

**CCMTA
"ELIMINATING IMPAIRED DRIVING:
THE ROAD AHEAD"
NATIONAL WORKSHOP
PROCEEDINGS**

May 2001

AVIS: Le présent document est un ouvrage de référence directement lié à l'atelier « Échec à l'alcool au volant ». Par conséquent, seul le sommaire figure en français.

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Canadian Council of Motor Transport Administrators/
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Canadian Council of Motor Transport Administrators
2323 St. Laurent Blvd.
Ottawa, Ontario
K1G 4J8

Telephone: (613) 736-1003

Fax: (613) 736-1395

E-mail: ccmta-secretariat@ccmta.ca

Internet Web site: www.ccmta.ca

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President's Welcome:	Jennie Howie, CCMTA President
Special Populations:	Dan Mayhew, Traffic Injury Research Foundation Doug Beirness, Traffic Injury Research Foundation
Enforcement Issues:	Cst. Darrin Balanik, Edmonton Police Service
Health Issues:	Ray Baker, MD, British Columbia Medical Association
Promotion Issues:	Darlene Hyde, Insurance Corporation of British Columbia
Victim's Testimony:	Sharleen Verhulst
Driver's Testimony:	Mark Bergevin

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EXECUTIVE SUMMARY

The “Eliminating Impaired Driving: The Road Ahead” Workshop was held in Vancouver, British Columbia, October 12-14, 2000. It was organized and convened by the Canadian Council of Motor Transport Administrators (CCMTA) with the financial assistance of the Insurance Corporation of British Columbia, Transport Canada, the Canada Safety Council and the Saskatchewan Government Insurance.

In 1990, CCMTA established the Strategy to Reduce Impaired Driving (STRID) to reduce by 20 % the percentage of fatalities involving a drinking driver by 1995. The strategy was renewed in 1995, with the improved target of a 20 % decrease in the percentage of fatalities and serious injuries by 2001. The strategy was managed on an ongoing basis by the Task Force on STRID 2001. The process is underway to renew the Task Force and to develop the new strategy, STRID 2010, of which this workshop was part.

The objectives of the workshop were to: acknowledge the 10-year history of STRID; update the current strategy; refocus priorities; broaden participation and interaction beyond transportation stakeholders; identify roadblocks; identify impaired driving as a social problem and energize action; and develop a new Canadian strategy involving major stakeholders.

Over the past 25 years, total road crashes and crash fatalities have dramatically decreased, despite an increase in the number of drivers and vehicles and estimates of miles driven. While progress has been significant, there is a long way to go. The current death, injury and property damage levels from impaired driving remain unacceptable to Canadians. There are many perceptions about the chances of being caught and/or convicted, which often do not agree with the current data; for example, the national conviction rate is 77%, while it is often reported that a significant proportion of impaired drivers are not convicted.

The national workshop presentations and discussions focused on six categories: first sanctioned drivers, social drinkers, hard core drinking drivers, new/young drivers, new emerging issues and legal process. A preview document called ISSUES DOCUMENT was distributed to participants prior to the workshop, is reproduced within each section of this proceedings and is called “Issue (pre-workshop)”. It is followed by a section entitled “Results (post-workshop)” which details the results of the breakout group sessions.

The report describes activities at the workshop and identifies the key findings and recommendations which, in section 3, have been regrouped under the following sub-headings: education, enforcement, policy/legislation, medical, research and stakeholders. Time did not allow any prioritization of recommendations at the workshop. What is reported in the post-workshop portion represents the views of workshop participants and is not necessarily the views of the sponsoring agencies or the Task Force on STRID 2001.

CCMTA extended its road safety vision to 2010 and in support of this vision, STRID will be extended. The Task Force on STRID 2001 is currently reviewing the key findings and recommendations, and will be tabling, in 2001, a new generation STRID for approval by the Standing Committee on Road Safety Research and Policies, and subsequently, by the CCMTA Board of Directors.

SOMMAIRE

L'atelier « Échec à l'alcool au volant » s'est tenu à Vancouver du 12 au 14 octobre 2000. Il a été organisé par le Conseil canadien des administrateurs en transport motorisé (CCATM) avec le soutien financier de la Régie de l'assurance de la Colombie-Britannique (ICBC), Transports Canada, le Conseil canadien de la sécurité et la Régie de l'assurance de la Saskatchewan (SGI).

En 1990, le CCATM a établi la Stratégie de réduction de la conduite avec facultés affaiblies (SRCFA) visant à réduire de 20 % le pourcentage de décès mettant en cause des conducteurs ivres pour 1995. La stratégie a été renouvelée en 1995, avec un nouvel objectif de réduire de 20 % le pourcentage des décès et des blessures graves mettant en cause des conducteurs ivres pour 2001. La stratégie a été gérée par le Groupe de travail sur la Stratégie de réduction de la conduite avec facultés affaiblies (SRCFA) 2001. Le groupe de travail sera renouvelé sous peu et une nouvelle stratégie, SRCFA 2010, est en voie d'élaboration.

Les objectifs de l'atelier étaient de souligner les 10 ans de la SRCFA, mettre à jour la stratégie actuelle, établir les priorités, améliorer la participation et l'interaction entre les intervenants du transport routier, identifier les obstacles, reconnaître la conduite avec facultés affaiblies comme un problème social et enclencher un regain d'énergie ainsi que d'élaborer une nouvelle stratégie canadienne impliquant les principaux intervenants.

Au cours des 25 dernières années, le total des collisions et de mortalités routières a connu une baisse importante, malgré l'augmentation du nombre de conducteurs, de véhicules et de distances parcourues. Même si le progrès est marqué, il y a encore du chemin à faire. Le taux de décès, de blessures et de dommages mettant en cause la conduite avec facultés affaiblies est encore inacceptable. Selon la croyance populaire, les risques d'être arrêté et/ou reconnu coupable sont faibles. Cependant, cela ne coïncide pas vraiment avec les données actuelles. Par exemple, on cite souvent qu'une fraction importante de conducteurs ivres ne sont pas reconnus coupables, malgré le fait que le taux de condamnation national soit de 77 %.

Les présentations et les discussions de l'atelier étaient basées sur six catégories : les premières infractions, les buveurs sociaux, les buveurs invétérés, les nouveaux/jeunes conducteurs, les nouvelles problématiques et la poursuite en justice. Un document préliminaire intitulé *ISSUES DOCUMENT* a été distribué (en anglais seulement) aux participants avant l'atelier. Ce dernier a été reproduit dans chaque partie de ce compte rendu et s'intitule « Problématique (pré-atelier) ». Il est suivi par une partie intitulée « Résultats (post-atelier) » qui décrit les résultats des plénières.

Le rapport décrit les activités à l'atelier et identifie les résultats et les recommandations clés qui ont été regroupées dans la partie 3 avec les sous-titres suivants : éducation, contrôle routier, politique/réglementation, médical, recherche et intervenants. Les recommandations n'ont pas été mises en priorité dû à un manque de temps. Ce qui est rapporté dans la partie post-atelier représente le point de vue des participants et ne représente pas nécessairement le point de vue des organismes promoteurs ou du Groupe de travail sur la Stratégie de réduction de la conduite avec facultés affaiblies 2001.

Le CCATM a prorogé sa vision de sécurité routière jusqu'en 2010 et, en guise de soutien, la SRCFA sera prolongée. Le Groupe de travail sur la SRCFA 2001 révisé actuellement les résultats et les recommandations clés, et dressera, en 2001, une nouvelle Stratégie de réduction de la conduite avec facultés affaiblies pour approbation par le Comité permanent sur la sécurité routière – recherche et politique, et subséquemment, le Conseil d'administration du CCATM.

ACKNOWLEDGMENTS

Thanks to our sponsors for contributing to the success of the workshop:

- Insurance Corporation of British Columbia
 - Transport Canada
 - Canada Safety Council
- Saskatchewan Government Insurance

Members of STRID 2001 Task Force and Organizing Committee

- Paul Boase - Transport Canada
- Donna Connelly - Ontario Ministry of Transportation
 - Borden Graham - Ontario Provincial Police
- Jennie Howie - Yukon Department of Community and Transportation Services
 - Jeremy Mannall-Fretwell - Insurance Corporation of British Columbia
 - Hal Pruden - Justice Canada
 - Kwei Quaye - Saskatchewan Government Insurance
 - Pierrette Thibaudeau - CCMTA Secretariat
- Jean Wilson - Insurance Corporation of British Columbia
 - Scribes and Facilitators

1. INTRODUCTION

The Canadian Council of Motor Transport Administrators (CCMTA) is a non-profit organization established by the provincial, territorial and federal ministries of transportation and acts as the official coordinating body in all matters dealing with the administration, regulation and control of motor vehicle transportation and highway safety in Canada. CCMTA's areas of responsibility include: motor vehicle registration, driver licensing, motor carrier regulatory issues and compliance activities for commercial vehicles and drivers, and road safety programs.

CCMTA carries out its mandate and business through a board of directors and standing committees. Development work is usually carried out by an array of project groups and task forces appointed by the Board and standing committees to execute certain tasks in their respective fields of expertise. The Standing Committee on Road Safety Research and Policies is responsible for coordination of federal, provincial and territorial road safety efforts, recommendations in support of road safety programs, and development of overall expertise and strategies to prevent road collisions and reduce their consequences. As such, matters concerning impaired driving fall under its responsibility.

