

REPORTER

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

MESSAGE FROM THE ICADTS PRESIDENT

This is an exciting and busy time for ICADTS as we approach T2016 in Gramado, Brazil. Our Brazilian hosts have planned a stimulating scientific program and an engaging social program for the conference. It will be the first time ICADTS has sited its major conference in a developing country, which adds a special significance to the event.

In the past few years, ICADTS has made a commitment to greater involvement in low and middle income countries. We want to broaden our membership to more countries and broaden our work to benefit countries that are trying to adopt some of the prevention strategies that have helped make such significant progress throughout wealthier countries. To reflect this commitment, in addition to selecting Brazil as the site of T2016, we have created an Expert Working Group on low and middle income countries. The ICADTS Foundation has also set aside funding for stipends to support participants from low and middle income countries who wish to attend ICADTS-sponsored conferences. Several researchers will receive these stipends to attend T2016. As you can see from the article below, ICADTS also provided stipends to several researchers from Eastern European countries to attend the IALM Symposium in Venice, Italy.

We welcome the influx of enthusiasm, energy, and creativity from these new participants and look forward to working with new partners to bring greater safety to roads around the globe.

Kathryn Stewart ICADTS President



T2016 APPROACHES: OCTOBER 16-19

In just a few short weeks, ICADTS will convene its 21st major international conference, T2016, in Gramado, Brazil. This conference will bring together distinguished researchers from around the world and will provide opportunities to meet new colleagues in South and Latin America. For the first time, the conference will include two pre-conference full day seminars designed to provide participants who may be new to the field with background information. The first, chaired by James Fell from ICADTS and Lisia Von Diemen from Brazil's Center for Drug and Alcohol Studies, is entitled "Impaired Driving: Research, Prevention and Policy" and the second, organized by GRSP and chaired by Barry Watson, will be on "Impaired Driving Enforcement: Priorities for Managing Drink and Drug Driving".

The morning plenary sessions for the main conference will be devoted to three important themes: marijuana and driving – a NIDA-sponsored panel; selecting appropriate funding strategies in low and middle income countries; and the important role of non-governmental agencies and citizen activism. The concurrent sessions will feature presentations of more than 120 papers and posters on a wide variety of current research and practice. So far, there have been registrants from 34 different countries. Other symposia will cover the usual themes of ICADTS' working groups, together with topics that are designed to highlight areas of special interest for Brazil and the surrounding Latin American countries: traffic safety in Latin America (a PAHO-sponsored session), mechanisms of on-site drug testing

ISSUE HIGHLIGHTS

Message from the ICADTS President: p.1

T2016 Approaches: p. 1

ICADTS Sponsored sessions at IALM in Venice: p. 2

Cannabis and tolerance: p.2

U.S. Supreme Court rules on test refusal: p. 3

Self reports on alcohol and marijuana use and driving: p. 3

OECD Annual Report on Road Safety: p. 4

Motor vehicle crash fatalities in U.S. Could drop by half with proven strategies: p. 4

Alcohol involvement in bicycle fatalities: p. 4

The merits of adopting a .05 administrative BAC limit for driving: p. 5

PAHO meeting on alcohol, drugs and driving: p. 5

Toolkit on media advocacy: p. 5

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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.

Upcoming Events

Brussels, Belgium September 13–15, 2016 International Ignition Interlock Symposium http://www.interlocksymposium.com

Waikoloa, Hawaii, USA 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

Washington, DC, USA January 8-12, 2017 Transportation Research Board Annual Meeting http://www.trb.org/AnnualMeeting/Ann ualMeeting.aspx

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The Reporter is published quarterly by ICADTS. This publication is available free upon request. Contents may be reproduced with attribution. and policy and legal issues. Community activities are also designed for the city of Gramado to engage in safe driving practices, with a special emphasis on prevention among adolescents and young drivers.

Brazil has been much in the news lately – and unfortunately not always in a positive light. Conference attendees should be assured that the region in which the conference takes place and, in particular, the city of Gramado, is not affected by the mosquito-borne diseases that have attracted so much attention. Gramado is a small, very safe town that receives an average of 6 million visitors a year, and is totally devoted to providing visitors with a charming and secure environment.

The post-conference tour is already scheduled, and will highlight the typical culinary traditions of southern Brazil, followed by a visit to the lovely waterfall park that is the postcard of the Serras region. Attendees who wish to schedule pre- and post-event tours to the famous canyons that are 120 km from Gramado, the vineyards of Bento Gonçalves (a 65km drive), as well as other famous touristic destinations such as Iguazu Falls should contact TRIBECA, the host organizing company of T2016 through the website.

