JTRC High Level Seminar

Driving under the Influence of Alcohol and Drugs

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DUI statistics – general difficulties

• Collecting data on alcohol and drug consumption in the road user population is costly and difficult

• Random breath testing and demanding breath or blood specimen for drugs without suspicion is not allowed in many countries

• Different enforcement procedures and different levels of enforcement (amount of testing and penalties)
  - varying chance to be controlled
  - different levels of awareness in the population
DUI statistics – limited comparability of data

- Legal BAC limit and definition of drugged driving varies between countries

→ Accidents which are counted as alcohol/drug-related in one country will not be counted as alcohol/drug-related in another country

- Different regulations of testing procedures (systematic testing / testing only in case of suspicion)

- Differences in accident recording procedures in different countries
Fatal accidents – percentage of alcohol accidents in different EU countries

source: SafetyNet
Measures to combat impaired driving

- legislation (thresholds, licence withdrawal)
- driver rehabilitation
- public campaigns
- technical measures
Alcohol interlock: functioning

Prevents driving under the influence of alcohol

The driver must provide a breath sample before starting the engine

The interlock measures the breath alcohol concentration (BrAC)

If the BrAC is over a defined threshold, the vehicle cannot be started

All data (e.g. breath test results, manipulation attempts) is stored in the interlock’s data recorder
Alcohol interlock: applications

Alcohol Interlocks

Primary prevention

Target group
Professional drivers, no DUI problem

Aim
Quality assurance, Traffic safety in general

Coverage
Sweden, Finland, Norway

Secondary prevention (Rehabilitation)

Target group
DUI offenders

Aim
Prevention of drink-driving, keeping mobility

Coverage
USA, Canada, Australia, Sweden, Finland

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Alcohol interlocks: conclusions

- Interlock prevents drink-driving as long as the device is installed.
- Sustainable behaviour modification requires additional psychological and/or medical measures.
- Alcohol interlocks can serve as an instrument for monitoring or probation in combination with such additional measures.
- For primary prevention, obligatory use not justifiable, only on a voluntary basis.

To be clarified:
- Primary prevention: Aspects of employment law, data protection, liability issues
- Secondary prevention: Integration in existing rehabilitation systems, suitable and effective programme designs
EU-Project DRUID

IP - EU 6th Framework-Programme
Start: October, 15th, 2006
Duration: 48 Months
Total Budget: ~ 26 Mio €
EU-funding: 19 Mio €
7 co-operative Work Packages
37 Partners from 18 European Countries
Co-ordinator: BAS\textsuperscript{t}
DRUID structure

- Work Package 0: Co-ordination and Project Management
- Work Package 1: Methodology
- Work Package 2: Epidemiology
- Work Package 3: Enforcement
- Work Package 4: Classification
- Work Package 5: Rehabilitation
- Work Package 6: Withdrawal
- Work Package 7: Dissemination
The objective of DRUID is to provide scientific support to the EU transport safety policy makers.

DRUID will contribute to reaching the 2010 road safety target by suggesting guidelines and measures to combat impaired driving.

DRUID brings together best European knowledge, experience and capacities.

The DRUID consortium unites 37 partners from 17 EU Member states and Norway.
DRUID - concept

• The DRUID project comprises an integrative effort to reduce the danger of psychoactive substances in traffic.

• The objective is to understand all facets of the problem:
  – consumption
  – impairing effects
  – accident risk
  – detection
  – deterrence
  – rehabilitation
  – prevention

• Pan-European multinational project

• Brings together partners that have different attitudes and different scientific traditions in the project research domain
Prevalence of psychoactive substances in the general population

Results for Medicinal Drugs

• A wide variety in methods of data collection, types of data sources and different sources of bias does not allow a cross-national comparison

• For most medicinal drugs with impairing effect the consumption in the years 2000-2005 remained stable

• An increase is obvious for antidepressants and for drugs used in addictive disorders

• Harmonisation and standardisation is necessary to establish a Europe-wide reliable epidemiological database
Prevalence of psychoactive substances in the general population

Results for illicit drugs

- Cannabis is the most frequently used illicit substance in Europe, followed by cocaine
- Lifetime prevalence in the European adult population varies between 3% (Ecstasy) and 22% (Cannabis)
- Last year use in the adult population varies between 0.7% (Amphetamines) and 7% (Cannabis)
- The country variation is high

The data will serve as background information for estimating the prevalence of illicit drug use in the driving population
State of the art

- No uniformity regarding the implementation and application of DUI/DUID rehabilitation exists in Europe
- 47 providers in 12 European countries carry out DR services; 87 DR programmes (53 for DUI offenders, 21 for DUID offenders and 13 for mixed groups)
- Average recidivism reduction rate of DR programmes: 45.5%, but large variation
Recidivism

- Risk factors for DUI recidivism:
  - high BAC level or breath test refusal
  - prior DUI offences and consequently longer suspension period
  - habitual drinking pattern and periods of increased alcohol tolerance
  - denial of alcohol-related health problems
  - unrealistic self-perception and self-reflection
Acceptance

- Feedback study (N= 7889 participants of DR programmes from 9 European Countries):
  - DR interventions are highly accepted and positively evaluated by DUI and DUID offenders
  - Concept of DR group courses seems to be adequate for the majority of offenders
  - No longterm conclusions regarding recidivism can be drawn
„Good practice“

- **Driver Rehabilitation Evaluation Tool (DRET):**
  - Development of a systematic and comprehensive evaluation tool for DR programmes and systems
  - Tool to find out whether all necessary elements regarding the establishment and operation of DR measures are included or whether there are any gaps or weak points which need improvements
OECD project “Drugs in traffic”

- Chair of the JTRC Advisory Group: BASSt
- Public call for tender
- Kick-off Meeting: March 2008
- Development of a questionnaire survey (July 2008)
- Evaluation by the JTRC Advisory Group on Drugs in Traffic
- Revision of the questionnaire
- Start of data collection (September 2008)
- No overlaps between OECD Project and DRUID
Thank you for your attention!