Although strategies to reduce impaired driving have been the subject of intense efforts by all levels of government, stakeholders, public interest groups and the police community, impaired driving remains the leading criminal cause of death in Canada. While some progress has been made with respect to the impaired driving issue, it remains a significant social problem in Canada.

In 1990, CCMTA established the Strategy to Reduce Impaired Driving (STRID) to reduce by 20 % the percentage of fatalities involving a drinking driver by 1995. The strategy was renewed in 1995, with the improved target of a 20 % decrease in the percentage of fatalities and serious injuries by 2001. The strategy was managed on an ongoing basis by the Task Force on STRID 2001. The process is underway to renew the Task Force and to develop the new strategy, STRID 2010, of which this workshop was part.

In the fall of 2000, CCMTA, through the Standing Committee on Road Safety Research and Policies, held a two and a half day national workshop on the subject of impaired driving under the theme "Eliminating Impaired Driving: the Road Ahead". The workshop took place in Vancouver, British Columbia from October 12 to 14.

1.1 Objectives of Workshop

The Task Force on STRID 2001, organizer of the event, set the workshop objectives:

- acknowledge the 10-year history of STRID;
- update the current strategy;
- refocus priorities;
- broaden participation and interaction beyond transportation stakeholders;
- identify roadblocks;

- identify impaired driving as a social problem and energize action; and
- develop a new Canadian strategy involving major stakeholders.

1.2 Program Overview/Process

The workshop was attended by some 100 participants from across the country representing such areas as justice, health, driver licensing, research, enforcement, road safety and community groups, and provided an open forum for discussion and networking. A number of key areas of the impaired driving problem were examined as follows: the hard core drinking drivers, the social drinkers, the new/young drivers, the first sanctioned drivers, new emerging issues and legal process. Prior to the workshop, an "Issues" discussion document covering an analysis of those very key areas was circulated to participants and is reproduced in this document.

The program was based on presentations in those key areas followed by breakout discussion groups. The second morning was dedicated to the "process" aspect of the drinking driving issue with expert panelists presenting their candid views on the detection and prosecution of impaired drivers.

The opening session, moderated by Kwei Quaye of Saskatchewan who chairs the Task Force on STRID, was launched by CCMTA President, Jennie Howie who welcomed participants and challenged them on new steps and initiatives in the fight against impaired driving. The following speakers made presentations:

- Special Populations (overview of young/new drivers, social drinkers, hard core drinking drivers, first sanctioned drivers and new emerging issues) - Dan Mayhew and Doug Beirness from the Traffic Injury Research Foundation (TIRF)
- Enforcement Issues - Constable Darrin Balanik from the Edmonton Police Service
- Health Issues - Dr. Ray Baker representing the British Columbia Medical Association
- Promotion Issues - Darlene Hyde from the Insurance Corporation of British Columbia
- Victim's Testimony - Sharleen Verhulst (first day)
- Driver's Testimony - Mark Bergevin (last day)

Five expert panelists representing various areas of the criminal justice system presented their views on the difficulties/challenges experienced when dealing with impaired driving. They were:

- RCMP Constable Greg Srogen from the Alberta Highway Patrol
- Mayland McKimm, defense attorney from Mayland McKimm & Associates
- The Hon. Carlie J. Trueman, Provincial Court Judge, Criminal Division, BC
- RCMP Constable Evan Graham from the Surrey Detachment
- Gerri-Lyn Nelson, BC crown counsel

Participants were assigned to breakout groups and were given specific questions to address. Each group reported back its findings on the final day. A summary of these findings is recorded in these proceedings. The actual raw material emanating from the workshop breakout groups is available electronically, but is not included in the proceedings. Any request for such should be directed to the CCMTA Secretariat.

Readers should be aware that the post-workshop summaries are based on the work reported by each breakout group. Some of the comments and recommendations may seem contradictory or vague. What is reported here represents the work of the participants and not necessarily the position of the authors, STRID or CCMTA. Participants noted that there were a great deal of complex issues and topics covered with not sufficient time to devote to each one. Consequently, these materials represent the beginning of the discussion, not a final product.

1.3 Format of the Report

Prior to the workshop, participants were provided with an ISSUES DOCUMENT and questions. In this report, the next section provides the questions. For each of the six topic categories, the pre-workshop issues section is provided followed by a post-workshop issues summary. This was created from the records kept by each workshop group.

1.4 Questions for National Workshop

Preamble

The six areas of priority focus have been organized into four sessions in order that all workshop participants have the opportunity to provide their input into all. As each of the following questions is considered, some thought should be given to who is the responsible party, is it the driver, the government, peers and passengers, the medical community, the judicial community etc.

For each priority area, please consider the following:

1. Is this an area of priority concern?
 - How does it rank in relation to the other five areas?
2. Should more be done in this area?
 - Do we know enough about its scope and severity?
 - What are the gaps in our knowledge?
 - Is further research, data collection required?
 - Are current countermeasures/programs sufficient and effective?
3. What are your ideas about what should be done?
 - Research?
 - Public education?
 - Sanctions?
 - Rehabilitation?
 - Please rank, or group, in priority order the items on your list
4. How should success be measured?
 - What are the performance measures?
 - What should be the performance targets at the end of STRID 2010?

In addition, it is hoped that the following topic-specific questions for each priority area of focus will assist you in answering the above general questions and trigger additional discussion. However, while it would be greatly appreciated if all of the questions identified above are addressed by your group, you are not limited to these questions and you should consider all others raised in each workshop.

Hard Core Drinking Drivers and Social Drinkers

Social Drinker

Is there such a thing as a "*Social Drinker*" who is an identified problem for road safety, if so, How do you define a social drinker or differentiate them from other categories of drinkers?

If they exist:

How do you measure the size of the problem within road safety?

How do you target the message or countermeasures?

How do you measure success or failure?

What are the responsibilities of a host or licensed establishment related to the issue of social drinkers?

Hard Core Drinking Driver

- Illness or lifestyle?
- Should the issue consider the use of alcohol in other areas of the offender's lifestyle?
- How does one best define a hard core drinking driver?
- How should these people be treated by the:
 - Licensing authority
 - Courts
 - Medical Community
 - Others

Young/New Driver and First Sanctioned Driver

Young/New Driver

- What special challenges and advantages do young drivers have with respect to drinking and drinking and driving.
- What part does peer pressure and alcohol as a social focal point play in young drinking and driving?
- How do we teach/reach young drinking drivers before they commit an offence?
- Are older new drivers more of a problem as drinking drivers worthy of special attention?

First Sanctioned Driver

- Is a first conviction a first offence and should it be treated as such?

- Can first time convicted drivers be streamed into appropriate countermeasures to prevent repeat offences?
- How should non-*Criminal Code* sanctions be included in a driver record related to defining repeat offenders?
- How can we best prevent a first offence?

Emerging Issues

- What other types of impairments should we be concerned with?
 - Fatigue
 - Illicit drugs
 - Medicinal drugs
 - In-vehicle distraction
- How should alcohol use and recreational vehicles be treated with:
 - Snow vehicles
 - Watercrafts
 - Off-road vehicles
 - Pedestrians
 - Other road users, skateboarders, rollerbladers etc.

Legal Process

- Is the *Criminal Code of Canada* (CCC) protecting Canadians against impaired driving?
- What role should non-*Criminal Code* sanctions play in the fight against impaired driving?
- Should impaired driving be decriminalized, if so when:
 - No collision
 - No injury
 - Non motor vehicle
- What problems in the legal process involve:
 - *Criminal Code of Canada*
 - Provincial legislation
 - Case law
 - Police process
 - Plea bargaining
- Testing procedures for alcohol or drugs

THURSDAY - October 12	FRIDAY - October 13	SATURDAY - October 14
7:00	8:30-10:15	8:30-10:15
<p>OPENING SESSION - Pinnacle Ballroom III Moderator: Kwei Quaye <i>Chair CCMTA's Strategy to Reduce Impaired Driving (STRID) 2001 Task Force</i></p> <p>President's Welcome - Jennie Howie CCMTA President</p> <p>Special Populations - Dan Mayhew, Senior Vice President Doug Beirness, President of Research <i>Traffic Injury Research Foundation</i></p> <p>Enforcement Issues - Cst. Darrin Balanik <i>Edmonton Police Service</i></p> <p>Promotion Issues - Darlene Hyde Senior Vice President, Public Affairs & Corporate Marketing <i>Insurance Corporation of British Columbia</i></p> <p>Victim's Testimony - Sharleen Verhulst</p> <p>Moderator's Notes and Remarks</p> <p>9:00 Cash Bar/Reception</p>	<p>BREAKOUT SESSIONS (See group assignment sheets)</p> <p>Discussion of topic #1 "Hard Core Drinking Driver and Social Drinker" (some groups will address topic #2 first)</p> <p>Break - Pinnacle Foyer</p> <p>Discussion of topic #2 "Young/New Driver and First Sanctioned Driver"</p> <p>Lunch - Pinnacle Ballroom I-II <i>Mothers Against Drunk Driving (MADD)</i> Show/Presentation</p> <p>Discussion of topic #3 "Emerging Issues"</p> <p>Break</p> <p>Breakout Sessions Day 1 Wrap Up</p>	<p>PANEL on "Process" - Pinnacle Ballroom III</p> <p>Break</p> <p>BREAKOUT SESSIONS Discussion of topic #4 "Process"</p> <p>Lunch - Pinnacle Ballroom II</p> <p>PLENARY - Pinnacle Ballroom III Moderator: Kwei Quaye</p> <p>Four Groups Report</p> <p>Break</p> <p>Four Groups Report</p> <p>Driver's Testimony Mark Bergevin</p> <p>Wrap Up Kwei Quaye</p> <p>Closing Remarks Jeanette Espie-Lefebvre <i>Chair, Standing Committee on Road Safety Research and Policies</i></p>

2. CATEGORIES

A. FIRST SANCTIONED DRIVERS

Preamble

One of the expectations of the contribution of the justice system and rehabilitative programs is that they will reduce the rate of recidivism among drinking and driving offenders. Of particular interest in this regard are first time offenders. It is important to realize that this is the first opportunity to identify them as a potential repeat offender whether they are or become a repeat offender may depend upon how they are dealt with after they are convicted. One must also remember that when a driver is first sanctioned, it is not necessarily the first time the person has operated a vehicle while impaired - it is the first time the driver has been convicted.

