



REPORTER

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

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WWW.ICADTSINTERNATIONAL.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.

MESSAGE FROM THE ICADTS PRESIDENT

Dear ICADTS Members,

We are in the last few months before T2016, which will take place October 16-19 in Gramado, Brazil. The scientific program is now being finalized. The organizers have been very pleased with the quality of the abstracts submitted and we look forward to a stimulating conference. You have probably seen the announcements of the many plenary speakers who will attend and who will add their expertise to the program. The social program is also taking shape, with opportunities to greet old friends and meet new ones in the lovely environment of Gramado.

One of the key features of the conference is that it is the occasion for presenting the awards that ICADTS confers on those individuals and institutions who have made important contributions to the field. There are three major awards:

The **Widmark Award** for either an individual or institution in the field of technology, law, law enforcement, public information and education, legal medicine, the social and behavioural sciences, or other human factors. Individuals and institutions receiving Widmark Awards must have contributed significantly and achieved international recognition over a sustained period of years.

The Borkenstein Award, to recognize individuals who have made outstanding contributions to international cooperation in alcohol and drug-related traffic safety programs.

The Haddon Award, to recognize meritorious service by non-governmental organizations.

Nominations for these awards should be sent to the Chair of the Awards Committee, Mary Sheehan at m.sheehan@qut.edu.au.

This is an exciting time for ICADTS and we look forward to seeing you in Gramado.

Kathryn Stewart

ICADTS President

BARRY WATSON, ICADTS BOARD MEMBER, ADDRESSES U.N. GENERAL ASSEMBLY

ICADTS Board Member, Dr. Barry Watson of the Global Road Safety Partnership, spoke on behalf of the International Federation of Red Cross & Red Crescent Societies at the United Nations General Assembly. Barry's statement was in support of the UN Resolution in support of improving global road safety. In his address, he stated, "We welcome the resolution before you, which lays out clear actions for Member States, UN agencies and other relevant stakeholders. In particular, we support the call for governments to pass and implement strong road safety policies which are locally relevant and evidence-based. . . Achieving ambitious road safety targets will not only benefit society as a whole, but particularly assist the poorest and most vulnerable among us, ensuring that no one is left behind."

We congratulate Dr. Watson on his powerful advocacy for traffic safety.

Upcoming Events

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>

Brussels, Belgium

September 13–15, 2016

International Ignition Interlock Symposium

<http://www.interlocksymposium.com>

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

<http://www.T2016.org>

Editors:

Kathryn Stewart

Email: Stewart@pire.org

James Fell

Email: fell-jim@norc.org

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T2016 SCIENTIFIC PROGRAM TAKES SHAPE

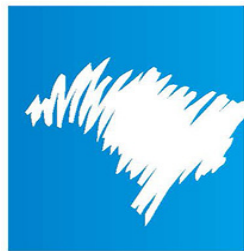
Mark your calendars for T2016 on 16-19 October in Gramado, Brazil! The scientific program is being finalized and promises to be stimulating and thought-provoking. The conference will emphasize three themes of emerging importance in the impaired driving field: The role of drugs in traffic, dealing with impaired driving in the developing world, and the role of non-governmental organizations and citizen activists in impelling prevention. These will be addressed in different symposia and panels, but will be featured in the morning “hot topic” plenary sessions.

The organizers have already confirmed a panel sponsored by the U.S. National Institute on Drug Abuse on the role of marijuana on driving. A session sponsored by the Pan American Health Organization (PAHO) on alcohol use and traffic safety in Latin-American countries, and another panel on best practices for low-and middle-income countries of other areas of the world will reflect the conference emphasis on expanding ICADTS activities beyond high income countries.

Another important morning session is on the accomplishments of non-governmental organizations and partnerships in moving policy towards progress. Private organizations and citizen activist groups have played a key role in motivating needed action. The conference will highlight this role and is honored to include presentations from both the President and CEO of Mothers Against Drunk Driving (MADD) in the U.S., as well as by Diza Gonzaga, a noted citizen activist from Brazil, together with other NGOs that have already been invited. These organizations will also play an important role in spreading their word and activities with the local community of Gramado, in a joint action with ICADTS and the city mayor’s office, as well as in Porto Alegre, with the goal of developing prevention consciousness among young people.

