



REPORTER

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

ISSUE HIGHLIGHTS

Message from the ICADTS President	P.1
U.S. Alcohol Traffic Fatalities Increase	P.2
Do Belgians Drink Too Much When Driving?	P.2
U.S. Surgeon General Issues Landmark Report on Alcohol, Drugs and Health	P.3
ICADTS Session at IMIA.....	P.3
Effects of Responsible Beverage Service and Enhanced Enforcement on Bar Patrons	P.4
In Memoriam: Bud Perrine.....	P.4
Administrative License Suspension: Does Length of Suspension Matter?	P.4
René Mathijssen accepts Widmark Award.....	P.5
Message from T2019 Organizers	P.5
NHTSA Crash Report on Alcohol and Drugs.....	P.6
TIRF Report on Cannabis and Traffic Safety	P.6
Introducing T2016 Latin American Stipend Winners	P.7

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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.

MESSAGE FROM THE ICADTS PRESIDENT

After all the activity associated with T2016, we certainly deserve to take a moment to congratulate the organizers (and ourselves) for an exciting and stimulating conference. And, of course, we all look forward to hearing more about T2019 in Edmonton, Alberta, Canada. But in the intervening time, we should make sure that we stay engaged in the important activities of ICADTS.

An important addition to the ICADTS calendar is the meeting in Slovenia on May 29-30. *Taking Action to Decrease Road Fatalities and Injuries*, is now accepting abstract submissions for presentations and workshops. Association Fortox, and its President, Dr. Majda Zorec Karlovšek, are hosting the meeting in the beautiful town of Bled.

This meeting serves in part as a follow-up to T2016 and will include highlights of the Gramado conference. In addition, it will contribute in the spirit of the publication by the Organisation for Economic Cooperation and Development (OECD), *Zero Road Deaths and Serious Injuries: Leading a Paradigm Shift to a Safe System*, which can be viewed at <http://dx.doi.org/10.1787/9789282108055-en>. In addition, there will be presentations based on the publication by the European Traffic Safety Commission (ETSC): "Alcohol interlocks and drink driving rehabilitation and the European Union: Best Practice and Guidelines for Member states". This will lead to an afternoon workshop on the topic, "How can we start interlock programmes in a country like Slovenia?"

As an outgrowth of the conference, we would like to encourage the stakeholders of many countries to go further and adopt the challenges and new ways of tackling drunk and drugged driving.

There will also be a delightful social programme offering optional tours of Bled and the beautiful and historic region nearby.

For more information and to register and submit an abstract, go to <http://www.fortox.si/fortox-2017/>

Kathryn Stewart
ICADTS President





U.S. ALCOHOL TRAFFIC FATALITIES INCREASE

From 2014 to 2015, U.S. fatalities in alcohol-impaired-driving crashes increased by 3.2 percent (9,943 to 10,265 fatalities). Alcohol impaired-driving fatalities in the past 10 years have declined by 24 percent from 13,491 in 2006 to 10,265 in 2015. The national rate of alcohol-impaired-driving fatalities in motor vehicle crashes in 2015 was 0.33 per 100 million vehicle miles traveled (VMT), which is the same as in 2014. The alcohol-impaired-driving fatality rate in the past 10 years has declined by 27 percent, from 0.45 in 2006 to 0.33 in 2015.

In fatal crashes in 2015, the highest percentage of drivers with BACs of .08 g/dL or higher was for 21- to 24-year-old drivers (28%), followed by 25- to 34-year-old drivers (27%). The 10-year trend of alcohol-impaired drivers involved increased for older drivers when compared to younger drivers. The percentages of drivers with BACs of .08 g/dL or higher involved in fatal crashes in 2015 were 21 percent among males and 14 percent among females. In 2015, there were 4 male alcohol-impaired drivers involved for every female alcohol-impaired driver involved (7,595 versus 1,761). The percentages of drivers involved in fatal crashes with BACs of .08 g/dL or higher in 2015 by vehicle type were 27 percent for motorcycles, 21 percent for passenger cars, and 20 percent for light trucks (22% for pickup trucks, 20% for SUVs, and 10% for vans). The percentage of drivers with BACs of .08 g/dL or higher in fatal crashes was the lowest for drivers of large trucks (2%).