Issue (pre-workshop)

1. *Problem Definition*

Refers to drivers who have been convicted of a drinking and driving offence for the first time within a given time period. This is a heterogeneous group that includes new/young drivers, drivers who will go on to repeat the offence, binge drinkers and social drinkers. The challenge is to try to assess and identify the driver involved in developing an appropriate and effective response. Sending chronic alcoholics to a driver improvement course is not likely to be cost effective or have any long-term benefit. Making a one time social drinker who had a lapse of judgement based on a lack of planning or knowledge attend a program designed for chronic alcoholics is likely to be similarly ineffective.

It is important to note that the phrase "first time offender" refers to drivers who do not have a *Criminal Code of Canada* impaired driving conviction on their record within the jurisdictional search time.

2. *Nature of Problem*

History

Much of the information on drivers convicted of drinking and driving for the first time comes from work done on high risk or repeat offenders. The single conviction driver is often used as a control group for the other groups of drivers. The difficulty is that first offenders represent a wide variety of driver histories. Research suggests that the single conviction driver has engaged in the behaviour many times before being caught and convicted for the first time. Estimates of the number of impaired driving trips which occur prior to a driver being stopped range from 1 in 2,000 to 1 in 200 trips (TIRF 1997, 1999a). This would suggest that by the time a driver is caught, convicted and sentenced, drinking and driving may well have become an ingrained behaviour pattern.

One important component of being a repeat offender is the search period used to define multiple offences. In many jurisdictions the search period is five years. Given the number of times a drinking driver may drive without being detected, it is possible that many first time convicted drivers are experienced at avoiding an impaired driving charge.

Other factors also affect the number and nature of first time convicted drivers. The level and type of enforcement and judicial factors plays a significant role in defining first time offenders. This would include drinking drivers who are dealt with in ways other than by laying a charge under the *Criminal Code of Canada*, for example, short-term roadside suspension or administrative licence suspension. It is not unreasonable to assume that a first timer or a driver with a relatively low BAC is more likely to have a non-*Criminal Code* sanction applied. Should this driver then be stopped again, he/she will be treated as a first time offender again. It has been suggested that the amount and type of plea bargaining which occurs in a particular area also impacts who remains a first time offender and who becomes a repeat offender. A related issue is how a jurisdiction deals with conviction information from another jurisdiction.

As mentioned above, the ability to identify/prove the existence of a previous conviction is an important step in distinguishing first versus repeat offenders. This includes issues related to securing the first conviction, record keeping and retrieval and finger print evidence necessary to prove the identity of the repeat offender. As sanctions become more severe or stringent, there is more incentive for charged drivers to pursue every avenue to avoid the very first conviction on their record, putting additional pressure on police and court resources.

Size

The size of the problem is very difficult to assess. There are wide discrepancies across jurisdictions as to the number of drivers convicted of a repeat offence and consequently the number of first time offenders. Differential enforcement levels, charging practices, record keeping and search periods all contribute to the differences found as well as any real variations across jurisdictions.

An average across jurisdictions would suggest that 65 to 70 per cent of drivers are convicted for a first offence; however, this likely underestimates the percentage [*Editor's note: of repeat offenders*] which may be more like 40 to 50 per cent. For drinking drivers who have been in a collision, it has been estimated that 60 to 75 per cent do not have a record of impaired driving (TIRF, 1997).

There has been some evidence to suggest that the percentage of first time offenders has been decreasing in response to the many and varied drinking and driving programs which have had significant effect over the past twenty years. It is intuitively obvious to think that these programs have had more impact on social drinkers than on repeat offenders.

Behaviour

In the area of drinking and driving a high percentage of drivers being dealt with are males. The same is true of first time offenders, however, there is some evidence to suggest that numbers of

female drinking drivers may be on the increase. This may be due to a number of social and economic influences as well as changes in charging practices.

There are age differences found in recidivists and therefore in first time offenders. This may be affected by newer zero tolerance laws for new and young drivers found in some jurisdictions; however, it is important to note that an infraction under a graduated licensing program but below the legal limit does not result in a criminal conviction. In such a case the driver would not be treated as a repeat offender upon a subsequent conviction. There may also be age differences in the type of sanctions that have the most impact.

There is a correlation between income and recidivism and by extension first time offenders. It is unclear how much of this is a real difference and how much may be the result of a correlation between income level and the ability to avoid a conviction for impaired driving.

There is some evidence to suggest that first time offenders may have lower Blood Alcohol Concentration (BAC) levels at the time of the offence. Higher BAC levels are associated with a higher probability that a driver in a collision or receiving a conviction will have a previous conviction on record.

Urban/Rural Differences

No evidence was found specific to any urban/rural difference in first time offenders. However, it is likely that such differences exist. There may be differences in the chance of being caught, police and legal process and available options to drivers in urban versus rural centres.

3. Existing Strategies

Much of the research and programs aimed at drinking drivers are targeted at high BAC, high risk or repeat offenders. In the area of first time offenders the strategy is related to a general deterrence related to drinking and driving. These include short-term roadside suspension, Administrative Driver Licence Suspensions and increasing penalties under the *Criminal Code of Canada* for a first offence and alcohol offences related to causing injury or death.

General deterrence requires a basic knowledge of the issue by drivers and all jurisdictions use public awareness campaigns and roadside sobriety checks, which increase around high risk seasons.

The July 1, 1999 changes to the *Criminal Code of Canada* allow for the use of ignition interlock devices, where such programs exist, to shorten the driving prohibition for a first offence. The device is used after a minimum prohibition period is served and is used for the remainder of the prohibition period. These devices are in use in two provinces and current evaluations show promise, at least for the time that the interlock is installed on the vehicle.

4. New Strategies

A number of new types of programs have been, or are being, developed by jurisdictions to address the issue of first time offenders and recidivists. These include user pay based mandatory

assessment and treatment requirements for reinstatement, increasing the search window for a previous offence and longer suspension periods.

With longer prohibition and suspension periods comes the risk that a driver may drive during this period. In response, a number of jurisdictions have, or are developing, a vehicle or plate impound program. Under these programs, the vehicle or their operating plates are impounded, often for longer periods for subsequent offences. A newer vehicle impound program has the vehicle being impounded for the original impaired driving offence.

Some newer programs related to securing a conviction include video taping the accused, better training for police involved in impaired driving cases, introduction of Drug Recognition Expert programs and attempts to streamline the judicial process to aid in ensuring convictions for an impaired driving offence.

5. Information Gaps

- What proportion of identified first time offenders truly are?
- What are the most successful strategies drivers use to prevent being identified as repeat offenders?
- Is it possible to identify sub-categories of first offenders to stream them to appropriate assessment/treatment/punishment regimens to prevent recidivism?
- Urban/rural similarities and differences in impaired driving and first time offenders?
- What types of assessments and technologies are available to address these issues?
- Relationship between administrative licence suspensions and subsequent CCC convictions.

6. Stakeholders/Responsibilities

- Transportation departments related to administering many programs
- Other government departments responsible for road safety
- Police and judicial system related to apprehension and trials of drivers
- Medical community for assessment and treatment options
- National, provincial and community groups related to education and awareness

7. Performance Measures

- Reciprocal of repeat offenders measure, drivers convicted for the first time
- Drivers with other non-CCC sanctions for impaired driving
- Effectiveness of programs to reduce recidivism
- Comparisons of infractions, charges and convictions

8. Discussion Topics

- How to best prevent a first offence?
- How to deal with first offenders to prevent subsequent offences?
- How to increase the probability of detection and conviction for first and subsequent offences?

- How should drugs, medicinal and illicit, fit into the issue of impaired driving?
- How should collision and non-CCC information be used to define a first time versus repeat offender?

Results (post-workshop)

1. Problem Definition

Do not know enough about first time offenders. Data do not exist to help identify, track and profile these drivers. Need to develop a definition of a first identified offender based on a first alcohol offence, not necessarily the first *Criminal Code of Canada* conviction.

