



# REPORTER

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

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[WWW.ICADTS.ORG](http://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.



## SELF-REPORTS OF DRUNK DRIVING DECLINING IN THE UNITED STATES

Drunken-driving incidents have fallen 30% in the last 5 years, and last year were at their lowest mark in nearly two decades, according to a report from the U.S. Centers for Disease Control and Prevention (CDC).

The decline may be due to the economic downturn. Other research suggests people are still drinking as heavily as in the past, so some drinkers may be finding cheaper ways of imbibing than going to bars, nightclubs, and restaurants.

The CDC statistics are based on a 2010 national telephone survey of about 210,000 U.S. adults. The respondents were kept anonymous. Nearly 1 in 50 said they had driven drunk at least once in the previous month. That equates to about 4 million Americans driving drunk last year. About 60 percent said they drove drunk just once, but some said they did it daily.

That led to a CDC estimate of more than 112 million episodes of drunk driving in 2010—the lowest estimate since the survey question was first asked in 1993, and down significantly from the 161 million incidents in the peak year of 2006.

Young men aged 21 to 34 were the biggest problem, accounting for just 11% of the U.S. population but 32% of the drunk-driving incidents. Most drunk-driving incidents involve people who had at least four or five drinks in a short amount of time. Other health research suggests, however, that binge drinking has not been declining.

The U.S. National Highway Traffic Safety Administration has also noted signs of an apparent recent decline in drunk driving. According to that agency’s latest data, the number of people killed in U.S. crashes involving alcohol-impaired drivers dropped from 11,711 in 2008 to 10,839 in 2009 (a 7.4% decrease). However, fatalities not involving an alcohol-impaired driver declined by a greater percentage (10.7%), decreasing from 25,712 in 2008 to 22,969 in 2009.

For more information, go to <http://www.cdc.gov/vitalsigns>. ■



*Cecilienhof in Potsdam*

## PICKUP DRIVERS IN THE UNITED STATES MOST LIKELY TO BE ALCOHOL IMPAIRED

A recent report from the U.S. National Highway Traffic Safety Administration found pickup truck drivers were most likely to be alcohol impaired compared to other passenger vehicle drivers. A driver is considered to be alcohol impaired when the driver's blood alcohol concentration is .08 grams per deciliter or higher. From 2000 to 2009, the percentage of alcohol-impaired passenger vehicle drivers involved in fatal crashes remained virtually unchanged among each of the vehicle types. Pickup truck drivers continue to have the highest percentage of alcohol impairment compared to other passenger vehicle drivers. The percentage of alcohol-impaired van drivers involved in fatal crashes is substantially lower than that of other passenger vehicle drivers. For more information, see <http://www-nrd.nhtsa.dot.gov/Pubs/811393.pdf>. ■

## LETTER FROM THE ICADTS PRESIDENT WOLF NICKEL

Dear ICADTS Members:

ICADTS sponsored a satellite symposium in Potsdam, Germany, on September 2011 in conjunction with the ICADTS Executive Board meeting and the 7th joint symposium of the DGVP/DGVM (German traffic psychology and traffic medicine societies) in Potsdam, Germany.

ICADTS has organized several of these small satellite symposia over the years. They provide an excellent opportunity to meet with one another and with researchers in the host countries to discuss ongoing work. We hope that other such informal meetings will take place in the future as a way of maintaining contact and staying current in the years between our major conferences.

At the Potsdam meeting, Mary Sheehan from Australia, President-elect of ICADTS, presented "The Impact of Completing a Drink Driving Rehabilitation Program on Future Drinking: The Clients' Perspective." Paul Marques from the USA, Board member-at-large, spoke about "Monitoring Driver Alcohol Use with Interlock, Biomarker, and Transdermal Technologies." Caroline Stewin from Germany, member of the German Society for Traffic Psychology, presented the planning of "The Saxony Interlock Project – A Five-Year Experimental Study." Han de Gier from the Netherlands, one of ICADTS' past presidents, spoke about "Road Traffic Accidents and Psychotropic Medication Use in the Netherlands: A Case-Control Study." John Lacey from the USA, Board member-at-large, presented "The Effects of Medical Marijuana Laws on THC Prevalence in Drivers." Richard Compton from the United States, ICADTS Board member and Assistant treasurer, presented "The Obama Administration National Drug Control Strategy: A New American Initiative to Reduce Drug-Impaired Driving." Joris Verster from the Netherlands, ICADTS Board member and Assistant secretary, explained "The Usefulness of Symmetry Analysis in Interpreting Driving Test Results." Ralph Hingson from the USA, Board member and immediate past president of ICADTS, presented on "Alcohol and Drug Use in Fatally Injured Drivers in U.S. States that Test over 80% of Deceased Drivers for Both Alcohol And Drugs." Don DeVol from Germany, member of the German Society for Traffic Psychology, gave insight into "The Development of Traffic Safety in Germany from 2000 – 2010."

