



# REPORTER

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

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

The International Council on Alcohol, Drugs & Traffic Safety (ICADTS) is an independent nonprofit body whose only goal is to reduce mortality and morbidity brought about by misuse of alcohol and drugs by operators of vehicles in all modes of transportation.

**T2016 Gramado – Brazil**  
21st International Council on Alcohol, Drugs and Traffic Safety Conference



## MESSAGE FROM THE ICADTS PRESIDENT

Dear Members of the Council,

For the past six months, ICADTS, in association with the World Bank, has supported the activities of two senior professional Fellows from Viet Nam. Ms Luong Hong Thi Tran and Ms Hoa Thanh Vu have worked at the Centre for Accident Research and Road Safety – Queensland (CARRS-Q) in Brisbane, Australia. CARRS-Q was very pleased to host the Fellows and the completion of the Fellowships has been a major accomplishment for ICADTS. The Fellows attended T2013 in Brisbane and numerous other workshops and conferences with a particular focus on the needs and challenges for safety in low and middle income countries. A major part of their program involved placements with relevant road safety institutions and government departments. They also attended a number of road safety courses at the Queensland University of Technology. The Fellows have developed a policy direction report as a part of the Fellowship: “Drink Driving and Wearing Helmets Related to Motorcycles in Ha Noi, Viet Nam.” Ms Tran and Ms Vu have returned to Viet Nam with increased knowledge about their field, a network of contacts in ICADTS and CARRS-Q and extended professional links with international colleagues from China and Southeast Asian countries.

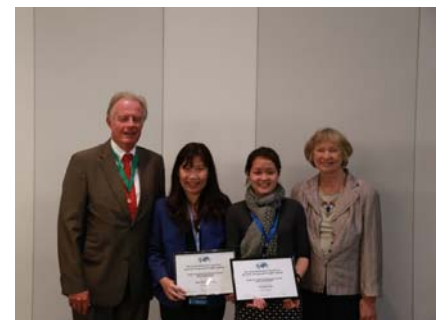
Funding from the ICADTS Foundation supported these two Fellows as they worked in Australia and represents a major step for ICADTS in our outreach to low- and middle-income countries. As an organisation, ICADTS has contributed meaningfully to traffic safety in regions around the world – but mostly in higher income countries. We are now committed to expanding our efforts to encompass low- and middle-income areas. We have established an Expert Working Group of members on *Low- and Middle-Income Countries* and are siting our next major conference, T2016, in Brazil.

Our European members will be interested to learn that the mid-year Board and Foundation meetings will be held in Warsaw, Poland in association with the *Fit to Drive* conference in May. We look forward to meeting with some of you there.

Mary Sheehan, ICADTS President ■



Left to Right: Hoa Vu, Luong Tran, Mary Sheehan (ICADTS President), and Han deGier, (ICADTS Foundation)



Left to Right: Han deGier (ICADTS Foundation), Luong Tran, Hoa Vu, and Mary Sheehan (ICADTS President).

## T2016 IN GRAMADO, BRAZIL — BUT WHY BRAZIL?

Planning is well underway for T2016, which will take place October 2-5, 2016 in the charming resort town of Gramado in southern Brazil. ICADTS is making a serious effort to broaden our participation, especially in low- and middle-income countries, around the world. Siting our triennial conference in Brazil will be an important milestone in this effort and we look forward to greeting delegates from around the world.

With a population of almost 200 million inhabitants, a GNP of almost US\$ 2 trillion, 9,000 km of shore, and bordering 10 South American countries, Brazil is considered by many as a promising candidate for the final leap into the developing and multi-connected world of the 21st century. However, due to disparities in its developmental process, Brazil still hangs between significant and conflicting barriers – the implementation of hard, science-driven policies to counter the historical inequalities of its distribution of wealth, and the increasing growth of its middle-class, as testified in the last 20 years. The choice of the picturesque town of Gramado is strategic. It lies in a chain of hills where German and Italian settlers moved in two waves of colonization more than a century ago. Packed with attractions, it is cozy and charming town nice to walk around during the day or night. There are dozens of restaurants and bistros, a wide range of accommodations – from secluded, charming hotels to major conference resorts, such as Serrano Convention Center, located in the heart of town. The city is 116km from Porto Alegre, the capital of Rio Grande do Sul State, which is served by international flights from Europe, the U.S. and Central America, as well as from South American countries.