2. Nature of Problem

Size

We have no idea of the size of the problem, as records are not kept which would allow estimates. In some jurisdictions records of roadside suspensions are not kept. Other non-CCC sanctions may not be tracked. Lack of accurate data and recording on the driver record is a problem.

Behaviour

More work needs to be done to profile first identified alcohol involved drivers to try and stream them to appropriate countermeasures. Behavioural indices should include any alcohol offence on record.

Urban/Rural Differences

It is likely that there are enforcement and sentencing differences in rural versus urban areas. Police may be less likely to lay charges against a first offender if the officer and/or judiciary have a personal relationship with accused or their family.

3. Existing Strategies

Education

We are missing an opportunity to educate many people because they are not identified as first time offenders until they have had significant problems.

Enforcement

More police enforcement is required and police need to be better trained to recognize impairment and the importance of appropriate response to a first offence. It takes too long to process a charge with too many forms. Police should be more concerned with laying the charge and let the court deal with the resource issues. Access to interprovincial records for all types of suspensions and preventing jurisdiction hopping for convicted people.

Policy/Legislation

Roadside and administrative sanctions should be recorded on the driver's record and available in real time to police, judiciary and medical personnel involved in the countermeasures. This would require updating policy and legislation to support. Crash reporting levels are an issue, in that some systems allow a property damage collision involving alcohol be hidden by having extended reporting times and requirements.

Medical

Expand medical assessment and treatment to profile first time offenders in order to reduce the probability of a repeat offence.

Research

More research on the impact of various roadside, administrative and criminal sanctions and what sanctions are successful with what type of person.

Stakeholders

More involvement from police and judiciary in identifying and sanctioning drivers identified for the first time. More pressure needs to be put on politicians to recognize and address the problem.

4. New Directions

Education

Design a system to stay a criminal charge with the successful completion of assessment and treatment, but the information would be on the driver record. Educate crown, police, judges and doctors on the issues and the need for an appropriate response.

Enforcement

Put pressure on police to find and prosecute first time offenders and take advantage of the first contact with an offender in order to reduce repeat offenders. Better understanding by officers of the consequence of using diversion programs, roadside or administrative suspension in terms of the life cycle of a repeat offender. How to address police attitude that criminal process is too long with too many forms. Simply process so police will use full process more often. What type of data are required on the record to assist police in finding repeat offenders who are masquerading as first time offenders.

Policy/Legislation

Track all roadside suspensions (24 hr or 12 hr) and put information on driver record. Mandatory print and picture all drivers after a first offence including any type of suspension. Investigate the possibility of increasing sanctions based on BAC level for a first offender. User pay systems.

Medical

Amnesty for those people (drivers) who self identify and seek treatment. Involvement of medical practitioners in identifying and treating drivers with problems before a conviction or collision.

Research

More research on how to target countermeasures for appropriate response. Impact of plea bargains on first time offenders ability to avoid detection as a repeater. More work on profiling offenders based on life style, BAC level and other appropriate variables. Impact of too strong a response on first time offenders, causing them to drop out of the licensing system. How offenders beat the system and prevent themselves from being identified as repeat offenders.

Stakeholders

Medical and judiciary should be added. National consistency on data, processing and charging procedures.

5. Information Gaps

Education

What types of programs work with what type of offender and how incentives can be used to increase impact of education and public awareness.

Enforcement

How often diversion is used. Tracking roadside suspensions. Why police divert from criminal charge and differences in urban and rural areas.

Policy/Legislation

Improve driver record and collection of collision reporting.

Medical

Life style profiles of people with alcohol problems to identify before on road problems.

Research

How and when are drugs used instead of or with alcohol and for what reason.

Stakeholders

Best practices for various professions to share with other jurisdictions.

6. Recommendations

Education

- Develop training for police and transportation officials to recognize repeat “first offenders”
- Educate justice officials about repeat first timers and tricks to avoid detection

Enforcement

- More police, insist on criminal charge where possible
- Track roadside and administrative suspensions
- All alcohol related incidences should appear on record and be available for enforcement and assessment

- Encourage police to lay a CCC charge where ever possible
- National consistency on collision reporting, self reporting
- Educate police and courts on driver strategies for avoidance of crash reporting
- Increase police resources and training related to impaired driving and first time offenders
- Streamline number of forms to complete for a CCC charge and time to complete
- Assist police and prosecutors on recognizing repeat offenders
- Print and photograph first time offenders
- Different urban/rural enforcement as regionally appropriate

Policy/Legislation

- Define first time offender and track all alcohol incidents
- Increase consistency in identifying and recording data on offenders
- National definition on first offender and repeat offender
- Don't allow jurisdiction hopping to avoid first offence label
- Develop programs which involve direct intervention at first point of contact
- First point of contact should involve first alcohol and driving such as short-term suspensions or administrative suspensions
- Driver abstract should have all alcohol involved information
- Improved record keeping and data sharing
- Design escalating sanctions
- Registrar deal firmly with first offenders
- Escalating sanctions based on BAC limit

Medical

- Better assessment and treatment
- Assessment and stream to treatment or education
- Link licence reinstatement and medical interdiction
- Look at lifestyle factors and parameters
- Assessment and recommendations must include follow up
- Incentives to stay charge for certain agreements, records still kept
- Amnesty for those who volunteer for help prior to being caught
- Fast assessment and decision
- User pay

Research

- More coordinated efforts by different agencies and jurisdictions
- Administrative diversion and plea bargaining, fact or fiction
- Develop profiles of first and repeat offenders
- How different sanctions work with different sub-groups
- Develop models to profile repeat offenders
- Impact of short-term and administrative suspensions

Stakeholders

- Involve the medical profession more
- Need to develop the political will to deal with the issue

7. Other

We need to find and address systemic barriers which help shelter repeat offenders from being recognized as such. Systemic barriers may not be within the domain of one agency but involve cross agency coordination.

B. SOCIAL DRINKERS

Preamble

Although impaired driving is generally considered to be a socially unacceptable behaviour, a significant group of Canada's driving population continues to partake in this dangerous practice. Many social drinkers appear to be unaware of the threats posed to public safety from driving after consuming even small amounts of alcohol. The challenge is to acknowledge the reasonable use of alcohol in social settings but reinforce the message that driving after using alcohol, even in socially acceptable amounts, is dangerous and potentially illegal. The issue of drinking alcohol and having to travel to or from a social setting should be considered by the participants as part of the initial planning for the event and an important issue for the host and hostess to address.

Issue (pre-workshop)

Social Drinking Definition:

While lacking an exact definition, social drinking commonly takes place with two or more individuals, is satisfying to the drinker and participants, and does not impede the drinker's health, interpersonal relations, or economic functioning. Unlike hard core drinkers, there is a respect for alcohol and recognition of the detrimental effects of alcohol abuse. A social drinker does not drink as an end in itself, but rather drinks to accompany other activities.

1. Problem Definition

Although impaired driving is generally considered to be a socially unacceptable behaviour, a significant group of Canada's driving population continues to partake in this dangerous practice. Many social drinkers appear to be unaware of the threats posed to public safety from driving after consuming even small amounts of alcohol. The challenge is to acknowledge the reasonable use of alcohol in social settings but reinforce the message that driving after using alcohol, even in socially acceptable amounts, exponentially increases crash risk as BAC rises and is potentially illegal. The issue of drinking and driving to or from a social setting should be considered by the participants as part of the initial planning for the event and is an important issue for the host and hostess to address.

2. Nature of the Problem

Caveat

As an exact definition of a social drinker does not exist and the majority of available data relates to impaired drivers, which can include hard core drinkers and drug abusers, some assumptions have been drawn. For the sake of this discussion, it is assumed that a social drinker has a BAC in the low to mid-range.

History

A 1998 survey (TIRF, 1999a) found that 11.4% respondents, say that they have driven at some time during the past year when they were probably over the legal limit. This translates into 2.3 million Canadians. In addition, 19.3% indicated that they have driven within two hours of drinking. 1996 data indicate that 60% of alcohol related collisions are single vehicle crashes. Of those 60%, 20% of the fatalities involved drivers with a low or mid range BAC, the social drinkers.

The number of crashes caused by those with a BAC of less than .08 are decreasing while the numbers of crashes caused by driver with a BAC above .08 is increasing (these comparisons are for data gathered from 1994 to 1996). While these statistics seem to indicate a decline in the percentage of collisions involving social drinkers, the line between a social drinker and a hard core drinker is difficult to define. It is safe to assume that the social drinker is a continuing issue.

Size

The exact magnitude of the social drinking problem is difficult to quantify. Alcohol involved collisions kill an average of 4.5 people and injure 125 in Canada every 24 hours, each day, every day of the week (TIRF, 1996) [*Editor's note*: these estimates include collisions where the pedestrian was the alcohol involved person as well as off-road vehicle deaths involving alcohol. Estimates excluding these are: 1,097 alcohol involved deaths and driving in 1996, 1,070 in 1997 and 986 in 1998]. In 1997, more than 1,300 Canadians died as a result of alcohol involved collisions (TIRF 1999b). In addition to the loss of life, impaired driving costs society tens of millions of dollars annually in court costs, rehabilitation, lost earnings, health care and social programs. The fact that only one in two hundred or more impaired drivers are caught is evidence that there is ample opportunity to drive while under the influence of alcohol. While hard core drinkers caused the majority of collisions involving fatally injured drivers, a significant number (almost 20% of BAC positive drivers) had positive blood alcohol levels under 80 mg%.

