



# REPORTER

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

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## LETTER FROM THE ICADTS PRESIDENT

I am delighted to advise members that the revised ICADTS constitution has been overwhelmingly approved. There was an excellent and positive response to the revised document and we now have a blueprint that maintains ICADTS strengths and facilitates communication about proposed activities and initiatives. I would particularly like to thank the members of the previous Board who were led by Past-President Wolf Nickel in preparing the draft document for your consideration and approval.

On behalf of the Board I acknowledge with great sadness the passing of four of our long-standing and prestigious members and colleagues, Herb Moskowitz from the USA, Jim (A.J.) McKnight, Rebecca (Beckie) Brown, and Hans-Peter Krüger. Their achievements and contributions to our special area and to road safety in general are recognized in this *Reporter* and members will feel their personal and professional loss.

The new Board has commenced the tasks arising from the changed constitution and we aim to be able to complete the bylaws in the next few months. We hope to have a draft Strategic Plan to discuss with members and seek input and advice at the ICADTS Members meeting to be held in association with T2013 in Brisbane, Australia in August.

This conference year is the key event for the Council because it is the major opportunity to meet our international colleagues and to share our research, policy initiatives and emerging concerns and achievements. There is more detailed information on the conference program elsewhere in the *Reporter*. I would like to take this opportunity to tell members about particular initiatives approved at the recent Board meeting associated with TRB in Washington. These are intended to strengthen our support for young scholars in the field and to increase our outreach to colleagues working in low and middle income countries (LMIC) in this emerging, major public health challenge. Six stipends will be offered by ICADTS for outstanding young PhD students to support their attendance at the meeting. Two further stipends will be offered to established scholars working in the field in LMIC who have ongoing support from established research and/or policy organizations recognized for their excellence. In addition, in association with the World Bank, two "ICADTS -World Bank Fellows" will be attending the meeting as part of a six month capability development program. The conference itself has an exciting program and initiatives reflecting the Council's international profile.

## 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.

## LETTER FROM THE ICADTS PRESIDENT (CONT.)

Another important development that we hope will be completed for the conference is the presentation of the final stage of transferring the Proceedings of all ICADTS conferences to electronic format. This has been a major task but its value as a research and historical record will be invaluable.

ICADTS has been very well served by this team, and I warmly thank them on your behalf.

I look forward enormously to welcoming you all in Brisbane, Australia in August and meeting to share our achievements and challenges.

Mary Sheehan AO  
ICADTS President ■

## U.S. FOOD AND DRUG ADMINISTRATION ALERTS PUBLIC TO DRIVING DANGER FROM SLEEPING MEDICATIONS

On January 10, 2013, the U.S. Food and Drug Administration (FDA) alerted doctors and patients of concerns over the effects of drugs on driving performance. This is the first time that they have taken such an action. They notified the public of new information about zolpidem, a widely prescribed insomnia drug. FDA recommends that the bedtime dose be lowered because new data show that blood levels in some patients may be high enough the morning after use to impair activities that require alertness, including driving. This announcement focuses on zolpidem products approved for bedtime use, which are marketed as generics and under the brand names Ambien, Ambien CR, Edluar, and Zolpimist.

FDA is also reminding the public that all drugs taken for insomnia can impair driving and activities that require alertness the morning after use. Drowsiness is already listed as a common side effect in the drug labels of all insomnia drugs, along with warnings that patients may still feel drowsy the day after taking these products. Patients who take insomnia drugs can experience impairment of mental alertness the morning after use, even if they feel fully awake.

For more information, go to:

<http://www.fda.gov/Drugs/DrugSafety/ucm334738.htm> ■

## CHRONIC USE OF CANNABIS LEADS TO LONG-LASTING DECREMENTS IN DRIVING PERFORMANCE

A recent study found that among chronic cannabis users, performance on driving related tasks was affected as much as three weeks after drug use was stopped.