As a country of diverse and multicultural aspects, Brazil has seen an increase in the motorization of its population. The fast urbanization processes have come to a high price – the number of traffic crashes has not decreased in the last decade, while the number of cars in large metropolitan areas is growing. As an example of contrasts, Brazil has quite modern laws with regard to DWI, which would lead us to believe that its effect has already been felt by its population. Unfortunately, the enforcement of such laws and the generation of habits of secure and safe driving have generated clashes of gigantic proportions between policymakers, lawyers, and the public in general. For instance, while some believe it is appropriate to have tough, “zero tolerance” laws against drunk driving, there are significant groups in the country which advocate that asking for a breath test for an individual on the road is against constitutional rights.

That scenario sets the stage for a spectacular window of opportunity, and the Center for Drug and Alcohol Research (CPAD) of the Hospital de Clinicas of Porto Alegre and the Federal University of Rio Grande do Sul have been selected to host the 21st Official ICADTS meeting — the first to be held in South America. The local organizing committee has already acknowledged the outstanding support from the ICADTS Board and many of its members for hosting this conference in Brazil, which will generate momentum for Brazilian and South American scientists, policymakers, law enforcement personnel and others to learn, share expertise, and advocate for advancements and implementation of technologies in this field. The CPAD works in a wide range of areas related to drug and alcohol abuse and its three main pillars, Teaching/Research, Drug Abuse Treatment, and Social Reintegration, are led by highly trained professionals. The host and Chair of the Organizing Committee for T2016 is Flavio Pechansky, who has carried out important research on impaired driving in Brazil. Director of the Collaborating Center, Dr Pechansky (MD, MSc, PhD), is a tenured Professor of Psychiatry at the Federal University of Rio Grande do Sul where he coordinates dozens of professionals under different lines of action which are concentrated in two major large areas: drug abuse and dependence, and drugged/drunken driving. They are responsible for adapting, testing, and multiplying appropriate techniques for different sources of professionals in the country, by means of specialty and postgraduate programs already in place, aimed at different professional capacities (health professionals, professionals of the social network area, law enforcement, and policymakers). The challenge already incorporated by the group is to make the Center a landmark for Brazil.

Dr Pechansky has carried out important research on impaired driving in Brazil and is planning a stimulating and innovative program for the conference. Look forward to upcoming launch of the official T2016 website. Until then, you can learn more about T2016 by contacting Dr Pechansky at [flaviopechansky@gmail.com](mailto:flaviopechansky@gmail.com). ■

## UNSAFE AT ANY LEVEL: VERY LOW BLOOD ALCOHOL CONTENT ASSOCIATED WITH CRASHES

Even “minimally buzzed” drivers are more often to blame for fatal car crashes than the sober drivers they collide with, reports a University of California, San Diego study of accidents in the United States. Led by UC San Diego sociologist David Phillips and published in the British Medical Journal group’s *Injury Prevention*, the study examined 570,731 fatal collisions, from 1994 to 2011.

The researchers used the official U.S. Fatality Analysis Reporting System (FARS) database for the study, because it is nationally comprehensive and because it reports on blood alcohol content (BAC) in increments of 0.01%. They focus particularly on drivers with BACs of 0.01 to 0.07%, and, within this group, drivers at very low BAC (0.01%).