Afternoon concurrent sessions will cover a wide array of topics that are typical of ICADTS meetings, with emphasis on its Expert Working Groups, but always with a tone towards action and research development in low- and middle-income countries. The organizers have already received and accepted approximately 120 abstracts, which will be divided into oral and poster presentations along the program.

Two Sunday pre-conference courses are being organized. The first, chaired by James Fell, from NORC, focuses on topics related to impaired driving in the areas of research, prevention and policy, and is directed towards the novice registrant who needs to put the pieces together to understand the big picture of the role of alcohol and drugs in traffic. The second is focused on training police officers, traffic agents, and security personnel, and is being organized by GRSP, with trainers from different parts of the world.



T2016

Gramado/Brazil

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

AMERICAN AUTOMOBILE ASSOCIATION PUBLISHES REPORTS ON MARIJUANA AND DRIVING: LEGAL LIMITS LACK SCIENTIFIC SUPPORT

The American Automobile Association (AAA) Foundation for Traffic Safety has published two reports on marijuana and driving in the US. The first examined the scientific basis for legal limits and concluded that these limits are arbitrary and unsupported by science. States that allow recreational use of marijuana have legal tests for driving while impaired by the drug. The AAA Foundation is calling for repeal of those laws, saying that the laws could result in unsafe drivers going free, while others are wrongfully convicted for impaired driving.

Cannabis is in the spotlight in the United States due to increased acceptance of its medical and recreational use. One of the major concerns shared by both opponents and proponents of greater access to cannabis is its impact on driver performance and traffic safety; both sides recognize that the cognitive and psychomotor effects of cannabis use in the period immediately after use can impact vehicle control and judgment and present some risk for deterioration in driving performance. These concerns have led to a strong desire among lawmakers and traffic safety advocates to consider laws that criminalize cannabis-involved driving including laws that set a quantitative threshold for concentration of delta-9- tetrahydrocannabinol (THC), the active component of cannabis, in a person's blood. This threshold would constitute an offense per se in an effort to discourage cannabis-impaired driving. Therefore, the Foundation carried out a study to determine whether data from drivers arrested for suspected driving under the influence (DUI) supported any particular quantitative threshold for a per se law for THC.

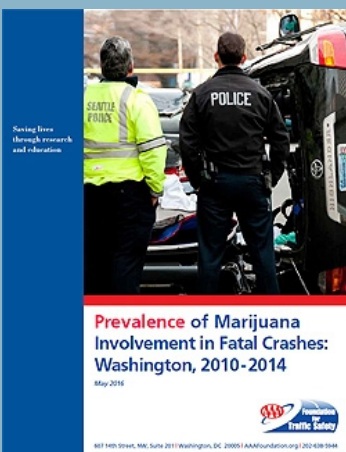
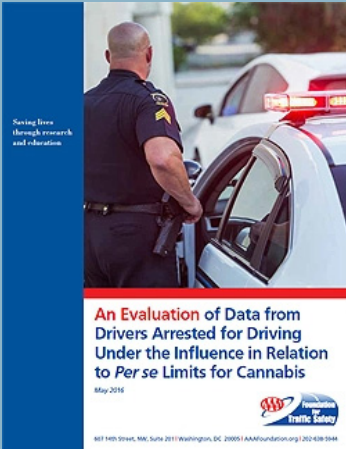
Data were collected from 602 drivers arrested for DUI in which only THC was present, along with a sample of 349 drug-free controls, in which full records of the subjects' performance in the Drug Recognition Expert (DRE) exam were available. The DRE exam is an assessment of physiological standards and performance on psychophysical tests, including the Standardized Field Sobriety Test (SFST) battery.

Data were analyzed to determine whether indicators of impairment differed between subjects with blood THC concentrations above or below 5 ng/mL, the threshold for per se driving under the influence of cannabis adopted in Colorado, Washington, and Montana. Analysis was also carried out on other thresholds. All of the candidate THC concentration thresholds examined would have misclassified a substantial number of drivers as impaired who did not demonstrate impairment on the SFST, and would have misclassified a substantial number of drivers as unimpaired who did demonstrate impairment on the SFST. Based on this analysis, a quantitative threshold for per se laws for THC following cannabis use cannot be scientifically supported.