Drivers with BACs of .08 g/dL or higher involved in fatal crashes were 4.5 times more likely to have prior convictions for driving while impaired (DWI) than were drivers with no alcohol (9% and 2%, respectively). These drivers were also more likely to not be wearing a seat belt at the time of the crash: 66 percent were unrestrained as compared to 53 percent of passenger vehicle drivers killed who had BACs of .01 to .07 g/dL, and 39 percent of passenger vehicle drivers killed who had no alcohol.

While a BAC of .08 g/dL is considered to be impaired in all States, the large majority of drivers in fatal crashes with any measurable alcohol had levels far higher.

To see the full report, go to <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812350>

DO BELGIANS DRINK TOO MUCH WHEN DRIVING?

Recent research by the Belgian Road Safety Institute (BRSI) presented at the Annual Meeting of the Transportation Research Board in Washington DC indicates that little progress has been made in reducing the number of drivers under the influence of alcohol on roads in Belgium. The BRSI has conducted a series of nationally representative measurements of car driving behavior on public roads since 2003. This survey includes measurements of the prevalence of driving under the influence of alcohol (DUI). The main outcome of these measurements is the percentage of DUI drivers in various contexts (time of the day, region, etc.). Information is also gathered on the driver and trip characteristics. Data were collected in the spring of 2015 in a random selection of drivers who are tested for alcohol. According to Belgian law, the drivers cannot refuse an alcohol check by the police.

The police units organized 596 checking sessions of at least one hour and checked over 12,000 drivers. The main result is that on average 2.7% of the checked car drivers had a blood alcohol level above the legal limit (0.22 mg of alcohol per liter of exhaled alveolar air or 0.5 g of alcohol per liter of blood). The prevalence of 2.7% is not significantly different from the prevalence observed in 2009 and 2012 (2.7% for both studies), and is even higher than the results obtained in 2007 (2.0%). A negative development is that the share of highly intoxicated drivers (more than 0.8 g of alcohol per liter of blood) among offenders has also increased (from 55% in 2007 to 69% in 2015). The percentage of drunk drivers is consistent with the conclusions of an attitude survey carried out by the BRSI every three years. The percentage of respondents to that survey who report that over the last month they have driven at least once under the influence of alcohol has remained stable for the period 2009-2015.

An interesting finding in the study is that DUI prevalence amongst motorists varies in relation to the number and gender of adult passengers. When all passengers are male, the percentage of drivers under the influence reaches nearly 15%. If the driver is alone or has only one passenger, this percentage is less than 4%. When all passengers are female, the percentage of drivers under the influence is near zero. The risk for DUI is 14 times lower if multiple female passengers are in the car than when the driver is traveling alone. Surprisingly maybe, the trends observed apply both to male and female drivers. Thus, the gender of the passengers has an impact on driving under the influence and not whether the passengers are of the same gender as the driver.



DO BELGIANS DRINK TOO MUCH? (CONT.)

Study authors suggest a variety of public awareness and enforcement strategies to address drinking and driving in Belgium and recommend the use of alcohol ignition interlock devices for offenders.

Source: do Belgians drink too much when driving? Results from a representative road side survey, Focant, Nathalie; Diependaele, Kevin; Van den Berghe, Wouter. Email: wouter.vandenberghe@bivv.be

U.S. SURGEON GENERAL ISSUES REPORT ON ALCOHOL, DRUGS AND HEALTH

A new Surgeon General's report finds alcohol and drug misuse and severe substance use disorders to be one of America's most pressing public health concerns. Nearly 21 million Americans – more than the number of people who have all cancers combined – suffer from substance use disorders.

“Alcohol and drug addiction take an enormous toll on individuals, families, and communities,” said U.S. Surgeon General Dr. Vivek Murthy. The report, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*, marks the first time a U.S. Surgeon General has dedicated a report to substance misuse and related disorders. The report addresses alcohol, illicit drugs, and prescription drug misuse, with chapters dedicated to neurobiology, prevention, treatment, recovery, health systems integration and recommendations for the future. It provides an in-depth look at the science of substance use disorders and addiction, calls for a cultural shift in the way Americans talk about the issue, and recommends actions we can take to prevent and treat these conditions, and promote recovery.

One in seven people in the U.S. is expected to develop a substance use disorder at some point in their lives. Yet only 1 in 10 receives treatment. Among other things, the report shows that substance use disorders typically develop over time following repeated episodes of misuse that result in changes to the brain circuitry. The *Report* makes clear that substance misuse and addiction are chronic diseases of the brain and not moral failings. In 2015, nearly 48 million Americans used an illicit drug or misused a prescription medication, approximately 67 million reported binge drinking in the past month, and nearly 28 million self-reported driving under the influence in the past year.