ICADTS SPONSORED SESSIONS AT IALM IN VENICE, ITALY

ICADTS sponsored two sessions at the International Symposium of the Inter-societal Symposium of the International Academy of Legal Medicine (IALM) in Venice, Italy. The first session was entitled "Medicines and Driving: Consequences of New Practice Guidelines for Legal Medicine" and was organized by Han de Gier. The second discussed various aspects of "Psychoactive Substance Use in Traffic," and was organized by Sjoerd Houwing and Kim Kuypers. The two sessions included presentations from nine different countries, including several Eastern European countries. The ICADTS Foundation provided stipends for young researchers as well as researchers from low and middle income countries. The event provided an excellent opportunity for ICADTS members and potential members to meet and exchange information on important research topics.

CANNABIS AND TOLERANCE: ACUTE DRUG IMPAIRMENT AS A FUNCTION OF CANNABIS USE HISTORY

A recent study carried out by ICADTS member Jan Ramaekers and colleagues at Maastricht University focused on the development of tolerance to the neurocognitive effects of cannabis. Cannabis use history as a predictor of neurocognitive response to cannabis intoxication has been subject to scientific and policy debates. The study assessed the influence of cannabis on neurocognition in cannabis users whose cannabis use history ranged from infrequent to daily use. Drug users (N = 122) received acute doses of cannabis (300 μ g/kg THC), cocaine HCl (300 mg) and placebo. Cocaine served as active control for demonstrating neurocognitive test sensitivity. Executive function, impulse control, attention, psychomotor function and subjective intoxication were significantly worse after cannabis administration relative to placebo. Cocaine improved psychomotor function and attention, impaired impulse control and increased feelings of intoxication. Acute effects of cannabis and cocaine on neurocognitive performance were similar across cannabis users irrespective of their cannabis use history. Absence of tolerance implies that frequent cannabis use and intoxication can be expected to interfere with neurocognitive performance in many daily environments such as school, work or traffic.

For more information: www.nature.com/articles/srep26843



State Law: BAC Test Refusal

- Administrative penalties
- Administrative and criminal penalties
- None





Driving Under the Influence of Alcohol and Marijuana Beliefs and Behaviors, United States, 2013-2015

May 2016 607 14th Street, NW, Suite 201 | Washington, DC 20005 | AAAFoundation.org | 202-638-5944

U.S. SUPREME COURT RULES ON TEST REFUSAL

In June, the Supreme Court of the United States ruled that even in the absence of a warrant, a state may make it a crime for a driver to refuse a chemical test to detect the presence of alcohol in the person's blood. Warrants are not required for breath tests in DUI cases but are required for blood draws. Criminal penalties can still be applied for refusing to submit to a breath test, but only administrative penalties can be applied for refusing to submit to a blood draw.

The court held that under the Fourth Amendment of the U.S. Constitution (which protects individuals from unreasonable search and seizure), warrantless breath tests incident to arrest are permitted; warrantless blood draws are not. In making this determination, the justices took into consideration the invasiveness of both forms of chemical testing. They ruled that "breath tests are significantly less intrusive than blood tests and in most cases amply serve law enforcement interests." As a result, a breath test may be administered as a search incident to a lawful arrest for impaired driving, thereby creating an exception to the warrant requirement and denying the right to refuse. Blood testing, on the other hand, involves the piercing of the skin which is a greater intrusion of individual privacy.

Currently, <u>15 states have criminal test refusal penalties</u> in some form. These laws apply to both breath and blood and therefore, minor revisions to statutes may be required in these jurisdictions. This decision will also require states to examine their impaired driving enforcement practices. States should look to implement electronic warrant systems which will allow for the expeditious obtainment of warrants in cases where a blood draw is necessary. <u>No Refusal</u> is another enforcement strategy which enables police officers to quickly obtain a search warrant from an on-site/on-call judge or magistrate for blood samples of drunk driving suspects when probable cause has been established and a suspect refuses BAC testing. If the judge grants the warrant, qualified on-site personnel may draw a blood sample.

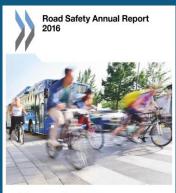
The ruling creates challenges for drugged driving enforcement and prosecution. At present, there is no breath test available to test for the presence of drugs – states rely on either blood or urine testing. Under the decision, in every drugged driving case, a warrant will be required to obtain a blood sample and if the suspect refuses, then they will not be subject to criminal penalties. Drugged drivers, therefore, will have an incentive to refuse chemical tests. Oral fluid pilot testing is ongoing in several jurisdictions and could provide an alternative form of testing that, similar to breath testing, is minimally invasive.