This study assessed psychomotor function in chronic, daily cannabis smokers during 3 weeks continuously monitored abstinence on a secure research unit. Performance on the critical tracking (CTT) and divided attention (DAT) tasks was assessed in 19 male chronic, daily cannabis smokers at baseline and after 8, 14–16 and 21–23 days of continuously monitored abstinence. Psychomotor performance was compared to a control group of non-intoxicated occasional drug users. Results showed that chronic cannabis smokers' performance on the CTT and the DAT was impaired during baseline relative to the comparison group. Psychomotor performance in the chronic cannabis smokers improved over 3 weeks of abstinence, but did not recover to equivalent control group performance.

Source: Psychomotor Function in Chronic Daily Cannabis Smokers during Sustained Abstinence (2013) Wendy M. Bosker, Erin L. Karschner, Dayong Lee, Robert S. Goodwin, Jussi Hirvonen, Robert B. Innis, Eef L. Theunissen, Kim P. C. Kuypers, Marilyn A. Huestis, Johannes G. Ramaekers. PLOS ONE 10.1371/journal.pone.0053127. ■



## RECIDIVISM OF DUI DRIVERS AFTER MEDICAL-PSYCHOLOGICAL ASSESSMENT



The recidivism rates of first-time and repeat drink-driving offenders in Germany who had to submit to a medical-psychological assessment (MPA) and, in some cases, attend a driver improvement course were observed for a probation period of 3 years. The observed cases (MPA-groups) were recruited from the archives of the MPA organizations TÜV and DEKRA in proportion to the number of MPA drunk drivers who were assessed in 2006 within each organization. The recidivism data were gained from the Central Index for Traffic Offences (VZR), which is operated by the Federal Motor Transport Authority (KBA).

The recidivism rates of the MPA-groups were compared with the rates of a control-group that consisted of a group of drunk drivers with a minor DUI-offence (BAC-level of < 1,1‰) and who, according to German licensing regulations, did not have to undergo an assessment or any other kind of intervention measure.

Whereas the minor offense group members received their licenses automatically after the ban period, the MPA group members did not get their licenses reinstated automatically after the ban period. These group members had more than one offense and/or significantly higher BACs. They were required by law to undergo the MPA and turn in a written expert report on their fitness to drive before reinstatement.

Findings of the study showed that drivers who underwent an MPA and were deemed at “low risk of recidivating” were, in fact, less likely to reoffend. Some of those assessed as being at “higher risk of recidivating” were required to participate in a driver improvement course to lower their risk before their license could be reinstated.

The core findings of this study show that the recidivism rates are equally low for the MPA and the minor-offense-groups. Offenders who did not have a subsequent offense were found at 91,8% for the minor offense group and between 91,7% and 93,5% for the MPA-groups. In comparison to the findings of earlier evaluation studies (ALKOEVA and EVAGUT), the results of this study show a further increase in the percentage of drivers without a relapse after having passed the MPA.

Altogether, the presented results strongly indicate the predictive reliability of the MPA of drunk drivers and demonstrate the effectiveness of the present German licensing procedure in preventing recidivism. The MPA can therefore be regarded as an important traffic safety measure.

A detailed presentation of the reported results and a description of how the German legal system deals with DUI-offences can be found at <http://www.vdtuev.de/mpa-evaluation/>. ■

## SPECIAL ENFORCEMENT PROGRAM REDUCES FATALITIES IN WASHINGTON STATE

Highly visible sobriety checkpoint programs have been shown to be an effective method of reducing alcohol-related driving crashes. However, the use of checkpoints is prohibited in 12 states in the United States, including Washington. On July 1, 2010, the Target Zero Teams Project (TZTP) began in the three largest counties in Washington State. The program involves the deployment of a fully dedicated team of Washington State Patrol troopers concentrating on nighttime enforcement of impaired driving. These troopers were not responsible for responding to calls for service. Rather, they were assigned exclusively to impaired-driving enforcement.