Phillips and his co-authors found that drivers with BAC 0.01% – well below the U.S. legal limit of 0.08 – are 46% more likely to be officially and solely blamed by accident investigators than are the sober drivers they collide with. The authors also found no “threshold effect” – “no sudden transition from blameless to blamed” at the legal limit for drunk driving. Instead, blame increases steadily and smoothly from BAC 0.01 to 0.24%.

The researchers measured culpability for crashes by looking at more than 50 driver factors coded in the FARS database, including such “unambiguous” factors as driving through a red light or driving on the wrong side of the road.

Many of the study’s analyses take advantage of what the authors call a natural experiment: two-vehicle collisions between a sober and a drinking driver. “Because the two drivers collide in exactly the same circumstances and at exactly the same time,” they write, “this natural experiment automatically standardizes many potentially confounding variables,” including weather and roadway conditions.

“The findings are unequivocal,” Phillips said, adding, “We find no safe combination of drinking and driving – no point at which it is harmless to consume alcohol and get behind the wheel of a car. Our data support both the National Highway Traffic Safety Administration’s campaign that ‘Buzzed driving is drunk driving’ and the recommendation made by the National Transportation Safety Board, to reduce the legal limit to BAC 0.05%. In fact, our data provide support for yet greater reductions in the legal BAC.”

*Source: Inj Prev*, 2014 Jan7. doi: 10.1136/injuryprev-2013-040925. [Published online ahead of print] ■

## INTERNATIONAL CENTER FOR ALCOHOL POLICIES (ICAP) LAUNCHES NEW DATABASE

ICAP has launched the **International Alcohol Information Database (IAID)** online at [www.drinksresearch.org](http://www.drinksresearch.org). This resource is publicly accessible and was created to provide an easily searchable database of published research on alcohol covering multiple disciplines, including biomedical, socio-behavioral, prevention, treatment, policy, and regulatory research fields. Citations are compiled from more than 3,550 peer-reviewed journals from around the world, and the included research is available in 30 languages and from more than 150 countries.

The continually updated database has approximately 50,000 citations from peer-reviewed research journals dating back to 2003, which are accessible either through a single-field general search or advanced search options. The advanced search allows users to refine their results through title, author, journal, or publication date, as well as through an extensive list of keywords, the countries covered in the research, or the original publication language. There is no cost to search, register, or access the database’s content. ■

## EFFECTS OF .05 AND .08 BAC IN DRIVER SIMULATORS

A recent study carried out for the New Zealand Transport Agency was designed to (1) evaluate the effects of alcohol on the psychomotor, cognitive and driving abilities of New Zealand drivers across the 0.05% and 0.08% blood alcohol concentration (BAC) levels; and (2) identify the relationship between drivers' perception of intoxication and the actual level of impairment produced.

Sixty-one participants (33 men and 28 women) were randomly assigned to one of three alcohol dose groups: a high alcohol group (0.08% BAC); a medium alcohol group (0.05% BAC); and a placebo control group. The analysis showed that 0.08% BAC produced significant impairment across a broad range of cognitive and driving measures, relative to the participants in the placebo condition. The participants with a BAC level of 0.08% had significant increases in edge and centre line crossings in the driving simulator, spent significantly longer amounts of time over the edge line and centre line, displayed a disinhibition of reactions to hazard 'false alarms' (vehicles at intersections) and had much higher peak speeds. These participants also did more poorly in a test battery of cognitive performance measures.

The participants with a BAC of 0.05% also showed some performance impairment on these measures, but the level of impairment was not large enough to be statistically worse than the placebo control condition for the number of edge line crossings, seconds spent over the edge line, peak speed, or any of the cognitive performance measures. At 0.05% BAC only the number of centre line crossings and amount of time spent over the centre line were significantly worse than the performance seen for the placebo condition. The centre line crossing measures indicated that participants at both BAC levels (0.08% and 0.05%) tended to exaggerate their steering responses to avoid the cars, crossing into the opposing lane, and remaining there significantly longer than drivers in the placebo condition.