AAA FOUNDATION: SELF REPORTS ON ALCOHOL AND MARIJUANA USE AND DRIVING

A recently published study was carried out by the Automobile Association of America's Foundation for Traffic Safety (AAAFTS). The purpose of this study was to provide estimates of the prevalence of self-reported use and driving under the influence of alcohol and marijuana, and related perceptions and beliefs among drivers 18 and older in the United States, and to present an analysis of changes in these behaviors between 2013 and 2015. The data analyzed were collected via nationally-representative surveys administered during this period.

From 2013-2015, an estimated 14.0 percent of drivers drove with a BAC close to or over the legal limit in the past year, and 4.6 percent drove within an hour of using marijuana. Drivers are divided with regard to their perceptions of the effect of using marijuana an hour prior to driving on one's risk of causing a crash: 58.3 percent believe this risk is increased, 6.2 percent believe it is not affected, 3.6 percent believe it is decreased, and 31.8 percent indicated that they do not know how using marijuana an hour before driving affects crash risk. Drivers who reported using marijuana, and those who reported driving within an hour of use in the past year were less likely to believe that using marijuana increases crash risk, and more likely to believe that such use does not affect or decreases crash risk. Awareness of *per se* DUI laws for marijuana was low: in states that did have a *per se* law, only 48.5 percent were aware of it; in states without a *per se* law, 44.7 percent indicated incorrectly that their state had such a law. Irrespective of whether their state actually had a *per se* law for marijuana, more than half of all drivers reported that they did not know whether or not their state had such a law.

The full report can be seen at: https://www.aaafoundation.org/sites/default/files/TSCIDUIBeliefsAndBehaviors.pdf



OECD
Transport Form



OECD PUBLISHES ANNUAL REPORT ON ROAD SAFETY

The International Transport Forum of the Organization for Economic Co-operation and Development (OECD) has released The *IRTAD Road Safety Annual Report 2016*. This report provides an overview for road safety performance for 2014 in 40 countries, with preliminary data for 2015, and detailed reports for each country. It includes tables with cross country comparisons on key safety indicators.

The report outlines the most recent safety data in countries included in the International Traffic Safety Data and Analysis Group, including detailed analysis by road user, age group and type of road. It describes the crash data collection process in IRTAD countries, the road safety strategies and targets in place and information on recent trends in speeding, drink-driving and other aspects of road user behaviour. To see the full report, go to <u>http://www.oecd-</u> ilibrary.org/content/book/irtad-2016-en

MOTOR VEHICLE CRASH FATALITIES IN U.S. COULD DROP BY HALF WITH PROVEN STRATEGIES

Approximately 90 people are killed each day in motor vehicle crashes in the United States, resulting in the highest death rate among 19 high-income countries in comparison. The U.S. made substantial progress in road safety, reducing crash deaths by 31 percent from 2000 to 2013. However, other high-income countries reduced crash deaths even further—by an average of 56 percent during the same period, according to the latest Vital Signs report by the U.S. Centers for Disease Control and Prevention (CDC). Lower death rates in the 19 high-income countries, as well as the high prevalence of risk factors in the U.S., suggest that the U.S. can make greater progress in saving lives. Compared with other high-income countries, the US had the most motor vehicle crash deaths per 100,000 population and per 10,000 registered vehicles; the second highest percentage of deaths involving alcohol (31 percent); and the third lowest front seat belt use (87 percent).

If the U.S. had the same motor vehicle crash death rate as Belgium—the country that had the second highest death rate after the U.S.—about 12,000 fewer lives would have been lost and an estimated \$140 million in direct medical costs would have been averted in 2013. If the U.S. had the same death rate as Sweden—the country with the lowest crash death rate—about 24,000 fewer lives would have been lost and an estimated \$281 million in direct medical costs would have been averted in 2013.

For the full article, go to http://www.cdc.gov/media/releases/2016/p0706-crash-deaths.html

ALCOHOL INVOLVEMENT IN BICYCLE FATALITIES

The U.S. National Highway Traffic Safety Administration released a report on fatal crashes involving bicycles. Alcohol involvement (BAC of .01+ g/Dl) – either for the motor vehicle driver and/or the bicyclist – was reported in 35 percent of the traffic crashes that resulted in bicycle fatalities in 2014. In 30 percent of the crashes, either the driver or the bicyclist (or both) was reported to have a BAC of .08 g/Dl or higher. Lower alcohol levels (BACs of .01 to .07 g/Dl) were reported for the driver and/or the bicyclist in 7 percent of the crashes.

