estimates that the minimum drinking age laws have aided in reducing alcohol traffic fatalities and have saved an estimated 29,834 lives since 1975. In 2013, an estimated 504 lives were saved by minimum drinking age laws.

To see the full report, go to <http://www-nrd.nhtsa.dot.gov/Pubs/812200.pdf>. ■



To view past issues of the **REPORTER** please visit:
<http://www.icadtsinternational.com/pages/icadts-reporter.php>

The **REPORTER** is published quarterly by ICADTS, with support from the U.S. National Highway Traffic Safety Administration. This publication is available free upon request. Contents may be reproduced with attribution.

Pacific Institute for Research and Evaluation
11720 Beltsville Drive, Suite 900
Calverton, MD 20705
Editors: Kathryn Stewart, James Fell
Email: stewart@pire.org, fell@pire.org