A second research objective was to identify the relationship between drivers' ratings of their intoxication and the actual level of impairment produced. The results showed that participants in the two alcohol groups rated themselves as significantly more intoxicated than did the participants in the placebo condition. The ratings of intoxication of the two alcohol groups did not differ from one another, however, indicating that although the participants could tell they were intoxicated, they could not accurately determine how intoxicated they were. Similarly, the participants were not able to correctly judge how much alcohol they had consumed. Both of the alcohol groups underestimated the amount they had consumed, and the amounts they estimated were very similar, which meant that participants receiving the high dose were extremely inaccurate, approximately half of their actual dose. Participants' ratings of their willingness to drive throughout the experimental sessions displayed a similar pattern – participants in the two alcohol groups rated themselves less willing to drive than the placebo participants, but there was no difference between the two alcohol groups.

The time after drinking was also an important factor, even when subjects were at the same BAC. Some aspects of performance show greater impairment when BAC levels are rising, as compared with somewhat better performance when BAC levels are falling (post-peak), even when the absolute BAC levels are the same. Other measures of performance display poorer performance during the post-peak stage than during rising or peak BACs (for equivalent BAC levels).

The report concludes that results of the present study suggest an important focus for public education regarding alcohol and driving, beyond simple information on the enforced alcohol limits for drivers. One message might make the public aware of the fact that when intoxicated at the currently enforced adult limit most drivers cannot accurately judge the amount of alcohol they have consumed or their level of performance impairment. After drinking even moderate amounts of alcohol, drivers' judgment of their intoxication is impaired. A second message might address the issue of the delayed or protracted effects of alcohol intoxication on motor performance.

To see the full report, go to <http://www.nzta.govt.nz/resources/research/reports/541/docs/541.pdf>. ■

Driver risk from blood alcohol levels  
between 50mg/100ml and 80mg/100ml  
December 2013

Samuel C. Charlton and Nicola J. Starkey  
Traffic and Road Safety Research Group  
University of Waikato, Hamilton



# GRSP ANNOUNCES *SAFE ROADS 4 YOUTH* RESULTS IN SOUTH AFRICA

Safe Roads 4 Youth (SR4Y) is the first scientific project that simultaneously studies the impact of community-based interventions on youth and drink driving in three different countries (Argentina, South Africa, Vietnam) and very different cultural environments, according to Dr Jean-Pascal Assailly, senior researcher at the IFSTTAR (French Institute of Science and Technology for Transport, Spatial Planning, Development and Networks) and scientific adviser of the project. The Global Road Safety Project (GRSP) has announced some of the results.

Since the beginning of 2012, the SR4Y project has carried out a survey involving more than 11,000 young people. It offers in-depth insights into the behaviours and attitudes of young people aged 15-25 in the emerging countries of Argentina, South Africa and Vietnam, where access to motorization is rapidly growing. The harmful use of alcohol is a key determinant for traffic accidents, notably for the young people and especially when combined with other risk factors such as speeding, reckless driving, etc. The survey provides clear evidence that incidences of drinking and driving by young people in South Africa are worryingly high, and gives insights for community interventions.

In South Africa, pedestrians are at especially high risk, as are the passengers of drunk drivers of cars: 30% of the surveyed young subjects have been the passengers of a drunk driver in the last three months, and 30% have felt they were in danger of being hit by a car as they were walking home after a night of drinking. Heavy drinking is a very serious issue in South Africa in that among those who drink, only 12% have just one or two glasses on a typical drinking day, as evidenced by the data.

The SR4Y survey provides clear evidence that incidences of drinking and driving revolve around misconceptions: “The results reflect an extremely low level of knowledge and understanding of the legal constraints on drinking and driving and the impacts of alcohol on human performance,” says Dr Marion Sinclair, from the University of Stellenbosh, a scientific partner in the project. “It was very clear from the results that the majority of youth had no formal exposure to road-safety education,” she adds. Indeed, only a small minority of the young people surveyed in South Africa knows the legal BAC limit for drivers (19%). In addition, just 24% know that the limits are not the same according to the type of driver and 60% of subjects overestimate the number of drinks to reach the legal BAC limit.