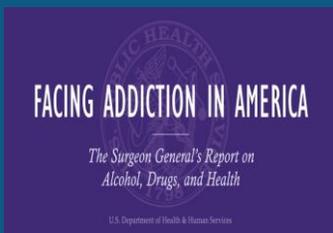
“Although substance misuse problems and use disorders may occur at any age, adolescence and young adulthood are particularly critical at-risk periods,” Dr. Murthy said. “Preventing or even simply delaying young people from trying substances is important to reducing the likelihood of a use disorder later in life.” For example, people who use alcohol before the age of 15 are four times more likely to develop an alcohol use disorder later in life compared to those who have their first drink at age 20 or older.

The report identifies substance use disorders as a public health problem that requires a public health solution. It recommends taking action by eradicating negative attitudes and changing the way people think about substance use disorders; recognizing substance misuse and intervening early; and expanding access to treatment.

For the full report and executive summary, visit <http://addiction.surgeongeneral.gov/>.

ICADTS SESSION AT IMIA: WHEN SHOULD THE ADDICTED DRIVER RETURN TO THE WHEEL?

ICADTS is co-sponsoring a traffic safety session at the International Medicines in Addiction conference in Sydney, Australia 24-26 March 2017. (<http://www.imia17.com.au/>). Dr. Edward Ogden is organizer and chair of the session.



EFFECTS OF RESPONSIBLE BEVERAGE SERVICE AND ENHANCED ENFORCEMENT ON BAR PATRONS

A recent study of responsible beverage service (RBS) and enhanced alcohol enforcement interventions in bars was carried out to determine the effectiveness of these strategies in reducing intoxication and impaired driving. Two communities participated in a demonstration program and evaluation, one in New York state and one in Ohio. The intervention applied RBS training, targeted enforcement, and corrective actions by law enforcement to a random sample of 10 identified problem bars in each community compared to 10 matched non-intervention problem bars. Data were collected over three waves on bar serving practices, bar patron intoxication, drinking and driving, and other alcohol-related harm from intervention and control bars and treatment and comparison communities.

In the New York bars, of the 14 outcome measures analyzed, 8 measures showed statistically significant differences from pre to post-intervention. Six of those measures indicated changes in the desired or positive direction while two measures were in the undesired or negative direction. Of note in the positive direction, the percentage of intervention bar patrons who were intoxicated decreased from 44% to 27% and the average blood alcohol concentration of patrons decreased from .097 g/dL to .059 g/dL pre to post intervention. In the Ohio bars, 10 of the 14 measures showed statistically significant changes pre to post intervention with 6 in the positive direction and 4 in the negative direction. Of note, the percentage of pseudo-intoxicated patrons denied service in intervention bars increased from 6% to 29%.

The researchers concluded that at best, the results of these demonstration programs were mixed. There were, however, some positive indications from the intervention. It appears that when bar managers and owners are aware of the program and its enforcement and when servers are properly trained in RBS, fewer patrons may become intoxicated and greater efforts may be made to deny service to obviously intoxicated patrons. Given that about half of arrested impaired drivers had their last drink at a licensed establishment, widespread implementation of this strategy has the potential to help reduce impaired driving.

Source: James Fell, Deborah Fisher, Jie Yao and A. Scott McKnight Evaluation of a Responsible Beverage Service and Enforcement Program: Effects on Bar Patron Intoxication and Potential Impaired Driving by Young Adults, *Traffic Injury Prevention*, January 2017 DOI: 10.1080/15389588.2017.1285401

IN MEMORIAM: M.W. (BUD) PERRINE

M. W. (Bud) Perrine, a longtime ICADTS member and an experimental psychologist investigating the role of alcohol and other drugs in road traffic, died at his home in Vermont, November 15. He was 88. Dr. Perrine earned a Ph.D. in Experimental Psychology from Princeton University in 1958. He used his training to advance the international understanding of the role of alcohol and other drugs in human injury.

In 1986, he founded the Vermont Alcohol Research Center (VARC), which later became the Addiction Research Institute. There he conducted research that advanced scientific understanding of the role alcohol and other drugs in behavior and vehicle crashes—and later, in pool diving accidents. He authored and co-authored hundreds of peer-reviewed scientific publications in social psychology and alcohol research. Following his retirement from the Addiction Research Institute in 2004, he consulted as an expert witness in more than 50 legal cases involving alcohol and injury.