A second study measured the prevalence of marijuana among drivers in fatal crashes in Washington State, which adopted a law legalizing the recreational use of marijuana in December of 2012.

Statewide, 3,031 drivers were involved in fatal crashes in years 2010 – 2014. Overall, considering both the actual blood toxicology test results and imputed results, an estimated 303 drivers—10.0% of all drivers involved in fatal crashes in Washington between 2010 and 2014— had detectable THC in their blood at the time of the crash. Of all THC-positive drivers involved in fatal crashes, an estimated 34.0% had neither alcohol nor other drugs in their blood, 39.0% had detectable alcohol in addition to THC, 16.5% had other drugs in addition to THC, and 10.5% had both alcohol and other drugs in addition to THC in their blood at the time of the crash. From 2010 through 2013, the estimated number and proportion of drivers involved in fatal crashes who had a detectable concentration of THC in their blood ranged from a low of 48 (7.9%) to a high of 53 (8.5%). The number and proportion both doubled from 49 (8.3%) in 2013 to 106 (17.0%) in 2014. Analysis of trends over time before and after legalization took effect indicate that the proportion of drivers positive for THC was generally flat before, but began increasing significantly approximately 9 months after the effective date of the new law legalizing the recreational use of THC.

Both of these reports can be accessed at <https://www.aaafoundation.org/impaired-driving-and-cannabis>



CASE STUDY OF LOWERED BAC LIMIT IN SCOTLAND

In December 2014, new legislation came into force in Scotland reducing the drink drive limit from 0.8g/l to 0.5g/l. The rest of the UK and Malta are the last remaining regions in the EU to apply a weaker 0.8 limit, all others enforce 0.5g/l or lower. The legal changes in Scotland followed a public consultation in September 2012 which found that 74% of respondents supported the move to lower limits, with 87% of those supporting a move to 0.5g/l. The Scottish government is calling for the UK government to reduce the drink-drive limit in England and Wales and also plans to give more powers to the police to carry out breath testing anytime, anywhere. It has been calculated that reducing the limit in England and Wales would avoid about 25 deaths and 95 serious injuries every year. Figures published by Police Scotland show the number of drink driving offences in Scotland has fallen by 12.5% in nine months, from December 2014 to August 2015, compared to the same period the previous year. This is a fall in the number of offences from 4,208 to 3,682.

A poll carried out by the Scottish Government and Road Safety Scotland found that only 5% of those polled said they would drive after consuming alcohol and 82% of people agreed that drinking any alcohol before driving is unacceptable (while 12% disagree). This, together with the fact that the number of persons caught drink-driving by the police actually fell when the reduced limit was brought into effect suggests that the lower limit is helping to reinforce the message that the safest approach is not to consume any alcohol before driving.

For more information, see <http://etsc.eu/wp-content/uploads/Case-Study-ScotlandFinal.pdf>

IMPAIRED DRIVING CRASHES IN RURAL AREAS

The Traffic Injury Research Foundation in Canada recently published a report on impaired driving in rural areas based on the research of their Working Group on DWI System Improvements.

The report addresses several issues:

- How serious is the impaired driving problem in rural jurisdictions?
- What are the characteristics and features of rural jurisdictions that must be considered during the implementation of impaired driving strategies?
- What are examples of impaired driving strategies that have been developed for rural jurisdictions?
- What lessons have been learned from existing impaired driving strategies?
- What research is needed to inform future practice?

The report points out that the prevalence of impaired driving crashes and fatalities in rural jurisdictions, whether measured by proportion or sheer numbers, are much more numerous in rural jurisdictions, despite the fact that these areas account for a much smaller population base in the U.S. In fact, the fatality rate per 100 million vehicle miles traveled (VMT) was 2.6 times higher in rural areas (1.88) than in urban areas (0.73) in 2013 (NHTSA 2015).