These results provide further evidence of the stark need for innovative educational approaches to drink-driving prevention and serve as a starting point for the community-based interventions of the Safe Roads 4 Youth project. The effectiveness of these actions will be evaluated by the expert research team and the full results will be published in early 2014.

Source: <http://www.grsproadsafety.org/news/> ■

# U.S. DEPARTMENT OF TRANSPORTATION RELEASES 2012 FATALITY STATISTICS

In 2012, 10,322 people were killed in alcohol-impaired-driving crashes. These alcohol-impaired-driving fatalities accounted for 31% of the total motor vehicle traffic fatalities in the United States. In 2012, traffic fatalities in alcohol-impaired-driving crashes increased by 4.6% from 9,865 in 2011 to 10,322.

To see the full report, go to: <http://www-nrd.nhtsa.dot.gov/Pubs/811870.pdf>. ■

**TRAFFIC SAFETY FACTS**  
2012 Data

**Alcohol-Impaired Driving**

Drivers are considered to be alcohol-impaired when their blood alcohol concentration (BAC) is 0.08 grams per deciliter (g/dL) or higher. This rate each involving a driver with a BAC of .08 or higher is considered to be an alcohol-impaired driving crash, and fatalities resulting in these crashes are considered to be alcohol-impaired driving fatalities. The term "driver" refers to the operator of any motor vehicle, including construction.

Estimates of alcohol-impaired driving are generated using BAC values reported to the Fatality Analysis Reporting System (FARS) and reported BAC values when they are not reported. The term "alcohol-impaired" does not include fatal crashes in which the driver was not the alcohol-impaired driver.

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Traffic fatalities in alcohol-impaired-driving crashes increased by 4.6 percent from 9,865 in 2011 to 10,322 in 2012. The alcohol-impaired-driving fatalities rate per 100 million vehicle miles traveled (VMT) declined by 17 in 2012 from 0.16 in 2011 (VMT data for 2012 is not available at this time).

The average of 1 alcohol-impaired-driving fatality occurred every 70 minutes in 2012.

In 2012, 67,918 hours, the Director of Columbia and Francis also had noted by her a Research finding in 2012 that per se to drive with a BAC of .08 or higher (FARS) 10,322 people who had an alcohol-impaired-driving crash in 2012, with 10,322 were drivers with a BAC of .08 or higher. The remaining fatalities consisted of 1,624 (20%) non-driver passengers and 8,698 (84%) nonpassengers.

**Table 1. Fatalities, by State, in Crashes Involving at Least One Driver With a BAC of .08 or Higher, 2012**

State	Fatalities	Percent of Total
All states	10,322	31%
Alabama	1,040	10%
California	1,240	12%
Florida	1,100	11%
Illinois	1,100	11%
Michigan	1,100	11%
Ohio	1,100	11%
Texas	1,100	11%
Virginia	1,100	11%
Washington	1,100	11%

NHTSA's National Center for Statistics and Analysis | 1001 New Jersey Avenue SE, Washington, DC 20020

## TOUGHER BLOOD ALCOHOL LIMITS IN FORCE IN SWITZERLAND AND PORTUGAL

The Swiss government has adopted new measures to tackle drink driving. As of 1 January, novice drivers are subject to a zero alcohol limit for their first three years behind the wheel. The same restriction applies to all professional drivers. On the same day, Portugal lowered its blood alcohol limit for novice drivers and some categories of professional drivers to 0.2g/l, down from the standard 0.5g/l limit.

Source: *European Transport Safety Council [ETSC] Drink Driving Monitor [20]* - February 2014) ■

## APIS ANNOUNCES ANNUAL UPDATE OF ALCOHOL POLICY INFORMATION

The Alcohol Policy Information System (APIS), a project by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in the United States, announced its latest update of State-by-State alcohol policies.