A more detailed report on the symposium was recently published in Zeitschrift für Verkehrssicherheit, 4, 2011 (Journal of Traffic Safety).

Regards to all,

Wolf Nickel, ICADTS President ■



*ICADTS Executive Board Members and friends at the Potsdam Symposium*



*ICADTS Members John Lacey (left) and Paul Marques (right)*

## HALF OF AMERICANS FAVOR LEGALIZING MARIJUANA USE



PRINCETON, NJ. Fifty percent, up from 46% last year, of Americans now say the use of marijuana should be made legal. Forty-six percent say marijuana use should remain illegal according to a recent Gallup Poll. When Gallup first asked about legalizing marijuana, in 1969, 12% of Americans favored it, and 84% were opposed. Support remained in the mid-20s in Gallup measures from the late 1970s to the mid-1990s, but has crept up, exceeding 30% in 2000 and 40% in 2009 before reaching the 50% level in this year's October 6-9 annual crime survey.

According to the National Institute on Drug Abuse, "Marijuana is the most commonly abused illicit drug in the United States." The National Survey on Drug Use and Health in 2009 found that "16.7 million Americans aged 12 or older used marijuana at least once in the month prior to being surveyed, an increase over the rates reported in all years between 2002 and 2008."

The National Organization for the Reform of Marijuana Laws, an advocacy group, claims that marijuana is the third-most-popular recreational drug in America, behind only alcohol and tobacco. Some states have decriminalized marijuana use, and some states have made it legal for medicinal use. Further, some officials, including former U.S. Surgeon General Joycelyn Elders, have called for legalizing its use.

A Gallup survey last year found that [70% favored making it legal for doctors to prescribe marijuana for pain and suffering](#). Americans have consistently been more likely to favor the use of marijuana for medicinal purposes than to favor its legalization generally.

Support for legalizing marijuana has been increasing over the past several years, rising to 50% today—the highest percentage on record. If this current trend on legalizing marijuana continues, pressure may build to bring the nation's laws into compliance with the people's wishes.

For more details on Gallup's polling methodology, visit <http://www.gallup.com/>. ■



## IIHS IDENTIFIES "LOW-HANGING FRUIT" IN TRAFFIC SAFETY

The Insurance Institute for Highway Safety (IIHS) identified a group of "tried and true" countermeasures that, if they were more widely propagated across the United States, would yield an immediate reduction in motor-vehicle crash fatalities. Among these countermeasures was an increased use in sobriety checkpoints. The proportion of fatally injured drivers with blood alcohol concentrations (BACs) of .08 or higher has remained about a third since 1994, after declining from nearly half during 1982. IIHS estimates that 7,440 deaths would have been prevented in 2009 if all drivers had BACs lower than .08. Sobriety checkpoints help to deter alcohol-impaired driving and catch violators. The U.S. Centers for Disease Control and Prevention estimates that crashes thought to involve alcohol drop by about 20% when well-publicized checkpoints are conducted. Police officers set up checkpoints at predetermined locations and stop all drivers, or a predetermined proportion of them, based on rules that prevent police from arbitrarily selecting motorists to stop. Officers then look for drivers who appear intoxicated or impaired and screen them. Thirty-eight states and the District of Columbia conduct sobriety checkpoints, the Governors Highway Safety Association says. States vary in terms of the number and frequency of checkpoints. The U.S. National Highway Traffic Safety Administration strongly supports regular use of checkpoints. The two keys to success are publicity and frequency. If checkpoints are held often, over long enough periods, and are well publicized, motorists assume police are cracking down on impaired drivers, even if other enforcement has not increased. This helps to dissuade people from driving after drinking.