Behaviour

There are a number of behavioural correlates that may be associated with social drinking. They include:

- Age of participants
- Anxiety in a social setting
- Habit
- Social and cultural background
- Levels of local public awareness and enforcement

Urban/Rural Differences

The numbers likely indicate that there are more social drinkers in urban centers as that is where the population base is concentrated. However, intuition would indicate that social drinking would be more of a problem in the rural areas as there is less of an enforcement presence and less options for alternative modes of transit.

3. Existing Strategies

A recent poll of Canadians outlined the various factors contributing to reducing drinking and driving and asked the degree to which they are perceived to be effective (TIRF, 1999a). The strategies identified included: police (89%), MADD-Canada (85%), the law courts (60%), alcohol servers (45%) and the manufacturers of alcohol (39%). These factors, coupled with local community organizations, are helping to heighten individual awareness and ultimately reduce the incidence of drinking and driving. Strategies geared specifically to the social drinking driver concentrate on personal responsibility, as opposed to enforcement. Personally responsible behaviour includes planning for a designated driver, stopping drinking earlier in the night, or spending the night at the location where the drinking occurs. One of these strategies (ending drinking earlier), still implies that it is safe to drink and drive - just as long as enough time has passed, which may not be true.

4. New Strategies

The poll also questioned what the top four strategies to reduce impaired driving were and the degree to which they were supported. These were:

- Testing all drivers in collisions (90%)
- More information in driver education (85%)
- Having self administered breathalyzers in pubs and taverns (83%), and
- Treatment and counselling (82%)

Less important preventative measures that were outlined included:

- More arrests
- Raising the drinking age, and
- 7 days in jail if caught driving under the influence while driving - first offence

The majority of Canadians believe that the BAC should be left at the current level of 80 mg%.

5. Information Gaps

In order for this problem to be sufficiently addressed a more specific definition of what exactly constitutes a social drinker needs to be developed. This would help to clarify the difference between a social drinker and a hard core drinker. In addition, once a definition has been agreed upon, demographic research should be conducted to determine who social drinkers are. Accurate demographic information would allow more targeted prevention efforts. A major challenge with this type of research may lie in getting people to admit to driving while under the influence of a few drinks.

6. Stakeholders/Responsibilities

The largest stakeholder in this issue is society at large. Impaired driving is everyone's problem as all could potentially be affected. More specific stakeholders include the individuals who drink and drive, police, MADD and other affiliated agencies, the legal system, and the people who serve, sell

and promote alcohol. Individuals have control over their own actions and must know their limit and be aware of the circumstances that would hinder the safe operation of a motor vehicle. The police and organizations such as MADD serve as an enforcement/prevention role. The legal system has both a general and specific deterrence function. And the people who serve and promote alcohol need to be conscious of their legal and moral responsibilities related to the sale of alcohol.

7. Performance Measures

Measuring the number of social drinkers is a problem as they are difficult to distinguish from other drinking drivers unless done by BAC level. Each person's alcohol tolerance is different and therefore a person's perception of his/her impaired depends on personal judgement. Some measures include:

- Number of people caught drinking and driving with the numbers from previous years by BAC level
- Number of collisions involving drinking drivers by BAC level
- Continuing public opinion and self-report surveys of the public
- Occasional nighttime random drivers surveys

8. Discussion Topics

- What is the definition of a social drinker?
- How are social drinkers identified and targeted?
- What is the exact nature of social drinking?
- How to impart the message that drinking with even minimal blood alcohol levels is dangerous and that the risk increases exponentially with BAC level?
- How to reduce the reliance on alcohol as a social icon?
- How to communicate the "impaired under 80 mg%" message to the public?
- How to increase the perceived risk of apprehension and sanction for the social drinking driver? (In a survey of Canadians, over 50% had the impression that people felt that they would not get caught drinking and driving. Almost 60% felt that the reason people drink and drive is because they perceive themselves not to be impaired).

Results (post-workshop)

1. Problem Definition

There is a general recognition that driving while impaired by alcohol is socially unacceptable. However, driving after consuming one or two drinks is considered normal behaviour and is tolerated by society. The majority of Canadians believe that the BAC should be left at the current level of 80 mg% although there is ample evidence that alcohol can cause impairment at levels below the legal limit for driving, this is especially so where age and driving experience and drinking history is considered. Because the BAC at which alcohol starts to impair driving ability and increase crash risk varies by individual and situation, it is difficult to define when social drinking becomes a problem.

Defining the problem of "social drinking" and driving in itself poses problems. No single definition of "social drinker" emerged from the workshop. Most definitions focused on the amount drunk, e.g., "one or two drinks" or low BAC. Some definitions focused on aspects of social drinking that were the converse of problem drinking. These included: no previous charges for impaired driving, maximum of 12 drinks per week, does not suffer negative effects from alcohol, drinking that accompanies another activity rather than drinking as an end in itself. Some definitions included the occasional binger or episodic drinker - someone whose drinking occurs as isolated incidents, such as celebrating special events rather than a habitual behaviour. This type of social drinker is especially at risk.

Defining if and when social drinking is a problem leads to a dilemma. What constitutes impairment and at what level is it safe to drive? There was no clear consensus among workshop groups as to whether drinking responsibly, then driving is acceptable, or whether zero tolerance is the only solution.

The challenge is to acknowledge the reasonable use of alcohol in social settings but reinforce the message that crash risk increases exponentially as BAC rises and that factors such as driver inexperience, fatigue and medications may multiply the effects of even small amounts of alcohol.

2. Nature of the Problem

Size

The exact magnitude of the social drinking problem is difficult to quantify. A 1988 survey (TIRF, 1999a) found that 19.3% of Canadians indicated that they had driven within two hours of drinking at some time during the past year. In addition, 11.4% report having driven within the past year when they were probably over the legal limit. This translates into 2.3 million Canadians. How many of these would be classified as "social drinkers"?

While hard core drinkers cause the majority of alcohol-related collisions, a significant number (almost 20%) have positive blood alcohol levels under 80 mg%. The number of crashes caused by those with BACs of less than 80 mg% are decreasing while the number of crashes caused by drivers with BACs above 80 mg% is increasing (these comparisons are for data gathered from 1994 to 1996). While these statistics seem to indicate a decline in the percentage of collisions involving social drinkers, BAC alone does not distinguish the hard core from the social drinker.

Behaviour

There are a number of behavioural correlates that may be associated with social drinking. They include:

- Age of participants;
- Anxiety in a social setting;
- Habit;
- Social and cultural background.

Social drinkers do not see themselves as a problem and in most situations they are not. We would have a credibility problem convincing people that having 1-2 drinks over a 2-3 hour period, especially with a meal is dangerous or antisocial. Social drinkers are an important group to reach because they are a large group, and because a portion of them will move from being social drinkers to becoming problem drinkers within their lifetime. Therefore, it is important to reach this group through education and prevention efforts.

Urban/Rural Differences

No addition to the pre-workshop material.

3. Existing Strategies

Education

Social drinkers may be responsive to education and messaging. Public awareness efforts, in conjunction with other enforcement and policy countermeasures, have lowered alcohol-related crash risk, especially among young people. Strategies geared specifically to the social drinking driver concentrate on personal responsibility. Personally responsible behaviour includes using public transportation or taxi, planning for a designated driver, stopping drinking earlier in the night, or spending the night at the location where the drinking occurs.

Local community organizations are also helping to heighten individual awareness and ultimately reduce the incidence of drinking and driving.

Enforcement

The incidence of social drinkers on the road has been affected by the programs in place, i.e., road checks. They are deterred by messages informing them about road checks as well as the experience of going through them. Enforcement is underfunded. There are not sufficient resources to raise the perceived risk of apprehension.

Policy/Legislation

Administrative sanctions such as 12 hr or 24 hr suspensions are designed for low BAC drivers, but are often being used as a temporary control for impaired drivers. In general, the social drinker respects and complies with legislation. There are zero tolerance laws for new drivers in many jurisdictions - a group of potential social drinkers who are at particular risk.

Medical

Nothing reported.

Research

Nighttime roadside surveys and household surveys (which include incidence and attitude measures) are existing sources of data and they provide baseline data. There are indications that norms among young drivers are changing for the better, but that the patterns of those aged 40+ may need to be addresses.

Stakeholders

The largest stakeholder in this issue is society at large. Impaired driving is everyone's problem as all could potentially be affected. More specific stakeholders include the individuals who drink and drive, policy, MADD and other affiliated agencies, the legal system, and the people who serve, sell and promote alcohol. The industry tries to promote responsible drinking rather than abstinence. They can also deliver or promote programs such as designated driver, safe ride home that are directed primarily at social drinkers.

4. New Directions

Education

Public education strategies need to emphasize:

- Knowledge about impairment - individual tolerance, fatigue and drugs;
- Risks of death and injury associated with impaired driving;
- Emphasis the property damage costs associated with drinking driving collisions;
- Enforcement programs and consequences;
- Need to plan ahead when drinking, such as leaving vehicle at home.

We need to find more effective avenues by which to deliver messages. The social drinker is the most amenable to education, so we should not miss the opportunity for early intervention. Passengers should be educated to take more responsibility for their own and driver's safety.