This update reports on 26 substantive changes in State alcohol policy statutes and regulations that occurred through January 1, 2013. Federal funding for this project was provided by the National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, Department of Health and Human Services, under Contract No. HHSN275201300002C.

For more information, go to: <http://www.alcoholpolicy.niaaa.nih.gov/>. ■

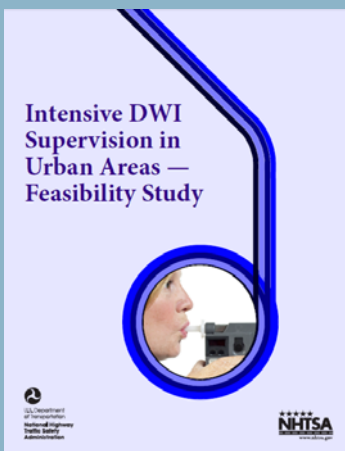
## SWEDEN LOOKS TO EXPAND ALCO-GATES AT PORTS

A pilot project run by a consortium that includes the European Transport Safety Council's Swedish member MHF successfully piloted an 'alco gate' at the port of Gothenburg over the summer. Drivers entering the country via ferries were required to blow into a breathalyser linked to a gate before being able to enter the country. Traffic flow was unaffected as the automated-control process takes only a few seconds for each driver. MHF says alco-gates should be installed in all Swedish ports. See an [explanatory video](#) with English subtitles at <http://www.youtube.com/watch?v=c3F0SB9G17Y>. ■

## FEASIBILITY OF INTENSIVE DWI OFFENDER SUPERVISION

The U.S. National Highway Traffic Safety Administration (NHTSA) has released a report on intensive supervision of impaired-driving offenders in urban settings. Drivers with prior convictions for driving-while-impaired (DWI) carry a higher risk of future DWI arrests and crash involvement. One program model developed to monitor offender drinking involves having an offender report twice daily to a law enforcement office for alcohol breath testing at 12-hour intervals. To date, these 24/7 sobriety programs have been used in rural States and communities; however, the program model is being considered for implementation in additional locales. The purpose of this project was to conduct a feasibility study to gather data on whether the 24/7 program model can be applied in urban locales, and if so, what changes might be necessary. Urban officials reserved judgment about whether such a program would affect offender drinking, impaired driving, and crashes, though most believed it would help identify those who are alcohol-dependent and assist in connecting them with needed resources. Despite potential benefits, officials were generally cautious but somewhat open to the prospects regarding program feasibility. This tempered reaction was a function of concerns about practical issues of implementation and broader concerns about the value of and need for twice-daily testing programs in urban locations.

To see the full report, go to: [www.nhtsa.gov/staticfiles/nti/pdf/811861.pdf](http://www.nhtsa.gov/staticfiles/nti/pdf/811861.pdf). ■



## UPCOMING EVENTS

Warsaw, Poland  
May 8-9, 2014  
8<sup>th</sup> Fit to Drive Congress  
[www.vdtuev.de](http://www.vdtuev.de)

Vancouver, British Columbia, Canada  
June 1-4, 2014  
Safer Roads; Healthier Communities  
24<sup>th</sup> Canadian Multidisciplinary Road  
Safety Conference  
[www.carsp.ca](http://www.carsp.ca)

Boise, Idaho  
July 16-18, 2014  
Northwest Alcohol Conference  
<http://www.northwestalcoholconference.org>

Washington, D.C.  
August 17-19, 2014  
Alcohol Interlock Symposium  
[www.interlocksymposium.com](http://www.interlocksymposium.com)

Munich, Germany  
September 5-6, 2014  
Gemeinsames Symposium der  
Deutschen Gesellschaft für  
Verkehrsmedizin e. V. (DGVM)  
und der Deutschen Gesellschaft für  
Verkehrspsychologie e. V. (DGVP)  
<http://www.verkehr-symposium.de/>

