



REPORTER

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

MESSAGE FROM THE ICADTS PRESIDENT

Dear ICADTS members,

The ICADTS board met on Jan 12, 2019, in an overly quiet Washington DC during the longest US government shutdown in history. A major snowfall additionally restricted public life in the city causing deserted streets, closed schools and power outages.

The board received an optimistic update from Laura Thue, who is one of the main organisers of T2019. The call for abstracts for T2019 closed November 20, 2018, following a one-week extension. A total of 137 submissions have been received which, on average, is high relative to previous meetings. While work is ongoing to finalize the scoring of abstracts where further clarification was requested by reviewers, authors of successful submissions were notified and requested to submit a working paper. Work will begin soon on further program development including the identification of breakout and special sessions. A ‘Late Breaking’ call for abstracts is expected in March. Overall, we are hoping that the meeting will attract around 400 attendees or more.

T2019 will provide a good opportunity to update the status of the current working groups within ICADTS. The latter are designed to provide an opportunity for individuals to work together on a particularly area of interest, with a view to researching and preparing a written working group report on the current status of that field of interest. At present, ICADTS hosts 9 working groups that have prepared a range of reports in the past (available on our website) and organised presentations and symposia during our triennial meetings. In the coming months, chairs of the working groups will be contacted to propose a follow-on activity or alternatively, and with agreement of the chair and the ICADTS board, decide that their working group has completed its work and should be phased out. No working group is expected to go on forever.

The board initiated strategic committees on Governance and Education, Marketing, and Memberships and Services which aim to organize various scholarly activities, promote governance activities of ICADTS, form partnerships, promote the public profile of ICADTS and to sustain and increase the membership of ICADTS. T2019 will serve as a welcome platform to display and discuss activities of these committees to which all ICADTS members are invited to contribute. Activities of the committees have already been successful as evidenced by the fact that the ICADTS board was able to welcome a total of 30 new members in 2018.

We look forward to seeing you in August at the T2019 meeting in Edmonton, Alberta, Canada. Average temperature during the same period in 2018 was close to 22 °C (72° F), so pleasant weather conditions are expected.

Kind regards to all,
Jan Ramaekers
ICADTS President

ICADTS AWARDS NOMINATIONS

We are in the last few months before T2019 in Edmonton. One of the key features of the major ICADTS conferences is that it is the occasion for presenting the awards that ICADTS confers on those individuals and institutions that have made important contributions to the field. There are three major awards:

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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.

ICADTS AWARDS (Cont.)

- 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. The Award is “For outstanding, sustained and meritorious contribution to the field of alcohol, drugs and traffic safety.”
- **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 an individual or a non-governmental organization. “In recognition of successfully implementing scientific-based changes in public policy that reduces the effects of alcohol and drugs on traffic safety.”

Nominations for these awards should be sent to the Chair of the Awards Committee, Kathryn Stewart at kgbstewart@gmail.com

CURB THE DANGER: DETECTING IMPAIRED DRIVERS ONE CALL AT A TIME - Innovation and Ideas at T2019

The threat to society when drivers operate a vehicle under the influence of alcohol and or drugs has a long history. People continue to be killed and seriously injured on our roads due to alcohol and drug impairment which makes the detection and apprehension of impaired drivers a critical public safety need. Traditionally, this task has been at the forefront of law enforcement priorities through both large scale check stop programs and targeted enforcement at known high risk or problem locations.

In October 2006, the Edmonton Police Service piloted a new program to detect and apprehend impaired drivers. A reduction in dedicated impaired driving policing resources became the catalyst for this new approach. The pilot program was dubbed “Curb the Danger” (CTD). It encouraged the public to call police via the emergency number, 9-1-1, if they spotted a suspected impaired driver. Police would then place a high priority on responding to and investigating the call. The pilot program was deemed a success and became a formal impaired driving apprehension program driven by the public.

Three key pieces came together to build Curb the Danger into a highly effective program. The role of the public became a focal point by leveraging road users to report suspected impaired drivers to the police. The police encouraged public involvement and confirmed through their actions that they would assign a high priority to the calls. The City of Edmonton’s Traffic Safety Section worked with the police to create road signs that reminded the public to call 9-1-1 when they identified a suspected impaired driver. These traffic signs used highly reflective material to signify their importance. Finally, through data analysis, high risk corridors were identified and CTD signs were installed to encourage greater public support and reporting. Due to the success of the signs, additional signs were installed, including extra-large signs at every entrance to the city.