## SPECIAL ENFORCEMENT PROGRAM REDUCES FATALITIES IN WASHINGTON STATE (CONT.)

In the first 10 months of Washington's TZTP, the participating counties experienced larger declines in alcohol- and drug-involved fatalities and in speeding-related fatalities than the rest of the state, and the next two largest counties in the state when compared to the average for the same 10-month period averaged over the previous 5 years. For the first 10 months of the project, alcohol-and drug-involved fatalities decreased by up to 42.6%. Decreases in speeding-related fatalities for the first 10 months of the TZTP, compared to the average for same period over the past 5 years, were up to 52.1%.

For more information, go to [www.nhtsa.gov/staticfiles/nti/pdf/811687.pdf](http://www.nhtsa.gov/staticfiles/nti/pdf/811687.pdf). ■

## RISK BEHAVIORS OF YOUNG DRIVERS IN AUSTRALIA

A recent report from Monash University in West Australia examines the risk behaviors of young drivers. Specifically, young Australians aged 17-25 years have high rates of death and hospitalization due to injury, particularly through their use of motor vehicles. Although the lack of experience and skills and developmental immaturity clearly contribute to the high crash risk of young drivers, other risk-related behaviors, such as speeding and drunk and drugged driving, play a part. There is strong evidence to show that these risky on-road behaviors do not occur in isolation of other risky lifestyle practices by young people, such as the use of tobacco (smoking) and the use and abuse of alcohol and illicit sub-stances.

The overall aim of this project is to understand risky-driving behaviors and their outcomes within the larger context of the practice of health-risk behaviors among youth and young adults aged 17-25 years locally and internationally. The report summarizes the literature on use of alcohol, tobacco, and illicit drugs; sex and unsafe sexual practices; and intentional self-harm and suicide in this age group. Among the findings: though young drivers do not engage in drink driving to the extent of other older age groups, the prevalence is still relatively high, and they are more likely to be involved in a serious crash when they do drink alcohol and drive. This is possibly due to their lack of driving experience coupled with their lower tolerance of the effects of alcohol. The most recent Western Australia evidence shows that young drivers are overrepresented in fatal crashes involving a BAC greater than zero (based on the proportion of the licensed driver population they represent).

To view the full report, see

<http://deepblue.lib.umich.edu/bitstream/2027.42/94210/1/102889.pdf>. ■

## DRINK-DRIVING COLLISION DATA IN GREAT BRITAIN

The Department for Transport in Great Britain presented provisional estimates for drink-driving road crashes. Main findings show that deaths resulting from drink-driving road crashes increased by 12% from 250 in 2010 to 280 in 2011, and serious injuries rose by 3% from 1,250 to 1,290. Casualties sustaining slight injuries from drink-driving collisions also increased by 3% from 8,210 to 8,430. This is the first increase observed in killed or seriously injured individuals from alcohol-related road crashes since 2002. Overall, total casualties resulting from alcohol-related road collisions rose by 3% from 9,700 to 9,990. The number of fatal crashes attributed to alcohol rose to 260 in 2011, an increase of 18% relative to 2010. Overall drink-driving crashes rose by 2% from 6,630 to 6,730. Deaths resulting from road collisions attributed to alcohol represented 15% of all road deaths in 2011 (6% of serious injuries). Concerning police enforcement and alcohol checks on UK roads, 54% of drivers that were involved in a road crash were tested for alcohol in 2011. This proportion has remained relatively stable across the last 3 years (2009 to 2011).