A variety of risky driving behaviors appear to be more pronounced in rural areas as compared to urban centers. For example, an analysis of fatal crashes in rural jurisdictions revealed that drivers killed in rural areas are less likely to wear their seatbelts (51%) and more likely to speed (30%), in comparison to rural drivers in urban areas (46% and 28% respectively). With respect to alcohol-impaired driving, among the 10,076 fatalities in 2013, a larger proportion (54% or 5,473 fatalities) occurred in rural jurisdictions, as compared to urban jurisdictions, which accounted for 46% or 4,590 fatalities

Rural jurisdictions do not have access to the same level of resources, staffing or services that are typically available in urban centers. These limitations create serious barriers to the delivery of proven and effective impaired driving programs, strategies and policies.

To view the full report, go to

http://www.tirf.ca/publications/PDF_publications/WG%202012%20_Rural%20DWI-FINAL.pdf



NHTSA PUBLISHES NEW DIGEST OF IMPAIRED DRIVING AND BEVERAGE CONTROL

The U.S. National Highway Traffic Safety Administration (NHTSA) has published *The 2014 Digest of Impaired Driving and Selected Beverage Control Laws*. The Digest contains a selection of the most important laws pertaining to impaired driving for each U.S. State, compiled in a consistent format to make research simpler. Each State entry includes: Basis for a DWI Offense; Chemical Breath Tests for Alcohol Concentration; Adjudication of Driving While Intoxicated (DWI) Charges; Sanctions; Administrative Licensing Actions; Ignition Interlock; Sobriety Checkpoints; Other Criminal Actions Related to DWI; DWI Offenses and Commercial Motor Vehicles; Driving While License Suspended or Revoked Where the Basis Was a DWI Offense; Minimum Age Alcohol Laws; Dram Shop Laws and Related Actions; Open Container Laws; and others.

To access the Digest of Impaired Driving and Selected Beverage Control Laws 1983 to 2014, visit <http://www.nhtsa.gov/Driving+Safety/Impaired+Driving/Digest+of+State+Alcohol+Highway+Safety-Related+Legislation>

NEW REPORT SHOWS SUCCESS OF MICHIGAN'S DWI/SOBRIETY COURT IGNITION INTERLOCK PROGRAM

A new research report evaluating Michigan's program to prevent repeat drunk driving by chronic offenders through the use of ignition interlocks concludes that the devices, when used in conjunction with a Sobriety Court program, contribute to significantly better success rates among participants.

Offenders participating in the state's DWI/Sobriety Courts without the use of interlocks were found to have three times greater odds of failing out of Sobriety Court than those ordered by the court to use the devices.

An ignition interlock device connects with a motor vehicle's ignition and other control systems. The interlock device measures the driver's bodily alcohol content through their breath and keeps the vehicle from starting if the Blood Alcohol Content is 0.025 or higher. The device also will ask for random retests while the person is driving.

The report was commissioned by the Michigan Association of Treatment Court Professionals (MATCP) to evaluate the first five years of the DWI/Sobriety Court Ignition Interlock Program,

Statistics for the group of DWI/Sobriety Court participants using interlocks were compared to a similar group that did not use the devices. Among the report's findings:

- 97 percent of Sobriety Court participants ordered to install interlock devices on their vehicles complied with the court.
- Of the participants using an interlock, only 11.4 percent failed to graduate from the program—a rate nearly three times better than the number of participants not using an interlock who did not graduate.
- Alcohol and drug use among Sobriety Court participants using an interlock was substantially lower compared to the offenders not under interlock supervision.
- Sobriety Court participants using an interlock were more likely to improve their levels of education during their time in the program.
- Sobriety Court participants using an interlock spent less time in jail, had fewer warrants issued against them and had a higher number of overall sobriety days.

The Michigan Department of State (MDOS) administers the Breath Alcohol Ignition Interlock Detection (BAIID) Program and currently has more than 9,700 individuals who are required to use an interlock device under the vehicle code for High BAC convictions, ordered by an MDOS hearing officer or through the DWI/Sobriety Court. DWI/Sobriety Courts account for 3,700 of those devices.

For more information, go to <http://www.michigan.gov/sos/0,4670,7-127--382845--,00.html>



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