The program also incorporates additional steps when a reported impaired driver is not intercepted by the police. When sufficient information is obtained, a letter is sent to the registered owner outlining the circumstances of their vehicle being reported to the police and shares contact information for the CTD program coordinator should the registered owner want more information. The police retain a database of all reported calls and conduct follow-up on repeat offenders.

The following table provides a clear picture of how successful the program has been in engaging the public in detecting and apprehending impaired drivers in Edmonton.

	Calls to Curb the Danger	Impaired Driving Charges	License Suspensions	Letters Sent to Registered Owners
2018	8,937	632	292	484
October 2006 to December 2018	109,248	9,331	3,432	12,275



Editors:
Kathryn Stewart
Email: kgbstewart@gmail.com
James Fell
Email: fell-jim@norc.org

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CURB THE DANGER (Cont.)

From October 2006 to December 2018, 109,248 calls were made by the public to the CTD program. In 2018, 8,937 calls were received, resulting in 632 impaired driving charges, 292 license suspensions, and 470 letters sent to registered owners. Of the 632 impaired drivers, 45 were believed to be impaired by drugs.

Over the course of the program's operation, the CTD coordinator estimates approximately 40% of all impaired driving enforcement in Edmonton has resulted from public calls to Curb the Danger. Approximately 30% of intercepted vehicles result in an impaired charge. Factoring in license suspensions, 40% of interceptions result in police action relating to impairment. Overall, 50% of vehicles stopped resulted in some type of enforcement action (e.g., impaired, Traffic Safety Act charge, stolen auto, suspended driver, or other illegal activities).

Curb the Danger allows for public input on dangerous threats to traffic safety, impaired driving. The program leverages the collective observations of concerned citizens, optimizes police resources in real time and integrates other road safety partners in visualizing the program through CTD signage and data driven decision making. The multi-faceted nature of the program increases public safety through community involvement and builds on a greater culture of safety.

Join us in Edmonton for T2019 to learn more about other innovative programs and research aimed at eliminating alcohol and drug related traffic fatalities and serious injuries.

Gerry Shimko, City of Edmonton

UPDATE ON THE MALAWI PROJECT SUPPORTED BY ICADTS AND THE WORLD BANK

ICADTS worked with colleagues at the Norwegian Institute of Public Health to begin a project in the African country of Malawi. With assistance from ICADTS, the project received major funding from the World Bank. The preparation of this project has taken nearly two years.

The ethical committee at the National Health Sciences Research Committee in Malawi and the Norwegian Regional Ethical Health Committee have approved the project. In mid-February we plan to start recruiting patients injured in road traffic accidents sent to the hospital. Prior to the recruitment phase we will organize a seminar for hospital employees involved in the project.

Two members of the Norwegian project group visited Malawi in November 2018 to finalize arrangements and to train the two project coordinators in how to test for alcohol and to pre-test the questionnaire to be used in data collection. The questionnaire program will include a GPS identification of the crash location. The coordinators are employed on project funds and will use data from the project to obtain their master's degrees.

The current project plan is to recruit 600 patients injured in road traffic crashes within 6 months. As they expect at least 2000 patients, they wanted to increase the number of patients to approximately 1000. This means we have to buy more saliva tests and the expenses to remunerate the doctors recruiting patients will increase an already tight budget. However, we have been promised additional support from Norwegian sources to pay these extra costs.

During our visit, we met with the Directorate of Road Traffic & Safety Services at the Ministry of Transport and Public Works, the Ministry of Health, the Public Health Institute of Malawi, the local World Bank office, the Malawi Epidemiology and Intervention Research Unit and the Norwegian Embassy. The main message from all these institutions, offices and organizations is that Malawian authorities want and need quality data on traffic crashes to guide recommendations, policies and interventions. There is a need to coordinate the efforts and initiatives at the national, regional and local levels. Our project aims to maintain a continuous dialogue with the relevant ministries, donors, and supporting institutions as well as other stakeholders in order to contribute to more united efforts to reduce crashes. The number of traffic crashes in Malawi has been increasing at an alarming rate and has serious health economic consequences for Malawi.

A very fitting comment from one of the persons we met with illustrates this point. She said that she was not afraid of malaria, diseases or epidemics, but was afraid of being involved in a crash.