ADMINISTRATIVE LICENSE SUSPENSION: DOES LENGTH OF SUSPENSION MATTER?

Administrative license revocation (ALR) laws, which provide that the license of a driver with a blood alcohol concentration at or over the illegal limit is subject to an immediate suspension, are an example of a traffic law in which the sanction rapidly follows the offense. The power of ALR laws has been attributed to how swiftly the sanction is applied, but does the length of suspension matter? This study was designed (a) to determine the relationship of the ALR suspension length to the prevalence of drinking drivers relative to sober drivers in fatal crashes and (b) estimate the extent that the relationship is associated to the general deterrent effect compared to the specific deterrent effect of the law.



ADMINISTRATIVE LICENSE SUSPENSION (CONT.)

Data comparing the impact of ALR law implementation and suspension periods were analyzed on the ratio of drinking drivers to non-drinking drivers in fatal crashes from the Fatality Analysis Reporting System (FARS). States with an ALR law with a short suspension period (1-30 days) had a significantly lower drinking driver ratio than states with no ALR law. States with a suspension period of 91-180 days had significantly lower ratios than states with shorter suspension periods, while the three states with suspension lengths of 181 days or longer had significantly lower ratios than states with shorter suspension periods.

The implementation of any ALR law was associated with a 13.1% decrease in the drinking/non-drinking driver fatal crash ratio but only a 1.8% decrease in the intoxicated /non-intoxicated fatal crash ratio. The ALR laws and suspension lengths had a significant general deterrent effect, but no specific deterrent effect. The authors concluded that states might want to keep (or adopt) ALR laws for their general deterrent effects and pursue alternatives for specific deterrent effects. States with short ALR suspension periods should consider lengthening them to 91 days or longer.

Source: Fell, JC and Scherer, M (2017). Administrative License Suspension: Does Length of Suspension Matter? *Traffic Injury Prevention*. Accepted 18 January 2017.

RENÉ MATHIJSSSEN ACCEPTS WIDMARK AWARD

René Mathijssen was named as a winner of the Widmark award at T2016 in Brazil. Unfortunately he was not able to receive the award at that time but was presented the medal and certificate in his hometown Leiden, The Netherlands, in the company of his wife Marianne and a delegation of ICADTS members including Han de Gier, Sjoerd Houwing, Beitske Smink, Karel Brookhuis and Jan Ramaekers. René received the award to honour his outstanding contributions to the field of alcohol, drugs and traffic safety. He is widely acknowledged as a key-expert on epidemiological study designs and made major contributions to case-control studies on alcohol and drug related crash risk that were part of large European research programs such as IMMORTAL and DRUID. He was also a strong advocate of alcohol interlock programs and low BAC limits for young drivers, both of which were introduced in the Netherlands.

René stated in his acceptance speech: “Receiving the Widmark Award is a great honor and a big surprise to me. I now feel a little bit as the Bob Dylan of alcohol and drug research, although there are some striking differences between him and me: he sings a lot better than I do; he probably knows more about alcohol and drugs than the lot of us; and he is not going to collect his award. I am grateful to ICADTS, but also to my predecessors at SWOV, Piet Noordzij and Jan Mulder, who patiently initiated me in drink and drug driving research; and, last but not least, to my successor Sjoerd Houwing, who was my indispensable support during the DRUID project. This award is also their award.”

MESSAGE FROM T2019 ORGANIZERS

We have been very fortunate to have had many words of wisdom shared with us on this journey to host the next ICADTS conference, T2019, in Edmonton, August 18-21, 2019. The board members of ICADTS along with previous conference hosts and attendees from Europe, Australia and Brazil have generously shared their time and expertise in helping us understand and start the preparation for the next conference. We are working towards leveraging the success of previous ICADTS conferences and now seek your assistance in helping us build T2019.

Canada is a relatively young country and will celebrate its 150th birthday this year. As early as the 16th century, well before Canada became a county, the fur trade brought fame and fortune to those brave enough to traverse its wilderness. In the mid 1900's oil was discovered just outside of Edmonton which created the booming oil business. The next boom could very well be from the legalization of marijuana across the country, likely in 2018. The impact to our country and community is only beginning to come into focus, however, by 2019 should be relatively evident.