Surfers Paradise, Queensland,  
Australia  
September 18-19, 2014  
Occupational Safety in Transport  
<http://ositconference.com>

Munich, Germany  
October 12-15, 2014  
58<sup>th</sup> Annual Conference of the  
Association for the Advancement of  
Automotive Medicine (AAAM)  
[www.aaam.org](http://www.aaam.org)

Gramado, Brazil  
October 2-5, 2016  
T2016  
[www.T2016.org](http://www.T2016.org)



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

## TRAFFIC INJURY RESEARCH FOUNDATION RELEASES NEW REPORTS

The Traffic Injury Research Foundation (TIRF) has released new reports on impaired driving topics. These include:

- *Behavioral Patterns of Interlocked Offenders*  
The purpose of this study is to further investigate behavioral patterns of offenders using interlock data organized by jurisdiction and sex for several violation types (e.g., restart violations and running retest violations). As such, the current study aims to extend and bolster previous findings from an earlier study as well as uncover new patterns using data collected from three states: Texas, California and Florida.  
Available at  
[http://www.tirf.ca/publications/PDF\\_publications/Behavioral\\_Patterns\\_of\\_%20Interlocked\\_Offenders\\_Phase\\_II\\_6.pdf](http://www.tirf.ca/publications/PDF_publications/Behavioral_Patterns_of_%20Interlocked_Offenders_Phase_II_6.pdf).
- *The Road Safety Monitor 2013: Drinking and Driving in Canada*  
This fact sheet summarizes national results from annual survey on drinking and driving in Canada.  
Available at:  
[http://www.tirf.ca/publications/PDF\\_publications/2013\\_RSM\\_Drinking\\_and\\_Driving\\_2.pdf](http://www.tirf.ca/publications/PDF_publications/2013_RSM_Drinking_and_Driving_2.pdf)
- *Impaired Driving Risk Assessment: A Primer for Practitioners*  
The purpose of this report is to summarize available knowledge about the profile and characteristics of impaired drivers, relevant risk factors, risk assessment instruments and treatment interventions to treat impaired drivers as well as best practices in this field.  
Available at:  
[http://www.tirf.ca/publications/PDF\\_publications/CIHR\\_Practitioners\\_16%20web.pdf](http://www.tirf.ca/publications/PDF_publications/CIHR_Practitioners_16%20web.pdf). ■

## COMPREHENSIVE IMPAIRED-DRIVING PROGRAM IN NEW MEXICO

In late 2004, the U.S. National Highway Traffic Safety Administration provided funds to the New Mexico Department of Transportation to demonstrate a process for implementing a comprehensive State impaired-driving system and to measure the effect of that system on various factors including driving-while-impaired (DWI) crash, injury, and fatality rates; DWI arrest rates; DWI conviction rates; blood alcohol concentration (BAC) patterns; and public awareness. New Mexico's core activities include high-visibility impaired-driving law enforcement operations, increased paid and earned media concerning New Mexico's law enforcement efforts, and prosecutorial and enforcement training in the six counties with the highest rates of alcohol-related fatalities. Other components of the comprehensive system include the creation of a DWI Leadership Team that provides support and direction to the system and the participation of a traffic safety resource prosecutor to assist on DWI prosecution and other traffic safety law training. NHTSA's objective was to transfer this model to other States experiencing a high number or rate of alcohol-related traffic fatalities or both. Overall, New Mexico's multi-faceted efforts appeared to have benefits for the State.

To see the full report, go to <http://www.trb.org/main/blurbs/170426.aspx>. ■

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Pacific Institute for Research and Evaluation  
11720 Beltsville Drive, Suite 900  
Calverton, MD 20705  
Editor: Kathryn Stewart  
Email: [Stewart@pire.org](mailto:Stewart@pire.org)