Enforcement

We need to use administrative sanctions more for the social drinker to prevent them from moving into the hard core category. The Crown should be discouraged from pleading down impaired charges to lesser (e.g., Motor Vehicle Act) offences. The enforcement and judicial systems should treat social drinkers the same as other types of impaired drivers. The "casual" drinker who just "gets unlucky" should not be treated more leniently. The police need more tools so they can process impaired drivers more quickly. The present system does not encourage the police to charge drivers that may be at borderline BACs. We also need to recognize that urban and rural differences require different enforcement responses.

Policy/Legislation

Mandatory ignition interlock on all vehicles (or as a standard for new vehicles) would treat all drivers alike and would leave the policy free to concentrate on the hard core. Insurance incentives could also reward abstainers or those who separate drinking and driving with lower rates or discounts.

Medical

Assessment and referral programs should include the social drinker because it's difficult to know which social drinkers are at risk and when a social drinker becomes a hard-core drinker. Tracking those drivers with one or more short-term suspensions would provide an opportunity for intervention.

Research

see Information Gaps

Stakeholders

We need to strategize collectively between the enforcement and legal community. A multi disciplinary approach is required in order to succeed.

5. Information Gaps

General

In order for this problem to be sufficiently addressed, a more specific definition of what exactly constitutes a social drinker needs to be developed. This would help to clarify the difference between a social drinker and a hard core drinker. In addition, once a definition has been agreed upon, demographic research should be conducted to determine who social drinkers are. Accurate demographic information would allow more targeted prevention efforts.

Education

We do not know enough about the social drinker and the motivators of social drinking. What factors pre-dispose people to remain in the social drinker category, and others to move on to the hard core. This knowledge would help in early intervention strategies. How do we get people to be aware of their BAC and to stay below the legal limit and/or not be impaired? How do we reach those who have not yet been charged or convicted?

Enforcement

We need to determine whether short-term suspensions have any deterrent effect.

Research

We need to know what proportion of the alcohol-crash problem is caused by social drinkers (low BAC drivers). We may know this for fatalities but not the much larger bulk of injury and property damage crashes. We should also compare Canada's data on drinking patterns and impaired driving with that of other countries that have a lower incidence of drinking and driving to figure out what we could be doing to improve the situation.

Existing information is based largely on urban areas. We need more information on rural areas in order to deliver more effectively education and enforcement to those areas.

6. Recommendations

Education

- Continue to transmit messages that raise the perceived risk of apprehension
- Raise awareness about other forms of impairment due to drugs and fatigue and their interactions with alcohol
- Messaging should focus on social drinker vulnerabilities (e.g., family, children, employment)
- Target the age group 35-55, as the largest social drinking group, including workplace programs

Enforcement

- Increase resources for enforcement of impaired driving to raise the risk of apprehension
- Streamline procedures for charging impaired driving cases and for impounding vehicles
- Judicial system must support enforcement process. Eliminate plea-bargaining and loopholes. Encourage, train and adequately resource Crown
- CCMTA should draft a position paper on the state of impaired driving in Canada to be directed to the provincial Attorneys General

Policy/Legislation

- Make greater use of technology such as ignition interlock and smart cards to control all drinking drivers
- Maintain records of short-term suspensions and track drivers who receive them
- Introduce mandatory screening for all offenders, including those with short-term suspensions

Research

- Continue to conduct nighttime roadside surveys to monitor the problem. Expand surveys into rural areas
- Conduct household surveys to measure attitudes, self-reported drinking and driving and awareness of education and enforcement programs
- Link existing data systems (e.g., driver, coroner, hospital, insurance) to better monitor the problem
- Promote sharing of information across jurisdictions

Stakeholders

- Provide more resources to community organizations to deliver education, awareness and responsible drinking programs
- Promote and develop community linkages to enable a cooperative, multi disciplinary approach
- Promote and set up mechanisms for interprovincial cooperation

7. Other

- If zero BAC is good for new drivers (as current provincial/territorial laws imply), should it apply to all drivers?
- Is the definition of a designated driver the person in a car that has had the least amount to drink or the one who has a zero BAC? Does the concept in fact encourage more drinking among the non-drivers?
- The government could introduce tax benefits to businesses that discourage drinking alcohol at business-related functions.

C. HARD CORE DRINKING DRIVERS

Preamble

Research indicates that less than 2.6 percent of Canada's drivers take 84 per cent of all impaired driving trips. Although they constitute a small percentage of the drinking driver population in Canada, they have a disproportionately high representation in collisions, injuries and deaths. The behaviour of this group does not appear to be influenced by traditional programming and sanctions. In order to effectively reduce the threat to public safety posed by the hard-core drinking driver, strategies particular to this group need to be considered.

Issue (pre-workshop)

1. *Problem Definition*

Hard core drinking drivers may be described as individuals who drive with a high, illegal Blood Alcohol Concentration or who repeatedly drive with an illegal BAC or both. Their drinking and driving may fall within a scale ranging from a single drinking binge to long-term alcoholism.

2. *Nature of Problem*

History

Introduced in the early years of the last century, the private motor vehicle rapidly became the transportation mode of choice. The risk of death and injury in motor vehicle collisions soon became apparent. This was especially so where alcohol was involved. In 1921, Canada's Parliament enacted the first drinking and driving offence: "driving while intoxicated" and this legislation provided for higher minimum penalties for repeat offences. However, some observers indicate that intoxicated driving convictions were reserved for drivers who were "falling down" drunk.

The present "impaired driving" offence was added to the *Criminal Code* in the early 1950s. In 1969, Parliament added the "driving in excess of 80mg%" offence and repealed the "driving while intoxicated offence". In 1976, Parliament responded to the problem of alcoholics who drink and drive by enacting the "curative treatment discharge" provision at a time when provinces and territories did not routinely make mandatory assessment and treatment a condition of provincial driving license re-instatement. Further refinements to the impaired driving provisions have occurred over the years down to the present time.

Size

Estimates are that some 32% of all vehicle crash fatalities involve a driver with a BAC exceeding 80 mg%. An Insurance Corporation of British Columbia report from 1998 data indicates that 81% of impaired driving fatalities are the impaired drivers and their passengers. Of impaired driving deaths (1250-1350 - includes pedestrian and off-road vehicles) about half are the drinking drivers. Some 3/4 of the driver fatalities with a BAC exceeding 80 mg% actually exceed 150 mg%.

Males are disproportionately represented in drinking and driving fatalities and convictions, just as they are disproportionately represented in general crime statistics. It is well known that crash risk rises exponentially as a driver's BAC increases. Amongst driver fatalities, drivers with a BAC exceeding 150 milligrams of alcohol in 100 millilitres of blood are vastly over-represented, given their small percentage amongst all drivers.

Behaviour

The Traffic Injury Research Foundation predicted that gains in the struggle against impaired driving in the 1980s (largely from progress with social drinkers) would not be matched by gains in the 1990s. This is because hard core drinking drivers comprise a large part of those who continue to drink and drive and they are very difficult to reach.

Binge drinking amongst youthful drivers is a special concern. A national study of college students' drinking and driving behaviour and an Ontario study of teenage drinking and driving behaviour are cause for concern. The population cohort aged 16-24 is soon expected to return to levels not seen since the mid-1980s.

The Traffic Injury Research Foundation public opinion survey published in 1999 indicates that of 200 impaired driving trips, just one will result in a criminal charge. This estimate may be very conservative. Experienced drinking drivers are more aware than the general public that their likelihood of apprehension is low. Moreover, they have driven home many times after drinking and judging themselves as okay to drive or as unlikely to be apprehended. This reinforces their behaviour.

There may be a most frightening sub-group of hard core drivers, those who have no care what happens to themselves and who do not care what harm they might cause to others.

Urban/Rural Differences

Experts in the field of alcohol collision indicate that there is disproportionate representation amongst drinking driver fatalities of persons from non-urban areas. In non-urban areas, the temptation to drive after drinking may be exacerbated by a perceived lower risk of collision in lower traffic flows or perhaps a lower risk of apprehension where policing resources are spread more thinly. These factors are complicated by a smaller range of transportation options than in an urban area. On the other hand, it may be easier to identify a vehicle or a driver as having been previously involved in a drinking and driving incident in a rural area. A related issue concerns the relationship between police, court officers, drinking drivers and the community. In a small rural area, this factor may affect charges being laid and convictions being registered.

3. Existing Strategies

Some provinces and territories now require convicted drinking drivers to undergo assessment and education or treatment prior to driving license reinstatement. Parliament enacted provisions in the *Criminal Code*, in 1999, which specify that courts may make probation orders for treatment in provinces or territories that have programs. Some provinces and territories have also introduced ignition interlock programs that require a driver to separate the activities of drinking and driving. In

1999, Parliament recognized the value of ignition interlock devices and provided for a reduced federal driving prohibition order for a first offender using the device. The provision does not extend to repeat offenders, which is a matter of concern to provinces that have interlock programs. Also in 1999, Parliament amended the penalty provisions, indicating that a BAC exceeding 160 mg% must be taken into consideration as an aggravating factor in sentencing.

4. *New Strategies*

Currently a reduction in the *Criminal Code's* driving prohibition is only possible for first offenders. At the Uniform Law Conference held in the summer of 2000, there was support for a resolution seeking an extension of this provision to repeat offenders.