The complete document can be found at

<http://assets.dft.gov.uk/statistics/releases/road-accidents-and-safety-drink-drive-estimates-2011/road-accidents-and-safety-drink-drive-estimates-2011.pdf>. ■



Billboard used to Promote TZTP



## COMMUNITY-BASED IMPAIRED-DRIVING PROGRAM

The U.S. National Highway Traffic Safety Administration has published a report summarizing a wide range of community-based programs, including those that focus on educating people about the dangers of driving impaired, keeping people from becoming too impaired to drive, preventing them from driving after drinking, stopping them while driving impaired, and keeping DUI offenders from repeating the behavior. Although many impaired-driving programs are implemented at the state level, many appropriate, effective, and promising strategies and legislation can be implemented on a local level. The publication includes materials that enhance understanding of communities' impaired-driving problem as well as descriptions of strategies that can be implemented at the community level to reduce impaired driving.

Among the strategies discussed are those that address the availability, sales, and service of alcohol, including responsible beverage service programs intended to prevent sales to minors and overservice to intoxicated patrons; local ordinances that prohibit or restrict the use of alcohol on public property, such as parks, beaches, and parking lots; controlling the density of alcohol outlets; dram shop laws that make a business that sells alcoholic drinks or a host who serves alcohol to a person who is obviously intoxicated strictly liable for anyone injured by the drunken patron or guest; keg registration requiring retailers to mark, track, and monitor all beer kegs and record who purchases them; party assembly ordinance used to control sound levels and alcohol service at large private or public gatherings of people; and alcohol retail compliance operations or checks to deter sales to underage persons. The report also describes programs to enhance enforcement and to improve the screening and monitoring of impaired-driving offenders.

To view the full report, go to [www.nhtsa.gov/staticfiles/nti/pdf/811678.pdf](http://www.nhtsa.gov/staticfiles/nti/pdf/811678.pdf). ■

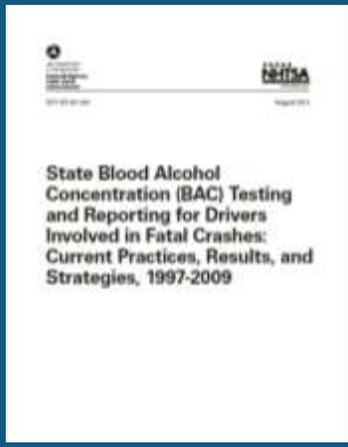
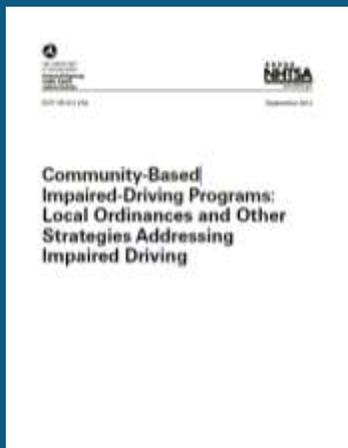
## STATE-BY-STATE REPORT ON BAC TESTING IN FATAL CRASHES

A recent report prepared for the U.S. National Highway Traffic Safety Administration documents current state blood alcohol concentration (BAC) testing and reporting practices and results for drivers involved in fatal crashes. It summarizes known BAC results by state for the years 1997 to 2009 for both fatally injured and surviving drivers and provides an overview of state practices. It documents case studies of nine states, each of which has improved or maintained high rates of BAC testing and reporting. The objectives of the project were to identify states that have recently improved their BAC test reporting or have had consistently high levels of BAC test reporting and to determine what steps were taken by states to improve or establish their BAC test reporting programs.

Accurate and complete data on BAC levels for drivers in fatal crashes is critical to developing alcohol-impaired-driving programs, evaluating their effectiveness, and monitoring overall alcohol-impaired-driving levels. These data are reported in the U.S. Fatality Analysis Reporting System and comes from the individual states, the District of Columbia, and Puerto Rico. The reporting levels vary substantially from state to state and, in some states, from year to year.