About one-fourth (24%) of the bicyclists killed in 2014 had BACs of .01 g/Dl or higher, and more than one-fifth (21%) had BACs of .08 g/Dl or higher. These percentages are markedly lower than 10 years ago when 33 percent of bicyclists killed had BACs of .01 g/Dl or higher and 28 percent had BACs of .08 g/Dl or higher. In 2005, the age group with the highest alcohol involvement – at both .01+ g/Dl and .08+ g/Dl – was the 45-to-54 age group whereas in 2014, the highest alcohol involvement was the 35-to-44 age group.

To see the full report, go to https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812282



ICADTS member and current Secretary, James Fell, published an editorial in the *American Journal of Public Health* advocating for states in the U.S. to consider adopting administrative penalties for drivers found with BAC levels between .05 and .07 g/dL. Most other countries around the world have BAC limits of .05 or lower. In Canada, most provinces have enacted administrative rather than criminal laws that penalize drivers with BACs ranging from .05 to .08 g/dL with a short-term loss of the offender's drivers' license, a fine, and possibly vehicle impoundment. Studies in Canada show significant declines of alcohol-related crashes associated with the adoption of the .05 administrative law. It should be easier to convince U.S. state legislatures to adopt administrative sanctions for drivers with BACs of .05 to .08 where the sanctions are not as severe and the law serves to get a dangerous driver off the road. Once implemented in some states, it should be possible to evaluate the effectiveness of these administrative laws in reducing impaired driving crashes in the United States, following the lead of the Canadian studies.

One study of the British Columbia law found significant decreases in fatal crashes (21%), in hospital admissions (8.0%), and ambulance calls for road trauma (7.2%) associated with the implementation of the .05 BAC administrative law. Currently, there is significant legislative action in the States concerning distracted driving. Perhaps a .05 BAC administrative amendment could be attached to these bills.

There is little doubt that a .05 BAC limit would generate sufficient controversy to capture and reinvigorate public attention. The implementation of .08 BAC limits in the 1980s and 1990s in the United States resulted not only in a reduction in the percentage of fatally injured drivers with BACs at that level but also at BACs \geq .20. Lower BAC laws are also associated with reductions in alcohol consumption in some states that adopt them. Administrative license suspension gives police an option for dealing with drivers at BACs below the current .08 BAC criminal limit. It is recommended that States consider legislation providing for administrative .05 BAC programs similar to the programs in Canada. These administrative BAC laws may be more palatable to state legislatures. Once implemented in a couple of states, it will be possible to evaluate the effectiveness of IRP in reducing impaired driving crashes.

PAHO MEETING ON ALCOHOL, DRUGS AND DRIVING

An international meeting on alcohol, drugs and driving was held at the Pan American Health Organization (PAHO) headquarters in Washington, D.C., USA, 5-6 May 2016. The objectives of the meeting were to review research gaps on alcohol, drugs and road injuries and recommendations from the World Health Organization (WHO) meeting, review past and potential studies in Latin America, and discuss the challenges faced in carrying out these studies and the feasibility of using a common protocol for future studies. Participants included experts on impaired driving, alcohol and other drug researchers, traffic safety researchers, government agency staff, as well as staff from PAHO and WHO headquarters in Geneva.

Global data show that drug-driving is increasingly becoming a public health and safety concern and the WHO has taken a more active role in addressing the issue and filling in research gaps. However, there is still a lot of unknown information on the extent of drug-driving. In the Americas, there is a lack of sufficient drug and alcohol involved driving data. Both better enforcement and stronger surveillance systems to capture data are needed in the region. Representatives from the various countries in the Americas provided overviews of impaired driving data and laws in their respective countries. Based on the information provided during the meeting, participants developed a list of agreed upon concepts and items to be addressed moving forward.

TOOLKIT ON MEDIA ADVOCACY

The Global Road Safety Partnership has launched a new Media Advocacy Toolkit to support organizations to conduct innovative media campaigns with a specific focus on road safety. The new tools can be found on the GRSP Advocacy Resource Centre (<u>http://advocacy.grsproadsafety.org/advocacy-toolkit/</u>) They include a comprehensive overview document titled 'Elements of a Media Advocacy Campaign', as well as a range of specific tools with tips, guidance and templates on topics such as developing a media advocacy action plan, selecting target audiences and messengers, developing key messages and specific tips on executing media advocacy tactics such as press conferences, radio and TV talk shows, opinion editorials and digital media advocacy.



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