Linking ignition interlock devices to a reduced federal driving prohibition and to early provincial/territorial license reinstatement only reaches hard core drinking drivers who recognize a problem and see a need to change their behaviour. A majority of repeat offenders (70 to 90 per cent) do not take advantage of interlock programs where available and may be driving while disqualified. In 1999, Parliament increased the maximum penalty for driving while disqualified from 2 years to 5 years, where the Crown proceeds by indictment.

Other provincial/territorial programs dealing with hard core drinking drivers include longer suspension periods, including life time bans for three or four offences as well as lengthening the search window for a repeat offence.

5. *Information Gaps*

It would be helpful to obtain comparative data for driver fatalities by urban/rural location, residence and by BAC level. Comparative data for alcohol involved fatalities by driver and passenger demographics could also prove informative.

6. *Stakeholders/Responsibilities*

Safety, Health, Enforcement, Prosecution, Legislation, Organizations, Families, Individuals.

7. *Performance Measures*

Problems with charge data. Driver fatality data.

8. *Discussion Topics*

- Assessment/Education/Treatment - is there a way to increase recognition in hard-core drinking drivers that there is a problem?
- Is a sense of infallibility a factor with the youthful binge drinker who drives?
- Riding with a drinking driver - peers, spouse, children.

Enforcement - resources used for criminal processing and prosecution of non-death/injury cases, would they be better placed in enforcing provincial laws and applying administrative suspensions increasing the likelihood of detection and sanction?

Results (post-workshop)

1. Problem definition

The background paper on hard core drinking drivers for the national workshop spoke in terms of individuals who drove with a high Blood Alcohol Concentration, or who repeatedly drove with a high BAC or both. The paper noted that the drinking might fall within a range of single binge drinking to long-term alcoholism.

Working groups took various approaches to the definition. Some appeared to proceed on the basis that "hard core drinking drivers" speaks only of alcoholics. Others accepted the premise that "hard core" describes a broad range of drinking drivers. There was some discussion in a few groups on whether a high BAC would mean exceeding the provincial/territorial "legal limit" (exceeds 50 mg% in several jurisdictions) under driver licensing legislation or exceeding the criminal limit (exceeds 80 mg%) or exceeding the aggravating BAC (exceeds 160 mg%) for criminal sentencing purposes.

One group questioned whether the problem should be defined by the frequency of provincial license suspension, criminal charge, or criminal conviction. It noted that many hard core drinking drivers may also be frequent users of the justice system on other matters. Another group noted that it is difficult to characterize hard core drinking drivers, given many possible sub-groups. Males pre-dominate drinking and driving statistics, including charge and driver fatality statistics. Perhaps, a lifestyle of risk is pertinent to hard core drinking drivers.

2. Nature of Problem

Size

Alcohol is a legal and pervasive drug within society. There is little public appetite for prohibition of alcohol but there is increasing sentiment for divorcing drinking from impaired driving, if not from driving with any level of alcohol in the body. The incidence of alcoholism is said to be very high with a figure of 8-10% mentioned. Not all heavy drinkers choose to drive, regardless of whether they are otherwise in denial of a drinking problem. Clearly, many heavy drinkers whether binge drinkers or daily heavy drinkers follow a plan that keeps them out of the driver's seat.

Behaviour

Many hard core drinking drivers have multiple life problems. Several groups noted that social drinking drivers and hard core drinking drivers may move between groups. Hard core drinking drivers may become very knowledgeable about drinking and driving and ways to avoid detection. As they drink and drive without a collision or apprehension, they become reinforced in their behaviour. However, their risk of collision is exponentially increased as the BAC rises, when compared to that of the sober driver.

Urban/Rural Differences

Groups did not identify urban/rural differences specifically for hard core drinking drivers.

3. Existing Strategies

Education

One group felt that public education does not have an impact on hard core drinking drivers. Another group felt that education might be useful for those youths who are hard core drinking drivers. Yet another felt that public information should shift from fatalities to the property costs of impaired driving collisions.

Enforcement

One group suggested that CCMTA produce a paper/business case on the state of police enforcement resources. Enforcement resources were frequently identified as needing enhancement and heavy advertisement of the enhancement.

Policy/Legislation

Some groups noted that sanctions have become tougher. There was some sentiment that there is now a need to make consequences smarter. Groups also mentioned that tougher legal sanctions could influence some hard core drinking drivers to drive outside of the licensed system, without ever addressing the underlying problems. The goal of reinstating offenders within the licensed driving population, through the use of ignition interlock programs, was also frequently mentioned.

Medical

Several groups noted the links to medical issues and the need for connections between licensing officials and medical practitioners. However, the question of the extent to which medical and criminal record information can be shared was raised.

Research

No comments noted.

Stakeholders

The message was clear that a multi disciplinary approach to the problem is necessary.

4. New Directions

Education

Public education on criminal, licensing and insurance consequences may be needed. A few groups recommended education for police, medical workers and community on hard core drinking drivers.

One group suggested the use of self-administered breath tests in a wide range of setting.

Enforcement

24-hour provincial license suspensions should be recorded and tracked for follow-up, including lengthened suspensions. Inter-jurisdictional tracking of suspensions was recommended. Some groups indicated that 24-hour suspensions should not be substituted where criminal charges are indicated. One group suggested that police should follow-up on suspended drivers to ensure compliance.

Policy/Legislation

A few groups suggested a zero BAC driver's license requirement for post-conviction hard core drinking drivers. Another suggested that a hard core drinking driver could be identified as a risk on the driver's license. One suggested the use of "zebra" license plates. Some groups questioned whether lifetime suspensions are effective, while others felt that some hard core drinking drivers would never be fit to drive. Vehicle impoundment and vehicle forfeiture seemed worth considering to some participants. The extension of the reduction of the *Criminal Code's* driving prohibition for repeat offenders who use an interlock device was mentioned.

One group suggested that standardized field sobriety testing should be introduced in all jurisdictions to aid detection of hard core drinking drivers. Some suggested that there be more recourse to remanding hard core drinking drivers in custody. One group suggested that the search window for prior impaired driving offences be widened to 10 years in all jurisdictions. One group mentioned the need for dedicated impaired driving courts in some areas of the country.

There was a discussion in one group questioning the need for allowing the accused the right to legal counsel.

Medical

The efforts of front-line medical practitioners could be enlisted to assist with hard core drinking drivers. This echoed a keynote speaker, Dr. Ray Baker, who indicated that a large and very credible study has indicated that treatment can be very successful. It is not important to successful treatment that the offender has "hit bottom" but it is important that the person be given a good reason to change. Maintaining a driver's license can be a motivator.

Given that a first-sanctioned driver may have done many impaired driving trips, the first sanction implies the first opportunity to confront the individual and change the impaired driving pattern. Early assessment and treatment was highly recommended. Assessment should cover alcohol dependency and personality disorder. Prompt and appropriate treatment is dependent on prompt and adequate assessment. Some groups suggested that treatment should be given on a user-pay basis.

Research

The need for increased resources for research was a recurring theme.

A few groups suggested that vehicle manufacturers could install ignition interlock devices on all vehicles.

Stakeholders

No comments noted.

5. Information Gaps

Education

No comments noted.

Enforcement

One group suggested that there should be "scientific benchmarking" of enforcement.

Policy/Legislation

No comments noted.

Medical

No comments noted.

Research

While some groups identified the need for more research, there were few specifics. Topics for research included:

- Evaluation of treatment to establish the post-treatment re-offence percentage and the post-treatment, high BAC driver fatality incidence.
- Information-gathering on the use of designated drivers by heavy drinkers and the hard core drinking drivers.
- Evaluation of the effectiveness of 24-hour provincial license suspensions for hard core drinking drivers.

Stakeholders

No comments noted.

6. Recommendations

Education

- Implement education on criminal, licensing and insurance consequences.
- Implement education for police, medical workers and community workers on hard core drinking drivers.
- Implement education for those youths who are hard core drinking drivers.
- Use self-administered breath tests in a wide range of social and other settings.
- Shift the public information focus from fatalities to the property costs of impaired driving collisions.

Enforcement

- Enhance resources and advertise the enhancement heavily.

- Record all 24-hour provincial license suspensions and then track suspended drivers, with violators receiving lengthened suspensions.
- Track all suspensions inter-jurisdictionally.
- Lay criminal charges where warranted and do not substitute 24-hour suspensions.

Policy/Legislation

- Introduce standardized field sobriety testing in all jurisdictions to aid detection of hard core drinking drivers.
- Widen the "search window" for prior impaired driving offences to 10 years in all jurisdictions.
- Prosecutors should consider seeking "remands in custody" more often for hard core drinking drivers.
- Consider the need for dedicated impaired driving courts in some areas of the country.
- Institute a zero BAC driver's license requirement for post-conviction, hard core drinking drivers.
- Require the use of "zebra" license plates for convicted drinking drivers.
- Identify a hard core drinking driver as a high risk on the driver's license.
- Extend the reduction of the *Criminal Code's* driving prohibition to repeat offenders who use an interlock device.
- Extend vehicle impoundment to impaired drivers and institute vehicle forfeiture for driving while disqualified.

