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REPORTER

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

ISSUE HIGHLIGHTS

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.

Preparation for the ICADTS T2013 in Brisbane, Australia, is underway.

LETTER FROM THE ICADTS PRESIDENT

Dear ICADTS members and friends:

Looking back at 2011, most of us will have mixed feelings about a year packed with contradicting events and news. The economic and financial crises are not yet overcome—both affecting safety in many countries and regions. News on budget cuts for research and development ceased to be surprising. Nevertheless, many of us fortunately were able to keep working on promising projects, thus contributing to enhancing traffic safety on globally. I wish you all the best in your personal lives and in your effort to combat drink and drug driving.

The ICADTS Executive Board has continued discussing and developing a constitution that will ease, among other items, membership issues, the voting process, the organization of working groups, the ICADTS awards, and the number of board members. The draft will soon be disseminated to the membership for voting. The Board is also discussing the exchange program for a Visiting Fellow for at least one senior worker in the field of alcohol, drugs, and traffic safety. The ongoing discussion showed that there are good chances to support two candidates from Vietnam, financed by the World Bank Global Road Safety Facility, the 2013 host institution CARRS-Q, and the ICADTS Foundation.

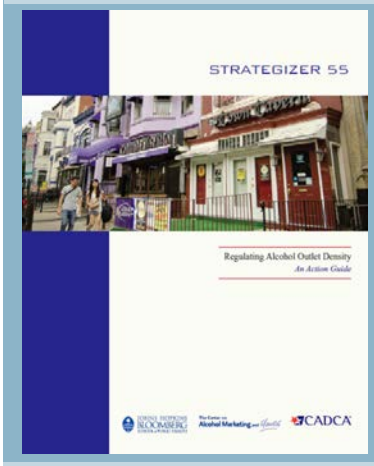
Further topics on the agenda of the Executive Board continuously discussed are the progress of working groups, the collaboration with other organizations in the field, and the updating of the ICADTS Web site. The next ICADTS conference, T2013 in Brisbane, Australia, is reported to be in the expected state of preparation (www.t2013.org). Finally, the Board has started preparing the 2012 elections of board members—you will soon receive more information on candidates.

I would like to add some interesting news from my home country of Germany. After a period of only little activity regarding interlock research and the implementation of programs in the past, two major interlock projects have been planned and will start this year. One of the projects was presented during the ICADTS satellite symposium in Potsdam, Germany, last year. ICADTS members are actively involved in both programs. In the long run, this development will help keep up the high level of combating drink driving.

Once again, I would like to invite you to exchange your ideas—just drop me a line at w.nickel@t-online.de.

Regards to all,

Wolf Nickel, ICADTS President ■

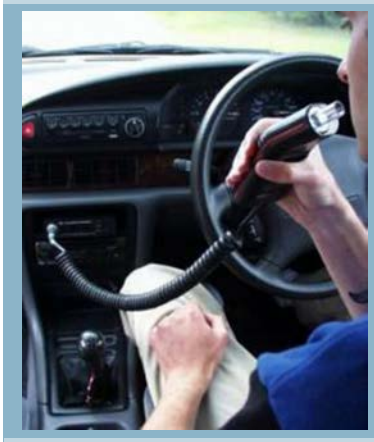


ALCOHOL OUTLET DENSITY STRATEGIES

A strategizer sponsored by the Centers for Disease Control and Prevention presents a practical introduction to controlling alcohol outlet density as a way of reducing alcohol-related problems. One of the most effective approaches for reducing excessive drinking and its many health and social consequences is to limit the physical availability of alcohol.

One approach to doing so is regulating alcohol outlet density, or the concentration of retail alcohol establishments (including bars and restaurants and liquor or package stores) in a given geographic area. A high concentration of alcohol outlets leads to a variety of serious health and social consequences, including violence, alcohol-impaired driving, neighborhood disruption, and public nuisance activities. The guide describes strategies proven to work to regulate the number of places that sell or serve alcohol that have been used by many states and communities across the United States. This Action Guide provides public health departments, community coalitions, and other organizations with an introduction to the health and social problems associated with alcohol outlet density and an overview of available evidence-based community prevention strategies for addressing this environmental risk factor. The guide was prepared by the Community Anti-Drug Coalitions of America in partnership with the Center on Alcohol Marketing and Youth at the Johns Hopkins Bloomberg School of Public Health.