(Source: IIHS *Status Report*, Vol. 46, No. 7, August 2011) ■



## TRB COMPARES TRAFFIC SAFETY IN HIGH-INCOME COUNTRIES

A recent report from the U.S. Transportation Research Board of the National Academies of Science asserts that the United States has much to learn about traffic safety from other countries. Crash deaths have fallen to their lowest levels on record, but other high-income countries now have lower fatality rates per vehicle mile traveled than does the United States. Moreover, deaths in most other high-income countries are dropping much faster than in the United States. Better enforcement of speed limits and alcohol-impaired driving laws are among the reasons countries such as Australia, France, the United Kingdom, and Sweden have been so successful in reducing highway fatalities, the authors write. Roadway design measures, such as roundabouts, also have helped. More broadly, the report credits good management of safety programs and political support for their goals. “The lack of progress in reducing the highway casualty toll might suggest that Americans have resigned themselves to this burden of deaths and injuries as the inevitable consequence of the mobility provided by the road system,” the authors note. “In other countries, public officials responsible for the roads have declared that this human and economic cost is neither inevitable nor acceptable and have undertaken rigorous and innovative interventions to reduce crashes and casualties.”

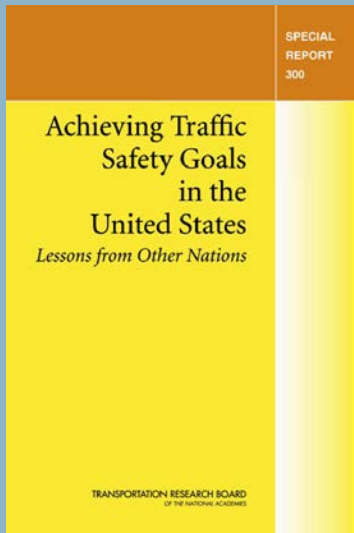
The report notes some differences between the United States and other countries that make comparisons difficult. For example, Europe is more urbanized than the United States, and fatal crashes are more common on rural roads. Another difference is the large number of agencies—federal, state, and local—involved in road safety in the United States. Other countries have just one central road safety agency. For instance, France has thousands of speed cameras, and they are all part of a single national network. When it comes to alcohol-impaired driving, frequent roadside sobriety testing is the norm in many other countries. A lower illegal blood alcohol concentration threshold also may play a role: The threshold in Australia, Canada, Japan, and most European Union member nations is .05 or lower, compared with .08 in the United States. Other countries are more aggressive on the problem of speed. *Achieving Traffic Safety Goals in the United States: Lessons from Other Nations* is available online at <http://onlinepubs.trb.org/onlinepubs/sr/sr300.pdf>. ■

## TIRF PUBLISHES BRIEF GUIDE TO SOBRIETY CHECKPOINTS

The Traffic Injury Research Foundation (TIRF) has published a brochure about the importance of sobriety checkpoints and their utilization. The guide emphasizes the effectiveness of sobriety checkpoints as a law enforcement strategy that generally deters impaired driving among all drivers. Checkpoints, implemented in 38 U.S. states, have been found to be most effective when highly publicized, highly visible, and frequently used. Checkpoints can yield considerable savings but effective implementation of checkpoints requires adequate staffing and resources, along with public support. The brochure provides step-by-step guidance regarding how enforcement agencies can put this strategy to use. The brochure discusses various studies of the effects of sobriety checkpoints and states that benefit-to-cost ratio analysis has revealed that sobriety checkpoints can yield anywhere from \$6 to \$23 for every \$1 invested. For more information, go to [www.tirf.ca](http://www.tirf.ca). ■

## GRADUATED DRIVER LICENSING EFFECTIVENESS

Researchers from the Pacific Institute for Research and Evaluation (PIRE) ([www.pire.org](http://www.pire.org)) have released the findings from a national study they performed on the effectiveness of graduated driver licensing (GDL) systems for young drivers. GDL laws now exist in all 50 states and the District of Columbia. These laws generally require three-staged licensing for novice drivers: (a) a learner’s permit for some period where the novice must practice driving with a licensed driver aged 21 years or older; (b) an intermediate or provisional stage where the novice can drive solo, but only under certain conditions (such as provisions in some states restricting late-night driving and the number of teen passengers allowed in the car); and finally (c) a full license with no restrictions (in several states at the minimum age of 18). The young driver must meet certain requirements to “graduate” to each stage. These GDL systems reduce the exposure of young novice drivers to risky situations (such as late-night driving and driving with several distracting teens in the vehicle). Individual studies of GDL systems in the states have indicated that GDL helps reduce the crash rates of young drivers. Few national studies, however, have been conducted.



