

## **JTRC High Level Seminar**

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### **Driving under the Influence of Alcohol and Drugs**

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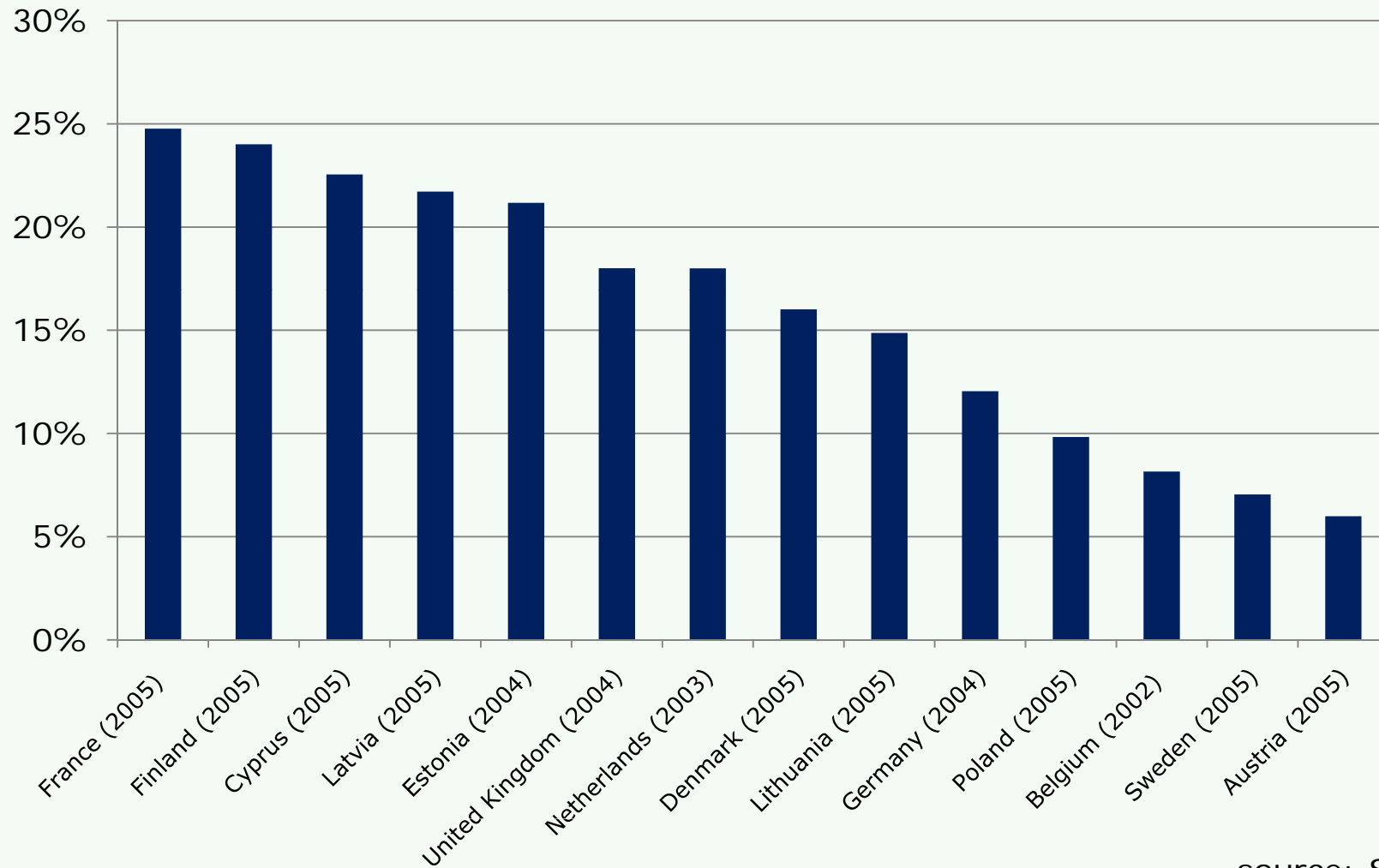
## **DUI statistics – general difficulties**

- 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)

Quelle: Dräger



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 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



- 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: BAST



- 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



- 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





- Chair of the JTRC Advisory Group: BAST
- 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!**