To view the Strategizer, go to http://www.camy.org/action/Outlet_Density/index.html. ■

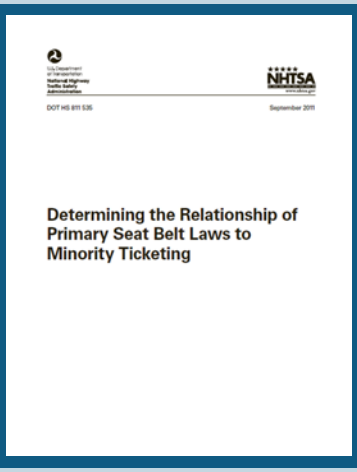


ALCOLOCKS FOR SCHOOL BUSES AND DAYCARE TRANSPORT IN FINLAND

On the 1st of August, alcolocks for all school buses and daycare transport became mandatory in Finland. The measure came into effect 8 months after the approval of the alcolock legislation proposed by the Finnish government in December 2010. Previously, alcolocks had only been recommended, whereas now, the new law requires all vehicles used for child and daycare transportation (chartered transport ordered by municipality, city, school, or institute) to have the device installed. Taxis and buses dedicated to school transport (estimated to be around 7,000) are also requested to comply with the law. A vehicle that is not equipped with an alcolock can be used temporarily (up to 5 days), after which the transport provider must inform the service subscriber without delay. Failure to use an alcolock device will result in punitive fines. The alcolock models accepted for use must follow the demands of vehicle legislation and at least a European standard that has been approved in Finland (EN-SFS). The vehicle does not need to be inspected for modifications after the installation of the alcolock. Device approval in Finland is carried out by the Finnish Transport Safety Agency. In addition to school transport, Finnish law requires alcoloks on some commercial transport, as well as for impaired-driving offenders. [Source: Drink Driving Monitor, December 2011] ■

DUTCH ALCOLOCK PROGRAMME IN FORCE

On the 1st of December, the Dutch Alcolock Programme came into force, in time for the Christmas and the New Year's Eve holidays. The Alcolcok Rehabilitation Programme (AIP), voted into law in June 2010, targets serious drunk-driving offenders and repeat offenders. The standard period for the AIP is 2 years. If, during that period, the participants have not demonstrated that they can separate drinking from driving, the AIP is extended repeatedly for 6 months at a time. The programme is mandatory; yet, if the offender does not participate or if the programme is not completed, then the driving license will be declared void for 5 years. The BAC-level interlock breath test is set at 0.2 g/l. Participants pay for costs of installation. Only the type of alcohol interlocks that have been approved by the Dutch government, supplied by a designated vendor and installed by a designated fitter, can be used.■



RELATIONSHIP OF PRIMARY SEAT BELT LAWS TO MINORITY TICKETING IN THE UNITED STATES

Primary enforcement of seat-belt laws is one way of reducing deaths and injuries in impaired-driving crashes because it increases seat-belt use even among more resistant populations, such as high-risk and impaired drivers. In addition, enforcement of seat-belt laws gives police personnel an opportunity to identify and arrest impaired drivers. Racial profiling is often raised as an issue when states change their seat-belt laws from secondary enforcement (i.e., stop only for some other violation) to primary enforcement (i.e., stop for an observed belt law violation alone). Thirteen states made this change between 2000 and 2009, of which seven did so early enough to allow for comparison of 2 years of data before the change to 2 years of data after the law change. Pre- and post-comparisons using fatal crash data demonstrated an overall drop in the number of front-seat occupant fatalities (-8% overall: 7% Caucasian, -11% Minority) and overall increase in belt use, among both Caucasians and minorities (+8 percentage points overall: +9 Caucasian, +5 Minority). Pre- and post-citation data by race were available from four states. Consistent with previous research, all four states showed that the percentage of tickets issued to minorities either stayed the same or decreased slightly from before to after the law change. Hospital discharge data (three states) indicated reductions in crash injury for both Caucasians and minorities. This study found that primary laws were related to gains in seat-belt use without evidence of the racial profiling associated with changing the law from secondary to primary.

The study was conducted by the Preusser Research Group for the U.S. National Highway Traffic Safety Administration. To view the full report, go to http://www.nhtsa.gov/staticfiles/nti/pdf/811535.pdf.