Nationwide, the known BAC rate for driver fatalities was constant at approximately 70% from 1997 through 2006 and increased to 75.9% in 2008. The known BAC rates for surviving drivers followed a similar pattern: constant at about 26% through 2007, increasing to 29.3% in 2008, and likely rising in 2009. The rates for individual states vary substantially. In 2008, they ranged from 25% to 98.6% for fatally injured drivers and from 1.3% to 91.3% for surviving drivers. The states divide almost equally into those requiring, by law, testing for all or almost all fatally injured drivers (25 states) and those with no law (22 states) for which the standard probable-cause requirement for an impaired driving investigation applies. Only seven states require testing for surviving drivers, whereas a majority of the remaining states has no requirement beyond probable cause. The median rate for surviving drivers in 2009 was more than 30 percentage points higher than the average rate, and 23 percentage points higher for the law States than probable-cause States.

To view the full report, go to [www.nhtsa.gov/staticfiles/nti/pdf/811661.pdf](http://www.nhtsa.gov/staticfiles/nti/pdf/811661.pdf). ■



## BREATH-TEST REFUSALS AND THEIR EFFECTS ON DRINKING-AND-DRIVING PROSECUTION

A recent study in the United States examined the rate of drinking-driver offenders who refuse to take breath tests and the effect on impaired-driving prosecution. The study, carried out for the U.S. National Highway Traffic Safety Administration of the Department of Transportation, found relatively little change in refusal rates in the Nation as a whole since 2001, and indeed, since 1987. The mean rate of refusals in the study was 21%. Further, it appears that the distribution of refusal rates among states (i.e., from lowest to highest) has changed little since 1987. Despite this stability in terms of change and distribution nationally, there have been notable changes in some individual states since 2001. A few states, for example, had at least a 10% reduction in their refusal rates, and several had at least 10% increases.

Impaired-driving offenders can be charged with offenses based on either driving above the per se limit (e.g., a blood alcohol concentration [BAC] of .08 grams per deciliter in every state) or driving while impaired (based on evidence proving impairment). In some States, an offender can be charged based on a breath-test refusal; in some States, a refusal can be admitted into evidence to show impairment.

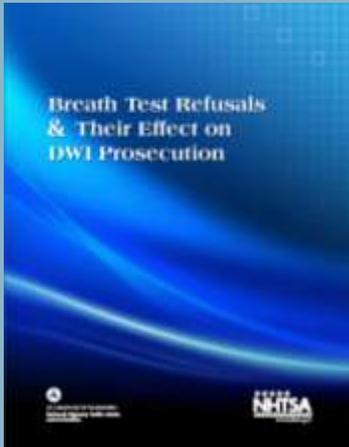
This report seeks to determine whether breath-test refusals and the resulting lack of evidence regarding BAC reduce the likelihood of conviction for driving while intoxicated (DWI). This could occur in a failure to charge for the DWI offense or in a failure to convict, given such a charge.

In addition to updating refusal rates, the study involved a more in-depth case-study approach in selected jurisdictions in five states. Many states across the United States have established harsher penalties for offenders who refuse to submit to breath tests. This has been encouraged by federal impaired-driving incentive grant programs in an effort to discourage offenders from refusing. Both fine and jail penalties were consistently harsher in the five study sites for refusers than for nonrefusers.

The two in-depth study sites with the highest DWI conviction rates for both refusers and nonrefusers were Ramsey County, Minnesota, and Omaha, Nebraska. These sites also had the lowest statewide refusal rates. Interestingly, in both cases, state law had criminalized refusal and made the consequences of a refusal the same as a DWI conviction. Also of interest was the fact that both sites prosecuted very high percentages of those arrested for DWI.

The relationship between statewide refusal rates and conviction rates is complex. Within study sites, there was not a clear relationship between refusing a BAC test and the probability of conviction for DWI. In one site (Ramsey County), refusers had a substantially higher conviction rate than nonrefusers; in three sites (Montgomery County, Omaha, and Bernalillo County), conviction rates among refusers and nonrefusers were more similar; and in the remaining site (King County), refusers had a substantially lower conviction rate.