ICADTS PRESENTS AT INTERNATIONAL SYMPOSIUM IN TURKEY

The President-Elect of ICADTS, James Fell, was invited to give a presentation at the 2nd International Symposium on Drug Policy and Public Health by the organizers of the symposium, the Turkish Green Crescent Society (YESILAY), a non-profit treatment institute. The symposium was held in Istanbul, Turkey, on November 26-27, 2018. Mr. Fell's presentation was entitled: "Legalization of Marijuana: Implications for Traffic Safety," and started with a brief description of ICADTS for recruitment purposes, and then included signs of marijuana use, discussions of driving impairment under the influence of marijuana (THC), results of crash risk studies involving alcohol and other drugs, the prevalence of marijuana use in the United States and Canada and legalization of medical and recreational THC around the world. The symposium attracted over 400 attendees from all over the world.

Faruk Aşıcıoğlu, Professor, Director of Institute of Forensic Sciences; Institute of Forensic Sciences, University of Istanbul; İstanbul, Turkey, a new ICADTS member, also attended and gave a presentation on monitoring psychoactive drug use through wastewater analyses. Other interesting presentations included a study on understanding women with addiction, the role of the press in the fight against drug use, World Health Organization (WHO) activities for addressing public health dimensions of the world drug problem, the current situation in control of drug use in Turkey, challenges with drug policies, and how to create a culturally relevant therapeutic community. The President of the Republic of Turkey, Recep Tayyip Erdogan, delivered the opening remarks.

Dr. Gilberto Gerra, from the United Nations Office of Drugs and Crime (UNODC), gave the keynote address and noted that only 7% of people around the world with substance abuse disorders actually receive treatment. He also told the attendees that half of the people in the world with mental illness issues also suffer from substance abuse disorders. Dr. Kamran Niaz, also from the UNODC, told attendees that 6% of the world population use illegal drugs and 10% of those users have a drug use disorder. An estimated 192 million people in the world use cannabis (THC). Dr. Mustafa Necmi Ilhan reported on surveys taken in Turkey in 2018. He found that 47% of those surveyed have tried tobacco with 31% currently smoking. On the other hand, 22% tried alcohol while only 9% drank alcohol within the past month. Cannabis use in Turkey is only 2.7% with only 0.8% using it in the past month.

Overall, the symposium was very educational and enlightening. However, very little was discussed about drugged driving consequences and there were indications that implications for traffic safety will get more coverage at the 3rd International Symposium in three years.

U.S. DEPARTMENT OF TRANSPORTATION RELEASES IMPAIRED DRIVING SUMMARY FOR 2017

The U.S. National Highway Traffic Safety Administration published a summary of impaired driving crashes in 2017. Some of the key findings:

- In 2017 there were 10,874 fatalities in motor vehicle traffic crashes in the U.S. involving drivers with BACs of .08 g/dL or higher. This totaled 29 percent of all traffic fatalities for the year
- An average of 1 alcohol-impaired-driving fatality occurred every 48 minutes.
- Of the traffic fatalities among children 14 and younger, 19 percent occurred in alcohol-impaired-driving crashes.
- The 21- to 24-year-old age group had the highest percentage (27%) of drivers with BACs of .08 g/dL or higher in fatal crashes compared to other age groups .
- The percentage of drivers with BACs of .08 g/dL or higher in fatal crashes was highest for fatalities involving motorcycle riders (27%), compared to passenger cars (21%), light trucks (20%), and large trucks (3%).
- The rate of alcohol impairment among drivers involved in fatal crashes was 3.6 times higher at night than during the day.
- Among the 10,874 alcohol-impaired-driving fatalities, 68 percent (7,368) were in crashes in which at least one driver had a BAC of .15 g/dL or higher.

The percentage of alcohol-impaired-driving fatalities among total traffic fatalities in States ranged from a high of 51 percent (the District of Columbia) to a low of 19 percent (Utah), compared to the national average of 29 percent.

To view full document, go to <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812630>.



International Symposium
On Drug Policy And
Public Health



Percentage of Alcohol-Impaired-Driving Fatalities by State, 2017



Source: FHRS 2017 AWP

Upcoming Events

Lifesavers Conference

National Conference on
Highway Safety Priorities
Louisville, Kentucky, USA
March 31-April 2, 2019
www.lifesaversconference.org

T2019

18-21 August 2019
Edmonton, Alberta, Canada
www.t2019.org

Governors Highway Safety Association Annual Meeting

Anaheim, California, USA
August 24-28, 2019
www.ghsa.org

Gemeinsames Symposium der Deutschen Gesellschaft für Verkehrspsychologie e. V.