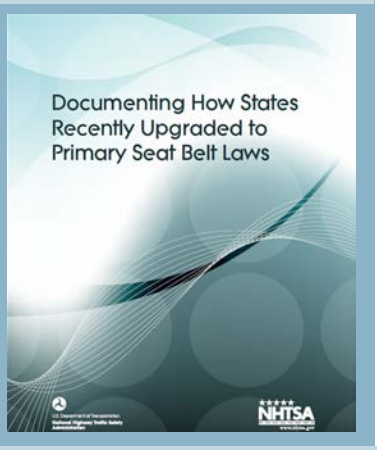
Primary seat-belt laws have been associated with 13% to 28% reductions in impaired-driving fatalities in the United States. See http://dx.doi.org/10.1080/15389580701218489.

See related story below. ■

HOW STATES IN THE UNITED STATES RECENTLY UPGRADED TO PRIMARY SEAT BELT LAWS

States with primary seat belt enforcement laws consistently have higher observed daytime belt use rates than secondary law states. Secondary belt law states, on the other hand, consistently have more occupant fatalities who were not restrained by a seat belt than primary law states. Since 2000, 14 states upgraded their seat-belt laws to primary enforcement status. This study documented the roles, strategies, resources, and arguments these states used in efforts to pass primary belt laws. In-depth information was gathered from 10 case-study states that passed their laws from 2004 to 2009 (Alaska, Arkansas, Florida, Kentucky, Maine, Minnesota, Mississippi, South Carolina, Tennessee, and Wisconsin).

In-depth interviews in these states showed some common efforts and themes. Issues that were important in passing a primary seat-belt law included understanding that passing a primary law is a multiyear effort involving a broad-based network of organizations and individuals working in the unique political situation in the State; identifying and effectively responding to opposition arguments; maximizing awareness of the availability of U.S. Federal grant money tied to passage of primary seat belt laws, a portion of which could be used for highway and infrastructure projects; using paid lobbyists to provide information and address concerns of legislators; engaging the media to enlist and report on public support; presenting the bill in terms of a public health issue to save lives, reduce injuries, and reduce State medical expenditures; and using a variety of legislative techniques.



HOW STATES IN THE UNITED STATES RECENTLY UPGRADED TO PRIMARY SEAT BELT LAWS (CONT.)

The top two opposition concerns were intrusion of government on personal freedoms and racial profiling. Advocates addressed these concerns by pointing out that a primary law simply changed how an existing state belt law was enforced, making it like all other traffic violations; bringing in experts on race, public health, and law enforcement, showing how increasing belt use would result in significant health care savings and save lives; and by separating the issue of primary enforcement from racial profiling. Many brought in minority groups, universities, and medical communities to discuss primary belt laws in public health terms, and some included separate legislation to address racial profiling concerns.

The study was carried out by the University of Michigan Transportation Research Institute for the U.S. National Highway Traffic Safety Administration. To view the full report, go to http://www.nhtsa.gov/staticfiles/nti/pdf/811524.pdf. ■

IRELAND – NEW BAC LIMIT IN FORCE

The new drink-drive limit took effect at the end of October in Ireland. In July 2011, a lower legal BAC level was introduced for drivers. The previous legal BAC limit of 0.8 g/l was reduced to 0.2 g/l for learners and newly qualified drivers (for 2 years after passing the driving test) and professionals (including taxi drivers and hauliers) and to 0.5 g/l for all other drivers. Moreover, if the driver cannot produce their driving licence when required to undergo the roadside breath test, the lower limit of 0.2 g/l will be applied. The new legislation has finally brought Ireland in line with the European Commission recommendation on BAC levels and with most other EU Member States, with the exception of the UK and Malta. The launch of a new campaign to raise awareness of the newly reduced drink-drive limits was organised on the 26th of October, a couple of days before the law became effective. It included television, radio, press, and online advertising. Moreover, videos explaining to road users the changes related to the implementation of the law can be found on the YouTube website through the following links:

http://www.youtube.com/watch?v=Q_CWF55S9Cw&feature=player_embedded#

http://www.youtube.com/watch?feature=player_embedded&v=JVGPnZ43fiI ■

RESEARCH REVIEW ON FEMALE DRUNK DRIVERS IN THE UNITED STATES

The Traffic Injury Research Foundation of Canada recently released a report on the current state of knowledge about drunk driving among female drivers in the United States. The report reviews research ranging from the 1980s through 2011 to explore claims that the problem has grown in recent years and to identify the characteristics of female offenders and differences between male and female offenders in recidivism and treatment outcomes.