To view the full report, go to [www.nhtsa.gov/staticfiles/nti/pdf/811551.pdf](http://www.nhtsa.gov/staticfiles/nti/pdf/811551.pdf). ■



## ICADTS SEEKING NOMINATIONS FOR WIDMARK, BORKENSTEIN, AND HADDON AWARDS

ICADTS is seeking nominations for its three major awards, which will be presented at T2013 in Brisbane. At each Conference, with the concurrence of a majority of the Executive Board, the Awards Committee may confer up to three Widmark Awards for outstanding contributions to the field; up to three Borkenstein ICADTS Awards to recognise individuals who have made outstanding contributions to international cooperation in alcohol- and drug-related traffic safety programs; and one Haddon Award to recognise meritorious service by individuals in nongovernmental organisations.

The Widmark Award was established in 1965 in honor of Prof. Erik Widmark of the University of Lund in Sweden. Prof. Widmark carried out some of the most influential early research in pharmacology and alcohol. The award is the highest honor ICADTS can confer to individuals and organizations who have made outstanding and sustained contributions to the field of alcohol, other drugs, and traffic safety and who have an impressive record of accomplishment.

The Haddon Award was established in 1999, in honor of physician and epidemiologist William Haddon who was a pioneer in the highway safety field. The award recognizes individuals who have made outstanding contributions to scientifically based changes in public policy.

The Borkenstein Award was recently established by ICADTS in honor of one of ICADTS early founders, Prof. Robert Borkenstein, developer of the Breathalyzer, to recognize individuals who have contributed to international cooperation.

Nominations should be sent to ICADTS Past President Wolf Nickel at [w.nickel@t-online.de](mailto:w.nickel@t-online.de) by June 30, 2013.

*ICADTS members who want further information about the life and work of Erik MP Widmark are referred to the following articles:*

R. Andreasson and AW Jones. Erik MP Widmark (1889-1945) Swedish pioneer in forensic Alcohol Toxicology. *Forensic Sci Int* 72;1-14, 1995.

R. Andreasson and AW Jones. The life and work of Erik MP Widmark. *Am J Forensic Med Pathol* 17;177-190, 1996.

AW Jones. Erik MP Widmark bridged the gap between forensic toxicology and alcohol and traffic safety research. *Blutalkohol* 46;15-23, 2009. ■

## REGISTRATION OPEN FOR 2013

Registration is open and a stimulating scientific program is set for T2013: the 20th International Council on Alcohol, Drugs and Traffic Safety Conference to be held in Brisbane from 25-28 August 2013.

T2013 Conference Chair and CARRS-Q Director Professor Barry Watson said the recent call for abstracts had attracted 170 abstracts for oral and poster presentation.

“We are excited by the high calibre of submissions received and the strong scientific program we’ll be offering in Brisbane this year.”

An update on major global developments, key geographic regions of emerging issue and at risk populations will be provided by international keynote speakers including:

- Dr. Ralph Hingson, Director of the Division of Epidemiology and Prevention Research, US National Institute on Alcohol Abuse and Alcoholism;
- Pablo Martinez Carignano, Road Safety General Director of the Buenos Aires City Government;
- Dr. Leilei Duan, Director of the Injury Prevention Division, National Centre for Chronic and Non-communicable Disease Control and Prevention, China CDC;
- Dr. Kazuko Okamura, Senior Researcher, National Research Institute of Police Science, Japan; and
- Dr. Wolf-Rudiger Nickel, ICADTS President.



## REGISTRATION OPEN FOR 2013 (CONT.)

Interest was particularly demonstrated with abstract submissions in the areas of: epidemiology; legislation and enforcement; prevention and rehabilitation; detection, measurement, testing and forensics; prescription medications and illicit drugs; and challenges for low and middle income countries.

T2013 will provide an exciting global forum for researchers, academics and professionals involved in road safety and injury prevention research and policy, particularly from the fields of drugs and alcohol, to discuss and present on the latest innovative research and programs being undertaken.