Many aspects of the legalization of marijuana are becoming more apparent with its legalization in jurisdictions in the United States and its forthcoming legalization in Canada. No doubt this will be a substantive topic of interest for the conference, however, there are many more topics that may not be as well-known, are emerging, or will emerge before T2019. We would like to hear from you on what those are, who the subject matter experts are, and other potential topics that would be of value to participants.



T2019 Edmonton

August 18-21, 2019



We have many questions, like how can we increase greater participation from more countries, researchers, students and other interested or applicable organizations. While you are attending the conference, what makes it work better for you? As the host country, province and city, what other non-related conference interests would you like more information about? If you are travelling with your spouse or family, what would help make it more enjoyable? We would appreciate your thoughts and input into building the T2019 conference and your Canadian experience. We look forward to hearing from you through the conference website at www.t2019.org

Gerry Shimko and Laura Thue, T2019 conference co-chairs.

NHTSA CRASH RISK REPORT ON ALCOHOL AND DRUGS

The US National Highway Traffic Safety Administration (NHTSA) recently released a report on the crash risk associated with drugs and alcohol. This study used a “case-control” design to estimate the risk of crashes involving drivers using drugs, alcohol or both. Data was collected in Virginia Beach, Virginia USA for 20 months. The study obtained biological measures on more than 3,000 crash drivers at the scenes of the crashes, and 6,000 control (comparison) drivers. Control drivers were recruited one week after the crashes at the same time, day of week, location, and direction of travel as the crash-involved drivers. Data included 10,221 breath samples, 9,285 oral fluid samples, and 1,764 blood samples. Oral fluid and blood samples were screened and confirmed for the presence of alcohol and drugs. The crash risk associated with alcohol and other drugs was estimated using odds ratios that indicate the probability of a crash occurring over the probability that such an event does not occur. If a variable (alcohol and/or drugs) is not associated with a crash, the odds ratio for that variable will be 1.00.

Alcohol was the largest contributor to crash risk. The unadjusted crash risk estimates for alcohol indicated drivers with a breath alcohol concentrations (BrACs) of .05 grams per 210 liters (g/210L) are 2.05 times more likely to crash than drivers with no alcohol. For drivers with BrACs of .08 g/210L, the unadjusted relative risk of crashing is 3.98 times that of drivers with no alcohol. When adjusted for age and gender, drivers with BrACs of .05 g/210L are 2.07 times more likely to crash than drivers with no alcohol. The adjusted crash risk for drivers at .08 g/210L is 3.93 times that of drivers with no alcohol.

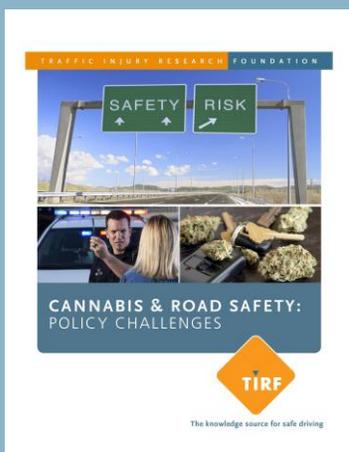
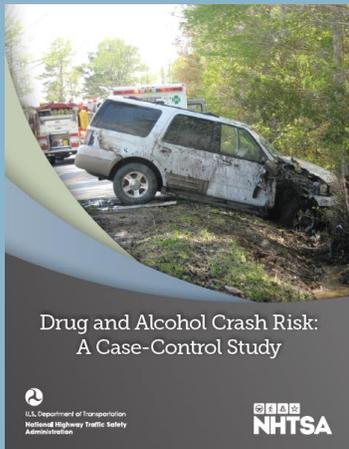
Unadjusted drug odds ratio estimates indicated a significant increase in crash risk. For the active ingredient in marijuana, delta-9-tetrahydrocannabinol (THC), this yielded an unadjusted odds ratio of 1.25. However, after adjusting for gender, age, race/ethnicity, and alcohol, there was no indication that any drug significantly contributed to crash risk. The adjusted odds ratios for THC were 1.00, 95 percent CI [.83, 1.22], indicating no increased or decreased crash risk. Odds ratios for antidepressants were .86, 95 percent CI [.56, 1.33]; narcotic analgesics were 1.17, 95% percent drugs as an overall category were .99, 95 percent CI [.84, 1.18], and prescription and over-the-counter medications were 1.02, 95 percent CI [.83, 1.26].