The review finds that driving-while-intoxicated or driving-while-impaired (DWI) arrests for women have risen nationally, especially in some jurisdictions. In 1980, just 9% of those arrested for DWI were female, with the percentage rising to nearly 15% by 1996 and 20% by 2004. The number of female DWI arrests rose nationally by 28.8% between 1998 and 2007.

Several explanations for the growth in female DWI arrests have been proposed. Some have suggested that the increase in arrests reflects a real trend of growing female involvement in drinking and driving; others have postulated that dramatic reductions in arrests among males have skewed the perception of female involvement in arrests. Still others have argued that changes in legal policy and enforcement practices have resulted in the greater likelihood that law enforcement will detect and arrest female drunk drivers. Some have further suggested that these legal and enforcement changes have brought more attention to women who tend to be more impaired at a lower blood alcohol concentration (BAC) due to physiological differences between males and females.

RESEARCH REVIEW ON FEMALE DRUNK DRIVERS IN THE UNITED STATES (CONT.)

Although arrests of women have increased, road fatality data from the Fatality Analysis Reporting System (FARS), maintained by the U.S. Department of Transportation, demonstrate that the trend in female driver involvement in alcohol-impaired-driving crashes (which involve a driver or motorcycle rider with a BAC of .08 or greater) has remained fairly stable during the past three decades, with only incremental increases ranging from 12% in the 1980s, 13% in the 1990s, and 14% in the 2000s. These data suggest that the portion of female arrestees far surpasses their share of legally drunk drivers involved in fatal crashes. Recent analysis of FARS data from all U.S. jurisdictions between 2005 and 2009 reveals that the total number of female drivers who tested positive for any amount of alcohol in fatal crashes has generally declined during this period from 18% to 16%.

The full report can be seen at http://www.tirf.ca/publications/publications_show.php?pub_id=274. ■

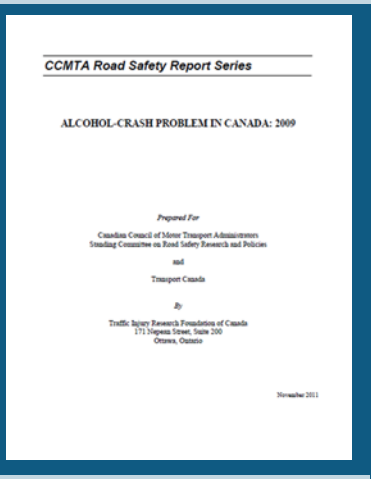
STREET RACING BY ADOLESCENTS IN ONTARIO, CANADA

A recent study conducted in Ontario, Canada, by Evelyn Vingilis and colleagues examined the prevalence and correlates of street racing among adolescents. Data were derived from the 2009 Ontario Student Drug Use and Health Survey, an epidemiological survey of students in Ontario, Canada. The key response variable, self-reported street racing in past year, was examined in relation to grade level; rural or urban; school marks; cannabis use; drinking and driving; cannabis use and driving; and property, physical, drugs, and weapons delinquencies.

Of the 3,053 (66% response rate) students in grades 9 through 12, 5.6% of high-school students (an estimated 42,000 in the province) and 20.4% of students in grades 11 and 12 with an advanced-level or full license reported driving a car, truck, or sport utility vehicle in a street race in the 12 months before the survey. Logistic regression analysis of the advanced-level or fully licensed students in grades 11 and 12 found that males compared to females and students in grade 11 compared to students in grade 12 had significantly higher adjusted odds of street racing. The cross-tabulations of 11th and 12th grade students with a full driver's license found that those who reported alcohol and drug use and other delinquent activities were significantly more likely to report street racing, although poorer marks and binge drinking did not significantly correlate with street racing. When these data were subjected to logistic regression, sex, grades, and property and drug delinquencies were significant predictors, although cannabis use, drinking and driving, cannabis use and driving, and physical and weapons delinquencies were not.

This first population-based study in North America suggested that the prevalence of street racing at 1 in 5of advanced or fully licensed high-school students in grades 11 and 12 poses significant public health concerns, especially related to the potential for unintentional injury.