“The full conference program will be released on the conference website in April and will include presentations, workshops, symposia and discussion, as well as dedicated programs for young scientists, early career researchers, students and those from low and middle income countries,” Professor Watson said.

The following organisations have confirmed their sponsorship of T2013:

- Alcoliser (Platinum Sponsor);
- Institute for Health & Biomedical Innovation (Foundation Sponsor);
- Securetech Detektions Systeme AG (Gold Sponsor);
- National Highway Traffic Safety Administration (Gold Sponsor);
- Alere (Silver Sponsor);
- Dräger (Silver Sponsor);
- Motor Accident Insurance Commission (Bronze Sponsor); and
- Suncorp Insurance (Bronze Sponsor).

“Many more key organisations will feature at the conference trade exhibition and we are delighted to be partnering with the leading stakeholders in the field of impaired driving,” Professor Watson said.

T2013 is expected to attract 400 delegates from around Australia and overseas, drawn from the areas of traffic and transport psychology, public health, law, medicine, economics, law enforcement, public policy, education, pharmacology, toxicology, forensic science, human factors, and alcohol intervention and rehabilitation.

The Australasian Road Safety Research, Policing and Education Conference ([www.rsrpe2013.com.au](http://www.rsrpe2013.com.au)), one of the most important road safety conferences in Australasia, will immediately follow T2013 in the same Brisbane venue from 28-30 August 2013.

The staging of these two leading road safety forums in tandem in Brisbane presents an exciting professional development and vacation opportunity in Queensland’s beautiful sub-tropics.

Online registration is now open, and further information on T2013 can be found at [www.t2013.com](http://www.t2013.com). ■

## IN MEMORIAM

### Rebecca (Beckie) Brown

Beckie Brown, President of Mothers Against Drunk Driving (MADD) from 1993 to 1995, died on November 6, 2012. The grassroots citizen activist group played a pivotal role in the strengthening of impaired driving laws which led to a dramatic reduction in alcohol related fatalities between 1980 and 1997 in the United States. Beckie helped to bring scientific research to influence MADD’s policy agenda. In 1988, Beckie represented MADD as the Public Policy Committee Chairperson at the Surgeon General C. Everett Koop’s Workshop on Drunk Driving. She recruited nationally recognized research scientists to participate in MADD’s national board of directors and helped to convene a national conference in 1995 of scientists and law enforcement officials and MADD advocates that set a goal of reducing drunk driving deaths 20% by 2000. That goal was achieved just two years later, in 1997 Her emphasis on translating science into action played a significant role in ICADTS presenting to MADD the Widmark Organizational award for outstanding contributions to alcohol safety.

## UPCOMING EVENTS

### **Washington, DC, USA**

April 3-5, 2013

Alcohol Policy 16

<http://www.silvergategroup.com/ap16/>

### **Denver, Colorado, USA**

April 14-16, 2013

Lifesavers Conference

<http://www.lifesaversconference.org/>

### **Berlin, Germany**

April 25-26, 2013

7th International Fit to Drive -  
Congress

[www.fit-to-drive.com](http://www.fit-to-drive.com)

### **San Francisco, California, USA**

May 28-31, 2013

Society for Prevention Research  
21<sup>st</sup> Annual Meeting

<http://www.preventionresearch.org/2013-annual-meeting/>

### **Montréal, Québec, Canada**

May 26-29, 2013

23<sup>rd</sup> Canadian Multidisciplinary  
Road Safety Conference

[www.cmrc.ca](http://www.cmrc.ca)

## IN MEMORIUM (CONT.)

### **James McKnight**



James McKnight passed away on October 29th in 2012 at his home in Annapolis, Maryland USA, at the age of 82. Jim was a pioneer and long-time leader in the field of traffic safety research, doing creative and cutting-edge work in many areas. He did perhaps the earliest study of a fledgling Graduated Licensing System in Maryland more than 30 years ago. He did work with all kinds of vehicles aside from the automobile, including motorcycles, mopeds, heavy trucks, and police vehicles. He had a role in developing training programs for high school students, motorcycle operators, police officers, bus drivers, truck drivers, drinking drivers, and elderly drivers. In addition to his research on those who operate motor vehicles, he conducted important research on safety practices of individuals involved in the impaired-driving problem, such as alcohol servers and supervisors. Jim was Founder and Director of the National Public Safety Research Institute (NPSRI) for many years which received ICADTS' Organizational Widmark Award for its scientific achievements.