## UPCOMING EVENTS

### Washington, DC, USA

January 22–26, 2012

91st Annual Meeting of the U.S.  
Transportation Research Board

For more information, visit  
[www.trb.org/trb/meeting](http://www.trb.org/trb/meeting)

### Washington, DC, USA

May 29–June 1, 2012

20th Annual Meeting of the Society  
for Prevention Research

For more information, go to  
[www.PreventionResearch.org](http://www.PreventionResearch.org)

### Banff, Alberta, Canada

June 10–13, 2012

Canadian Multidisciplinary Road  
Safety Conference

For more information, visit  
<http://www.carsp.ca>

### San Francisco, California, USA

June 23–27, 2012

35th Annual Scientific Meeting of  
the Research Society on  
Alcoholism

### Wellington, New Zealand

October 1–4, 2012

11th World Conference on Injury  
Prevention and Safety Promotion

For more information, visit  
<http://www.conference.co.nz/worldsafety2012>

## GRADUATED DRIVER LICENSING EFFECTIVENESS (CONT.)

PIRE researchers found that the adoption of a GDL law of average strength was associated with a significant decrease in fatal crash involvements of 16- and 17-year-old drivers relative to fatal crash involvements of older drivers. GDL laws rated as “good” by the Insurance Institute for Highway Safety ([www.iihs.org](http://www.iihs.org)) showed stronger relationships to fatal crash reductions, and laws rated as “less than good” showed no reductions in crash involvements relative to the older driver comparison groups. States that adopt a basic GDL law can expect a decrease of 8% to 14% in the proportion of 16- and 17-year-old drivers involved in fatal crashes (relative to 21- to 25-year-old drivers), depending upon their other existing laws that affect novice drivers.

The nighttime and passenger restrictions of the GDL laws were evaluated separately. Nighttime restrictions were found to reduce 16- and 17-year-old driver involvements in nighttime fatal crashes by an estimated 10% and 16- and 17-year-old drinking drivers in nighttime fatal crashes by 13%. Passenger restrictions were found to reduce 16- and 17-year-old driver involvements in fatal crashes with teen passengers by an estimated 9%. These results confirm the effectiveness of these provisions in GDL systems.

A recent national survey from Allstate Insurance has revealed that Americans also support GDL provisions: 70% favored nighttime driving restrictions, and 65% were in favor of teen passenger limitations for novice drivers. Currently, the Safe Teen and Novice Driver Uniform Protection (STANDUP) Act is pending in Congress, which calls for uniform standards in state GDL laws that restrict nighttime driving, limit teen passengers, prohibit the use of cell phones while driving, and issues licenses to novice drivers via a gradual, three-staged process.

A third study found differential effects of GDL laws, however, depending upon the young driver’s race and ethnicity. The PIRE analysis of states with GDL laws enacted between 2000 and 2007 showed no change for young (16- and 17-year-old) Hispanic drivers in fatal crashes before and after a GDL law was adopted. Overall, GDL reductions were largest for young White drivers, followed by African Americans and then Asians, with no significant reductions for young Hispanics. GDL laws also had no apparent effect on speed-related fatal crashes for any of these novice drivers.

These findings from the PIRE researchers were recently published in three articles: one appearing in the *Journal of Safety Research*, one in *Traffic Injury Prevention*, and the third in the *Annals of Advances in Automotive Medicine*. The studies were funded under a grant from the National Institute of Child Health and Human Development, National Institutes of Health, Department of Health and Human Services

The studies were funded under a grant from the National Institute of Child Health and Human Development, National Institutes of Health, Department of Health and Human Services (NICHD 1R21HD056344).

#### Sources:

“An Evaluation of Graduated Driver Licensing Effects on Fatal Crash Involvements of Young Drivers in the United States” by James C. Fell, Kristina Jones, Eduardo Romano and Robert Voas, *Traffic Injury Prevention*, Volume 12, Issue 5, October 2011, 423-431.

“A National Evaluation of the Nighttime and Passenger Restriction Components of Graduated Driver Licensing” by James C. Fell, Michael Todd and Robert B. Voas, *Journal of Safety Research* (42), October 2011, 283-290.

“The Role of Race and Ethnicity on the Effect of Graduated Driver Licensing Laws in the United States” by Eduardo Romano, James Fell and Robert Voas, *Annals of Advances in Automotive Medicine* (55), October 2011, 51-61.