[Source: Traffic Injury Prevention, 12:443–450, 2011]. ■



ALCOHOL-CRASH PROBLEM IN CANADA: 2009

The Canadian Council of Motor Transport Administrators and Transport Canada recently released a report on the alcohol-crash problem in Canada. The report, prepared by the Traffic Injury Research Foundation of Canada, describes the magnitude and characteristics of the alcohol-crash problem in Canada during 2009, as well as trends in the problem.

It includes information about the number and percentage of people killed in alcohol-related crashes; the number and percentage of fatally injured drivers who had been drinking; the number and percentage of fatally injured pedestrians who had been drinking; and the number and percentage of drivers in serious injury crashes that involved alcohol. These indicators are presented separately for each province and territory. Trends since 1995 are presented.

To view the report, go to www.tirf.ca/publications/publications_show.php?pub_id=269. ■

SWEDISH REPORT ON DISTRACTED DRIVING

The Swedish National Road and Transport Research Institute was commissioned by the Swedish government to compile research on mobile phone and other communication device usage while driving. This research is relevant to the alcohol- and drug-impaired driving field because distracted driving is often compared to impaired driving. In addition, distracted driving sometimes draws so much public and regulatory attention that impaired driving is pushed to the margins. Major findings from the literature reviewed include the following:

- Driving performance is impaired by talking on a mobile phone in controlled laboratory, simulator, and field studies.
- There is no evidence to suggest that hands-free mobile phone use is less risky than handheld use.
- The longer a driver talks, the more the driver's exposure increases, thus increasing risk. The more complex the conversation, the greater the level of cognitive distraction and the greater the risk. Therefore, short and simple conversations are less risky than prolonged engaging, interesting/complex conversations.
- A large-scale naturalistic (observational) study suggested that there was no association between safety critical events and truck drivers' mobile phone conversations. One plausible explanation for this finding is that the truck drivers choose the time and the place to make most of their phone calls and even use mobile phones (and other communication devices) to abate boredom and fatigue.
- There is broad consensus that driving performance is impaired by visual/manual interactions with mobile phones and any other device or object whether vehicle/driving related or not.
- The degree of the impairment is reflected by the time the distracting task takes to complete, the complexity of that task, the capabilities of the driver, and the traffic circumstances for the interaction.
- Engaging in social media, sending text messages, etc., are likely to drastically increase the likelihood of driving unsafely, as these activities require both visual and cognitive attention.

Most EU countries and some jurisdictions in the United States require hands-free equipment for legal mobile phone use, but none has a total ban. There appears to be a measurable compliance with the bans for the first year or so, but then frequencies of handheld use return to preban levels.

Even though a deterioration of driver performance is an established fact, through both theory and empirical methods, this fact does not allow conclusions about the actual safety impact in the real world. Some studies based on data from the real world show that telephone usage has a negative impact on safety, while others only find an impact for the visual-manual subtasks. Some studies see more and some less law compliance, but no clear safety effect seems to result from this.

Based on the data that exist so far, report authors speculate that observed performance decrements do not directly translate into an increased crash rate because most drivers usually refrain from using mobile phones in more complex traffic situations, particularly when calls are self-initiated. Drivers generally choose their moments for engaging in non-driving-related tasks. This ability to select moments of reduced attention is in contrast to the impairment caused by alcohol or other drugs, which impair the driver's performance at all times during the driving task.

The full report can be viewed at http://www.vti.se/Global/Forskningsomr%C3%A5den/M%C3%A4nniskan%20i%20transportsystemet/mobiltelefon_20111031.pdf?epslanguage=sv. ■

APIS ANNOUNCES ANNUAL UPDATE OF ALCOHOL POLICY

The Alcohol Policy Information System (APIS), a project of the National Institute on Alcohol Abuse and Alcoholism, announces its latest update of state-by-state alcohol policies. This update reports on substantive changes in state alcohol policy statutes and regulations. Highlights include the following:

Underage Drinking:

South Dakota added parent, guardian, and spousal exceptions to their Possession and Consumption of Alcohol laws.

- Nebraska enhanced its False ID law by adding a scanner provision and enacted a Use/Lose law that provides discretionary authority to impose license sanctions on youth convicted of alcohol-related offenses.
- Wyoming enacted a new law pertaining to Internal Possession of Alcohol and Consumption of Alcohol. This law contains exceptions for parental, guardians, and spousal consent. Wyoming also established a new spousal consent exception to its Possession of Alcohol law while eliminating the exception for Any Private Location in that same law.