### **Prof. Dr. Hans-Peter Krüger**



ICADTS member Prof. Dr. Hans-Peter Krüger died on October the 24th of 2012 at the age of 66. He was a full professor of methodology and traffic psychology at Würzburg University in Germany and founder of the Center of Traffic Sciences in Würzburg (IZVW). He was the leading researcher of Traffic Psychology in Germany and especially of research concerning alcohol, drugs, and traffic safety. In 1990, a comprehensive review on the effects of low alcohol concentrations was the beginning of his research on psychoactive substances. The alcohol review was one major argument to introduce the 0.05 g/dL BAC limit in Germany. The German re-unification provided the chance to conduct the first German Roadside Survey in 1992-1994. Experts from the ICADTS conference in Cologne contributed greatly to the design and methodology of this study. The results were used to introduce the zero-alcohol-limit for young drivers in Germany. Hans-Peter Krüger continued in this research area including a large field study on drugs and driving, simulator experiments examining legal drugs, and contributed to the European DRUID project.

## UPCOMING EVENTS (CONT.)

### Grand Cypress, Florida, USA

June 22-26, 2013

Research Society on Alcoholism

36th Annual Scientific Meeting

<http://www.rsoa.org/2013meet-indexAbs.htm>

### Brisbane, Queensland, Australia

August 25-28, 2013

T2013: 20<sup>th</sup> ICADTS Conference

For more information see

[www.t2013.com](http://www.t2013.com)

### Brisbane, Queensland, Australia

August 28-30, 2013

Australasian Road Safety

Research, Policing and Education  
Conference

[www.rsrpe2013.com.au](http://www.rsrpe2013.com.au)

### Quebec City, QC, Canada

September 22-25, 2013

Association for the Advancement of  
Automotive Medicine

57<sup>th</sup> Annual Conference

<http://www.aaam.org/>



To view past issues of the  
REPORTER please visit:  
[http://www.icadts.nl/reporter/re-  
porter.html](http://www.icadts.nl/reporter/reporter.html)

## IN MEMORIAM (CONT.)

In March 2012, Hans-Peter Krüger retired from his duties as a full professor. Until the end, he developed new ideas that will influence German traffic psychology in the years to follow. The loss of his expertise and active participation in ICADTS will be greatly felt in our research community.

*Contributed by ICADTS member Prof. Dr. Mark Vollrath, Speaker of the working group Traffic Psychology within the DGPs, Head of the Department of Engineering and Traffic Psychology at Technische Universität Braunschweig, Germany.*

## Herbert Moskowitz



Herbert Moskowitz, long-term ICADTS member and Widmark Laureate, died on November 21, 2012. Dr. Moskowitz developed expertise at the intersection of engineering psychology and psychopharmacology, and pioneered the use of quantitative measures to study alcohol, drugs, and traffic safety. Born in New York, January 22, 1925, he earned a bachelor's degree in physics from the University of California, Berkeley, in 1948 and a doctorate in experimental psychology from the University of California Los Angeles (UCLA) in 1958. As a Professor at the University of California Los Angeles and California State University at Los Angeles, he helped define the traffic safety field through 60 years of study, winning numerous awards including the ICADTS Widmark award. Among his most noteworthy findings was that as little as one drink of alcohol measurably affects performance and increases accident risk. His discoveries have had a major impact on public health, leading to the lowering of the legal blood alcohol limits in the United States and other nations and to the widespread testing of new pharmaceuticals for untoward performance effects. ■

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