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*Proceedings from 2010  
Ignition Interlock  
Symposium now available  
at:*

[http://www.interlocksymposium.com/site/ywd\\_acs\\_corporation/assets/pdf/11th Annual Interlock Symposium 5.pdf](http://www.interlocksymposium.com/site/ywd_acs_corporation/assets/pdf/11th%20Annual%20Interlock%20Symposium%205.pdf)

## IGNITION INTERLOCK SYMPOSIUM TAKES PLACE IN PALM SPRINGS, CALIFORNIA

The 12th International Alcohol Interlock Symposium was the largest yet and involved more than 175 attendees representing 18 countries. The theme of this year's symposium was "Integrating Systems: Creating a Continuum of Care." The theme clearly reflected the strong trend that exists among jurisdictions who are increasingly seeking to incorporate elements of licensing, criminal justice, and treatment systems into existing interlock programs. The goal is to better manage offender risk and resource allocations to maximize opportunities to reduce impaired driving.

The agenda featured a broad range of speakers who shared their perspectives on new interlock research and new impaired driver research, as well as the use of treatment strategies and court involvement in managing higher-risk offenders. Presentations also came from jurisdictions that have made great strides in improving the delivery of interlock programs, strengthening data-collection strategies, and establishing reciprocal arrangements to track offenders as they travel. International representatives spoke about efforts to enhance laws, expand existing programs, and undertake the development of new interlock programs. The formation of a National Association of State Interlock Administrators, to be led by Toby Taylor of the Oklahoma Board of Tests, was announced.

Presentations from this event are now available online at <http://www.interlocksymposium.com/>.

Proceedings will be available in 2012. The 2012 Symposium is scheduled for August 2012 in Helsinki, Finland, hosted by Trafi (Finnish Transport Safety Agency). ■

## STUDY MEASURES ALCOHOL IMPAIRMENT ON DESCENDING LIMB OF BAC CURVE

Alcohol effects on behavioral and cognitive mechanisms influence impaired-driving performance and decisions to drive after drinking. To date, research has focused on the ascending limb of the blood alcohol curve, and there is little understanding of how acute tolerance to impairment of these mechanisms might influence driving behavior on the descending limb. A recent study provides an examination of the degree to which alcohol impairment of motor coordination and inhibitory control contributes to driving impairment and decisions to drive on the ascending and descending limbs of the blood alcohol curve. Social-drinking adults (N=20) performed a testing battery that measured simulated driving performance and willingness to drive, as well as mechanisms related to driving: motor coordination (grooved pegboard), inhibitory control (cued go/no-go task), and subjective intoxication. Performance was tested in response to a placebo and to a moderate dose of alcohol (0.65 g/kg) twice at comparable blood alcohol concentrations: once on the ascending limb and again on the descending limb. Impaired motor coordination and subjective intoxication showed acute tolerance, whereas driving performance and inhibitory control showed no recovery from impairment. Greater motor impairment was associated with poorer driving performance under alcohol, and poorer inhibitory control was associated with more willingness to drive. Findings suggest that acute tolerance to impairment of motor coordination is insufficient to promote recovery of driving performance and that the persistence of alcohol-induced disinhibition might contribute to risky decisions to drive on the descending limb. (Source: Weafer J, Fillmore MT. *Psychopharmacology* 2011). ■

## BARRY SWEEDLER AWARD PRESENTED AT INTERNATIONAL INTERLOCK SYMPOSIUM

The first Barry Sweedler award was presented at the International Interlock Symposium in Palm Springs, California, in September to Gerald Waters from New Zealand. Mr. Waters, a road safety advocate, lost a friend in 2010 to a repeat drunk driver. Afterwards, he wrote to New Zealand's Justice Minister asking for a review of the justice system's handling of drunk-driving offenders. Later that year, Mr. Waters appeared before a parliamentary select committee and spoke of the need to do more to address recidivist drunk drivers and the impaired-driving problem in New Zealand. Mr. Waters provided a voice for victims, both living and deceased, and was featured in the media for his participation in the committee hearings and his commentary on the trial of the repeat drunk driver who had killed his friend.

Although not an academic by trade, after learning more about alcohol and drug-impaired driving and consulting with recognized experts and professionals around the world, he wrote a paper in 2011, titled "The Case of Alcohol and Other Drug Treatment Courts in New Zealand," highlighting the connection between drugs and alcohol and a majority of the crime in New Zealand. He further emphasized the value of alcohol interlocks as part of the solution, and the need for collaboration between New Zealand political parties on initiatives to address the problem. He also advocated for greater public education on the issue and ways that the public can be part of the solution.