Alcohol and Motor Vehicles:

- Mississippi reduced its BAC limit for operators of recreational watercraft from 0.10 to 0.08%.

Retail Sales of Alcohol:

- Michigan adopted a Keg Registration law, and New York repealed its law.
- Indiana suspended the mandatory training requirement in its Beverage Service Training and Related Practices law; Tennessee extended its mandatory training requirement to managers.

These and other changes to current APIS policy topics are now posted to its Web site: http://www.alcoholpolicy.niaaa.nih.gov/. Many are consistent with the goal of reducing underage drinking and its consequences, as well as alcohol-related death and injury in the general population.

This project has been 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. HHSN267200800007C. ■

GRADUATED DRIVER LICENSING STUDIES

Researchers from the Pacific Institute for Research and Evaluation (PIRE) (www.pire.org) in Calverton, Maryland, a nonprofit organization dedicated to research in several public health areas, has published the findings from three national studies it performed on the effectiveness of graduated driver licensing (GDL) systems for young drivers in the United States. GDL laws now exist in all 50 states and the District of Columbia. These laws generally require three-staged licensing for novice drivers: (1) a learner's permit for some period of time where the novice must practice driving with a licensed driver aged 21 years or older; (2) 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 (3) 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 when drinking and driving is most prevalent and driving with several distracting teens in the vehicle). Individual studies of GDL systems in the states have indicated they help reduce the crash rates of young drivers. Few national studies, however, have been conducted.

UPCOMING EVENTS

Barcelona, Spain
April 26–27, 2012
Sixth Annual Fit to Drive Conference
For more information, go to http://www.fit-to-drive.com

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

Banff, Alberta, Canada
June 10–13, 2012
Canadian Multidisciplinary Road Safety Conference
For more information, visit http://www.carsp.ca

Orlando, Florida. USA
June 14-16, 2012
Lifesavers 30th Anniversary Conference on Highway Safety Priorities
For more information, go to www.lifesaversconference.org

San Francisco, California, USA
June 23-27, 2012
35th Annual Scientific Meeting of the Research Society on Alcoholism
http://www.rsoa.org/2012meet-indexAbs.htm

UPCOMING EVENTS (CONT.)

Helsinki, Finland
September 9-11, 2012
Alcohol Interlock Symposium 13
For more information, see www.interlocksymposium.com

Gold Coast, Queensland, Australia
September 20-21, 2012
Occupational Safety in Transport Conference
For more information, go to http://ositconference.com/

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

Seattle, Washington, USA
October 14-17, 2012
56th Annual Meeting for the Advancement of Automotive Medicine
For more information, visit http://www.aaam.org

Brisbane, Queensland, Australia
August 25-28, 2013
T2013: 20th ICADTS Conference
For more information see www.t2013.com

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

GRADUATED DRIVER LICENSING STUDIES (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) showed stronger relationships to fatal crash reductions (about 8% to 13%), 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 7% to 11% 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.

In a third study, PIRE authors 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 by Asians, with no significant reductions for young Hispanics. GDL laws also had no apparent effect on speeding-related fatal crashes for any of these novice drivers. These findings from PIRE 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 (NICHD 1R21HD056344).

"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 appears in Traffic Injury Prevention, Volume 12, Issue 5, October 2011, 423-431. http://dx.doi.org/10.1080/15389588.2011.588296

"A National Evaluation of the Nighttime and Passenger Restriction Components of Graduated Driver Licensing" by James C. Fell, Michael Todd and Robert B. Voas appears in the Journal of Safety Research, Volume 42 (2011), 283-290. http://dx.doi.org/10.1016/j.jsr.2011.06.001

"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 appears in the Annals of Advances in Automotive Medicine, 55, October 2011, 51-61.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3256832/
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3256832/pdf/file016final.pdf ■

WELCOME NEW ICADTS MEMBERS

The following individuals have become members of ICADTS. We welcome them and look forward to working with them.

Dr. Alex Dawber
New Zealand

Mr. Troy Cochran
USA

Sjoerd Houwing
The Netherlands

Dr. Tara Kelley-Baker
USA ■

Mr. Sriyal Mendi
United Kingdom

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