(DGVP) und der
Deutschen Gesellschaft für
Verkehrsmedizin e. V.
(DGVM)
10-12 October 2019
Bonn, Germany
www.verkehr-symposium.de

63rd Annual Scientific Conference of the Association for the Advancement of Automotive Medicine

15-18 October 2019
Madrid, Spain
www.aaam.org

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



APIS ANNOUNCES ANNUAL UPDATE OF ALCOHOL AND RECREATIONAL CANNABIS POLICY

The Alcohol Policy Information System (APIS), a project of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), announces its latest annual update of State-by-State alcohol and recreational cannabis policies. This update reports on substantive changes in State alcohol and recreational cannabis policy statutes and regulations that occurred through January 1, 2018. Additionally, APIS has added ten new Recreational Cannabis Policy Topics, including such areas as restrictions on advertising, packaging requirements, warning labels, and regulation of production and sales. Changes to current APIS policy topics are now posted to the site found at: <https://alcoholpolicy.niaaa.nih.gov/>.

This project is funded with Federal funds from the National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, Department of Health and Human Services, under Contract No. HHSN275201800002C.

PREVALENCE OF POTENTIALLY INAPPROPRIATE MEDICATION USE IN OLDER DRIVERS: AAA LONGROAD STUDY

Use of potentially inappropriate medications in older adults is associated with high levels of morbidity, mortality and health care expenditures. The Beers Criteria are a widely used tool for identifying these medications that should generally be avoided in older adults. The American Geriatrics Society 2015 Beers Criteria were applied to baseline data collected from a “brown-bag” review of medications for the Longitudinal Research on Aging Drivers (LongROAD) participants to examine the prevalence and correlates of potentially inappropriate medication use. Overall, 18.5% of the study sample used at least one of these medications. The most commonly used therapeutic category was benzodiazepines (accounting for 16.6% of the total potentially inappropriate medications identified), followed by nonbenzodiazepine hypnotics (16.4%), antidepressants (15.2%) and first-generation antihistamines (10.5%). The variable most predictive of the use of these medications was the total number of medications being taken. Other factors were being female, being white and living in an urban residence. Use of these medications is fairly common in older drivers and often involves medications known to impair driving ability and increase crash risk. In order to improve traffic safety among older drivers, drivers should be aware of the types of medications they are taking to ensure optimal safety behind the wheel.

To see the full report, go to https://aaafoundation.org/wp-content/uploads/2018/11/18-0709_AAFTS-PIMS-Brief_r3.pdf

ELIMINATING ALCOHOL-IMPAIRED DRIVING FATALITIES

A report released by the National Academies of Sciences, Engineering, and Medicine identifies many evidence-based and promising policies, programs, and systems changes to accelerate national progress in reducing deaths from alcohol-impaired driving. The report points out that as a public health and safety problem, alcohol-impaired driving transcends the transportation, law enforcement, and clinical care systems. Many evidence-based and promising strategies to address alcohol-impaired driving are available; however, a coordinated, multilevel approach across multiple sectors is required to accelerate change.

To address alcohol-impaired driving fatalities, the National Highway Traffic Safety Administration (NHTSA) commissioned the Health and Medicine Division of the National Academies to identify evidence-based and promising interventions to reduce fatalities caused by alcohol-impaired driving in the United States. Focusing on strategies to provide maximum benefit at the population level, the study committee released its final report, *Getting to Zero Alcohol-Impaired Driving Fatalities: A Comprehensive Approach to a Persistent Problem*, in January 2018.

The committee primarily covered interventions directly related to the prevention of alcohol-impaired driving injuries and fatalities. These include pre-crash interventions—alcohol policies that affect price, the availability of alcohol, and alcohol consumption—as well as interventions that affect whether or not an impaired person will drive, such as alternative transportation and ridesharing options. The committee embraced Vision Zero, a philosophy in which no alcohol-impaired driving deaths are acceptable and in which each alcohol-impaired driving crash represents a failure of the system, from excessive alcohol service to poor road design to lack of effective policies and enforcement.

To view the report and other materials, see www.nationalacademies.org/stopDWIdeaths.
Source: *TR News 318*, November-December 2018.