Analyses found no statistically significant interaction effects when drivers were positive for both alcohol and drugs. Although initial analyses suggested that the combination of alcohol and other drugs were contributors to increased crash risk, additional analyses adjusting for other risk factors indicated no significant effect. When both alcohol and other drugs were consumed, alcohol alone was associated with crash risk. [DOT HS 812 355](#)

TIRF REPORT ON CANNABIS AND TRAFFIC SAFETY

The Traffic Injury Research Foundation (TIRF) in Canada recently completed a report on cannabis and road safety. Drugged driving and strategies to address the problem have been increasingly recognized as a priority in the past decade. Coordinated action across law enforcement, transportation and health sectors at Federal and provincial/territorial levels is needed to keep roads safe. The study helped to identify strategies, relevant issues, and implementation plans to help inform the development of drugged driving strategies. The report concludes that cannabis-impaired driving is complex, and it will require a continuum of road safety strategies to complement new legislative changes to cannabis regulation. In addition, cannabis-impaired driving prevention will require adequate resources in the form of capacity, time and funding to support the necessary large-scale modifications to road safety policies and programs. To view the full report, go to

http://www.tirf.ca/publications/PDF_publications/TIRF_DruggedDriving_Policy%20Challenges_12_publicationshed.pdf



UPCOMING EVENTS

Taking Action to Reduce Road Fatalities and Injuries

May 29-30, Bled, Slovenia

<http://www.fortox.si/fortox-2017/>

9th Euro-Global Summit on Toxicology and Applied Pharmacology

June 22-24, 2017 Paris, France

<http://toxicology.global-summit.com/europe/>

10th International Symposium Advances in Legal Medicine

11-15 September 2017,
Düsseldorf and Cologne,
Germany,

www.isalm2017.de.

Gemeinsames Symposium der Deutschen Gesellschaft für Verkehrspsychologie e. V. (DGVP) und der Deutschen Gesellschaft für Verkehrsmedizin e. V. (DGVM)

6.-7. Oktober 2017, Leipzig,
Germany

www.verkehr-symposium.de

To view past issues of the
Reporter, go to

<http://www.icadtsinternational.com/pages/icadts-reporter.php>



INTRODUCING T2016 LATIN AMERICAN STIPEND WINNERS

The ICADTS Foundation presented stipends to early career researchers, researchers from low and middle income countries, and researchers from Latin American countries. Following are brief introductions from our Latin American stipend recipients.

Maria Cristina Franck

I am a criminal expert and have worked, for 12 years, in the laboratory of toxicology of Forensics Institute of the state of Rio Grande do Sul. I have a master's degree in pharmaceutical science from the Federal University of Rio Grande do Sul (UFRGS) and I am starting now in 2017 a doctorate in the area of toxicology of UFRGS. I work with the other authors of the paper "Toxicological profile of individuals involved in traffic accidents in Rio Grande do Sul, Brazil" which was presented in Gramado. We enjoyed very much participating in the T2016 - 21st International Council conference. The event gave us the opportunity to share a part of our work and to interact with the researchers, the various traffic authorities and the society.

Harinson Carpegeano Câmara De Almeida

I would like to commend ICADTS for the selection of Brazil to host this important Congress and for the excellent research panels presented at the last International Conference on Alcohol, Drugs and Traffic Safety in the city of Gramado / Brazil in 2016. The 21st Conference made possible. The publicity of our contributions in research as well as great advances and improvement of our actions of education and traffic control to the detriment of the exchange of experience with other speakers from all over the world. Relevant research has been useful for implementing public policies to reduce the possibility for drivers to drive vehicles after drinking alcohol.

Therefore, considering a historic milestone of this 21st Conference to all professionals involved in this area of alcohol, drugs and road safety, as well as the importance of establishing goals of action at the international, regional, national and local level to meet the ODS goal until 2030, according to IMPROVING GLOBAL ROAD SAFETY REPORT - General Assembly 2016. We are willing to contribute with the ICADT in new research and experiments carried out periodically in meetings and actions with groups of inspection, research, education / publicity and traffic management in the areas of health, accident expertise, universities and organized civil society.

Dra. Gaby Vivián Lencina Borges – URUGUAY

I would like to thank you for the opportunity to share the experience that I obtained at T2016 and I thank you for the stipend from the ICADTS Foundation for my paper, "Zero Alcohol: Towards an international law and towards operative unification."