It is Mr. Waters' unwavering drive for knowledge on and understanding of the issue of impaired driving, promotion of evidence-based solutions, such as alcohol interlocks, and his pursuit of change in the justice system in dealing with these offenders that has earned him this year's Barry Sweedler Award. In a relatively short time, Mr. Waters has changed the way many people in New Zealand view the impaired-driving problem.

The Barry Sweedler award was created in honor of Barry Sweedler's influential career in road safety, which spanned more than three decades. Barry served as the President of ICADTS. Following his long and distinguished service at the U.S. National Transportation Safety Board, he became a founding partner of Safety and Policy Analysis International. Barry was also a strong supporter of solutions to prevent and reduce alcohol-impaired driving, including alcohol ignition interlocks. He was an active attendee at the Annual International Alcohol Interlock Symposia series, and supportive of new attendees, new ideas, and perspectives to advance the field. In honor of Barry's contributions to improve traffic safety, the Barry Sweedler Award is conferred upon one individual each year. Nominees of this award have shown leadership in the drunk-driving field through their work to support, promote, strengthen, expand, and/or advance the use and delivery of alcohol interlocks. They have also encouraged cooperation across agencies and built partnerships to raise awareness about the effectiveness of these devices and best practice program features. ■



Ward Vanlaar (TIRF), Kathy Stewart (Sweedler's Partner), Harry Anderson, WV (Nominee), Steve Luce, WA (Nominee), Gerald Waters, NZ (2011 Recipient), Susan McKinney, IL (Nominee), Erin Holmes (TIRF), Robyn Roberston (TIRF). Absent - Bob Maccarone, NY (Nominee) and Secretary of State Jesse White, IL (Nominee)



## ICADTS MEMBER NEWS

### KURT DUBOWSKI CELEBRATES 90<sup>TH</sup> BIRTHDAY

Kurt Dubowski, longtime member of ICADTS who received the Widmark Award at the Stockholm meeting in 1980, observed his 90th birthday in November. Dr. Dubowski joined the medical department of the University of Oklahoma in 1961; he is now the George Lynn Cross Distinguished Professor Emeritus of Medicine. From 1950, he served on the National Safety Council's Committee on Alcohol and Other Drugs. Dr. Dubowski, working with ICADTS founder Dr. Robert Borkenstein and other senior figures in alcohol safety research, played a key role in the early application of chemical testing to impaired-driving policy development in the United States. Among the many prestigious awards he has received is the Robert F. Borkenstein award of the National Safety Council in 1992. ■

### HERB SIMPSON HONORED WITH GHSA SAFETY TRAILBLAZER AWARD



*The late Dr. Herb Simpson; Posthumously Presented the GHSA Safety Trailblazer Award*

The most prestigious award of the Governors Highway Safety Association (GHSA), the James J. Howard Highway Safety Trailblazer Award, was presented posthumously to Dr. Herb Simpson, former ICADTS President and President and CEO of the Traffic Injury Research Foundation (TIRF) from 1975 to 2006. The award was for his outstanding contributions to the field of highway safety through his groundbreaking research. Dr. Simpson's work was instrumental in identifying hardcore drunk drivers as a significant contributor to highway fatalities and helped pioneer the concept of graduated driver licensing, among many other contributions.

The GHSA honored its 2011 highway safety award winners during its Annual Meeting in Cincinnati, Ohio, in September. GHSA represents the state and territorial highway safety offices across the country that implement programs to address behavioral highway safety issues.

The GHSA also presented one of its five Peter K. O'Rourke Special Achievement Awards for outstanding achievements in highway safety to the *No Refusal Program*, which uses police, prosecutors, judges, and medical professionals to obtain mandatory blood samples from suspected impaired drivers who refuse breath tests. The strategy was launched by Montgomery County. *No Refusal* helped reduce DWI fatality charges by 70% and DWI cases by 30%. The test refusal rate fell to 25% from the state average of 45%.

More details about the awards and winners are online at [www.ghsa.org/html/meetings/awards/11index.html](http://www.ghsa.org/html/meetings/awards/11index.html). ■



To view past issues of the REPORTER please visit: <http://www.icadts.nl/reporter/reporter.html>

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