It was a personally and professionally very enriching because of the high level of the conferences developed by many people who are passionate about the analysis of alcohol and other drugs in road safety and, with the desire to share their experiences, work, research, etc.

My primary objective was to learn and take advantage of the opportunity for interchange on those issues that in our country, Uruguay, are and will be the subject of forthcoming legislative, technological, and logistical regulations to provide all the guarantees our population requires and ultimately all that contributes to improve the conditions of harmonious coexistence in the transit routes.

From the beginning, when I joined the world of road safety 25 years ago, in my professional development as a transit agent, lawyer, as legal advisor on road safety, teacher, etc., from the public function I bet on legal updating in road safety and the unification of control procedures on public roads. Because of this passion, I favored and participated directly in the proposal to reduce alcohol graduation as well as in the zero rate for the road safety, and in the formulation of the unique control protocols alcohol and cannabis, as a tool for granting guarantees to citizens, to the agents of control and ultimately the State.

I have consulted, analyzed, investigated, brought together legal, technological, procedural solutions, etc., across the globe, finding different legal solutions to equal technology, equal political definitions and different practical solutions, and different philosophies and interests which concur inconsistently in defining measures related to the health and safety of the population.

INTRODUCING LATIN AMERICAN STIPEND AWARDEES (CONT.)

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Our country has been developing a clearly defined Public Policy in the eradication and deterrence of the consumption of substances that damage the physical and mental health of our population. It is a worldwide example developed at the tobacco level, and linked to the road safety strategy of alcohol consumption and tetrahydrocannabinol. To be able to live up to the circumstances, it requires that those who are involved in it must update, train continuously and be aware of the latest advances in this field worldwide. That is the opportunity that gave me the attendance at the 21st Conference on Alcohol, Drugs and Road Safety of ICADTS.

Juliana Scherer

I received my BSc degree in Biomedical Sciences from the Federal University of Rio Grande do Sul (UFRGS), with minor in Toxicology and Public Health, and I am currently persuading my PhD in Psychiatric and Behavioral Sciences at UFRGS. I have been working as a researcher in the Center for Drugs and Alcohol Research from Hospital de Clínicas de Porto Alegre (HCPA) and UFRGS since 2013, under the supervision of Dr. Flavio Pechansky. Currently I am coordinating the Nucleus for Studies in Alcohol, Drugs and Traffic (NEPTA) of CPAD.

My PhD project consists in the investigation of risky populations for impaired driving and traffic crashes, as well as in the evaluation of point-of-collection testing devices to be implemented in the Brazilian traffic enforcement context. Therefore, my main research interests include the epidemiological investigation of impaired driving, the assessment of risky populations and risky factors to driving while impaired (DWI), and the evaluation and development of toxicological technologies and protocols to be used in DWI enforcement, especially in low and middle income countries.

The preliminary part of my PhD results were submitted and presented at the 21st International Council on Alcohol, Drugs and Traffic Safety Conference and won the award for the best working paper from Latin America. For me, to participate in the T2016 was a unique experience which allowed me to be in contact and exchange knowledge with the most recognized researchers in the field of drugs, alcohol and traffic safety. T2016 was my first ICADTS conference, and as a first-time attendee, I was impressed with the scientific quality of the presentations and I was also very delighted with the warm reception of senior members. In this sense, I would like to congratulate the organizing committee and the ICADTS board for the organization of this amazing conference, which became a great experience for learning and achieving professional growth. I am looking forward to attending the T2019, in Canada, and to meeting with all these admirable colleagues once again.

Vanessa Loss Volpatto

Ms Volpatto is a psychology student at the “*Centro Universitário Metodista IPA*”. She has intensive training in motivational interviewing. Has experience in the area of alcohol and drugs since the beginning of graduation, working in a federal government call center (“**Ligue 132**”) to care for dependents and their families. She has experience in the area of neuropsychological assessment with patients diagnosed with the schizophrenia spectrum, and in general psychiatry, performing care for hospitalized patients. She joined the alcohol and drug research center in 2015 as a scientific initiation fellow. She is currently an intern at the same location. There, she performs the data collection in hospitalized patients in addition psychiatry, besides the application of neuropsychological testing. In addition, she is the lead author of two papers developed at the Center, one on Impulsiveness and DWI Behavior and Early Trauma and age of first use of substances, both awarded at congresses. She is interested in continuing to study in the area of alcohol and drugs and the impact they bring to the subject and the environment.