Medical

- Explore the possibility of making connections between licensing officials and medical practitioners.
- Enlist the efforts of front-line medical practitioners to assist with hard core drinking drivers.
- Implement early assessment and treatment.
- Ensure prompt and adequate assessment because prompt and appropriate treatment is dependent upon assessment.
- Ensure that assessment covers alcohol dependency and personality disorder.
- Consider whether treatment should be given on a user-pay basis.

Research

- Increase resources for research.
- Examine enforcement and create scientific "benchmarks".
- Evaluate manufacturer installation of ignition interlock devices on all vehicles.
- Evaluate treatment to establish the post-treatment re-offence percentage and the post-treatment, driver fatality incidence amongst high BAC drivers.
- Obtain information on the use of designated drivers by binge and heavy drinkers and by hard core drinking drivers.
- Evaluate the effectiveness of 24-hour provincial license suspensions for hard core drinking drivers.

Stakeholders

No recommendations noted.

7. Other

One group suggested that success would be demonstrated by the removal of the hard core drinking driver as a repeat offender and by the reinstatement of that person into the regular driving population.

Another group suggested that a reduction of serious alcohol-involved crashes would be a helpful performance measure.

No group specifically identified as a performance measure a reduction in self-reported, impaired driving trips in national public surveys, although this may be worth monitoring over time.

D. NEW/YOUNG DRIVERS

Preamble

New and young drivers are considered to be those who have reached the age of driver licence qualification or who have decided to become newly licenced as an adult (over 21). Young drivers are at an age where considerable peer pressure exists to partake in alcohol consumption. By continuing to establish with this group that drinking and driving is socially unacceptable, public safety can be enhanced as they mature through the generations. It is also imperative to convey the message to this group that impaired driving takes many lives and injures a countless number of Canadians annually. Newly licenced, adult drivers, although experienced with alcohol and more mature than the young driver, still have to be educated regarding the hazards associated with combining alcohol consumption and driving. This is not something they are experienced with and they need to be educated regarding the social unacceptability of this behaviour.

Issue (pre-workshop)

1. Problem Definition

New and young drivers are considered to be those who have reached the age of driver licence qualification or who have decided to become newly licenced as an adult.

Young drivers are at an age where considerable peer pressure exists to partake in alcohol consumption. At the same time, these drivers are new to the driving task and may be unaccustomed to drinking as well. It is imperative to convey to this group that drinking and driving takes many lives and injures a countless number of Canadians annually.

Newly licenced, adult drivers, although experienced with alcohol and more mature than the young drivers, still have to be educated regarding the hazards associated with combining alcohol consumption and driving. This is not something they are experienced with and they need to be educated regarding the social unacceptability of this behaviour.

2. Nature of Problem

The over-involvement of new drivers in traffic crashes has generated a lot of research in the past few decades. This research has produced a fair amount of knowledge on the new/young driver problem and has led to the adoption and implementation of a number of countermeasures aimed at improving the safety of new drivers.

A significant proportion of new drivers are young (for example, in Saskatchewan roughly 80% of new drivers are below the age of 20 years).

In 1998, 134 of the 1,714 drivers killed were between the ages of 16-19 years old. 120 of these fatally injured drivers were tested for alcohol. Of those tested (TIRF, in press):

- 64.1% showed no evidence of alcohol, compared to 61% of all drivers;
- 5.0% had BACs below 50 mg%, compared to 4% of all drivers;
- 5.8% had BACs from 50 to 80 mg%, compared to 2.3% of all drivers;
- 12.5% had BACs from 81 to 150 mg%, compared to 9.5% of all drivers; and
- 12.5% had BACs over 150 mg%, compared to 23% of all drivers.

A 1999 report looked at data on collisions involving persons 15-19 years old. It reported that over these two decades the road death and injury rate among teens have declined significantly. The proportion of alcohol-related fatalities has also declined significantly (TIRF, in press). The report, however, noted that progress in the recent past has stagnated. Also, road crashes continue to be the leading cause of death among teens.

The percent of fatally injured teen drivers who had been drinking has showed only some improvement in recent years. Between 1990 and 1998 the proportion dropped from 42% to 36%.

The percent of fatally injured teen drivers who had alcohol levels in excess of 80 mg% actually increased by 19% between 1990 and 1998, from 21% to 25%.

Young drivers are the least likely to drink and drive or to have alcohol levels in excess of the legal limit of 80 mg%. Only 0.3% of teens had a BAC over the legal limit as compared to 2.4% of drivers between the ages of 46 and 55.

Some Characteristics

The TIRF (TIRF, 1999b) report also offers the following characteristics about the young driver drinking and driving problem:

Factor	Killed	Injured
Summer	32.4%	40.8%
Winter	8.0%	11.4%
Weekend	55.0%	49.8%
Night	74.0%	86.0%
Automobile	70.0%	62.0%
Single Vehicle Crash	77.0%	91.0%

In nearly 2/3 of the alcohol-involved multiple vehicle crashes involving a teen driver, it was the fatally injured teen driver who had been drinking and not the other driver.

Causes

Two primary factors are cited for the over representation of young drivers in road crashes. These are inexperience and immaturity. It has been suggested that these two factors often combine to further increase the crash risk of young drivers. Young drivers are inexperienced drivers as well as not being acquainted with the full impact of alcohol, both on their person and the driving task. These two factors combined with any maturity issues substantially increase the risks for young drivers.

3. Existing Strategies

The TIRF study lists a number of solutions that have been suggested or employed to help address this problem. These are listed below:

Countermeasure	Effectiveness
Increasing the drinking age	Changing the drinking age has been shown to affect the incidence of drinking and driving among young drivers. The TIRF study however notes that there is some concern about the magnitude and duration of reductions associated with increasing the drinking age
Increasing the licensing age	Delaying licenser by increasing the eligible age for obtaining a license just postpones the problem associated with inexperienced new drivers to a later date
Graduated licensing	Has been shown to be an effective means of reducing collisions involving young/new drivers. Restrictions such as low or zero BAC limits effectively prohibit young/new drivers from drinking and driving
Driver Education and Training	There is a lack of evidence on the safety effectiveness of driver education
Alcohol/Drug Education	Effectiveness is unknown
Parent-based intervention	Effectiveness is unknown
Peer-based interventions	Effectiveness is unknown
Mass Communications	The TIRF study indicates that there is evidence that mass communication is effective in increasing awareness, knowledge, and changing attitudes. There is no evidence that they lead to a change in behaviour.
Advertising and youth	There is no evidence of its impact on risky driving or alcohol use

4. New Strategies

- Targeted enforcement: this type of enforcement will be geared towards the places where this group of drivers do most of their drinking (and potentially get in their cars to drive), and the time periods when this takes place.

- Messaging: the population of new drivers is refreshed on a continuous basis. It is therefore imperative that awareness programs for this group be designed in such a way as to maximize our knowledge of the entrance of new drivers into the driving population.
- Driver Improvement Programs: explore ways in which existing driver improvement programs can be enhanced to manage the problems associated with new/young drivers (e.g., appropriate thresholds, inclusion of drinking and driving offences in the determination of trigger levels, etc.)

5. *Information Gaps*

No comments.

6. *Stakeholders*

- Parents: education, awareness
- Governments: legislation, education, remedial programs, driver improvement programs
- Student groups: education
- Liquor establishments: designated driver programs, education
- Enforcement
- Schools: education and awareness
- Judiciary/legal
- Community groups

7. *Performance Measures*

Changes in:

- Number and % of fatally injured young drivers
- Number and % drivers, passengers and pedestrians that are fatally injured by young drivers who had been drinking
- Number and % drivers, passengers and pedestrians that are seriously injured by young drivers who had been drinking

8. *Discussion Topics*

- It is no secret when and where young drivers do their drinking. What challenges have hampered well-directed enforcement efforts to deter this behaviour?
- Is seat belt use an effective countermeasure for reducing fatalities associated with drinking and driving among young drivers? Should our drinking and driving campaigns be accompanied with seat belt wearing campaigns?
- Once legislative components to deal with drinking and driving within this group are passed, what will it take to ensure that the real goals and objectives of reducing drinking and driving and its consequences will be achieved?

Results (post-workshop)

1. Problem Definition

Young drivers are at an age where they generally feel invincible and fearless. It is also important that new drivers be made aware of the fact that drinking and driving has some criminal consequences.

2. Nature of the Problem

Size

The drinking and driving problem could be the result of a lack of understanding of the needs of the young driver. Drinking levels are rising among our youth. This could translate into more drinking and driving. The 16-25 year age group should be expected to grow with the increase in baby boomers. Bush parties and house parties by youths are problem areas. Location of drinking changes rapidly (coffee shops, "Raves", music, culture). In Sweden, beer is priced based on alcohol content. Beer is the drink for youth in Canada. Where do the young drivers do their drinking? Focus is on drinking and driving, however, there is a need to look at other potentially impairing drugs as well. Combination of alcohol/marijuana, 7% of males have driven within 2 hours after consuming drugs. Graduated licensing is inconsistent from province to province, for example, not all provinces/territories have a program, and those that do have substantial different programs. Once graduated licensing is gone, youth travel late at night and in parks.

What effect are primary/elementary school education having? Issues addressed but perhaps not internalized.

New drivers - language barrier/cultural which need to be incorporated. Lower than average use of seatbelts. Sanctions. Where is the parental discretion?

Behaviour

Availability of alcohol and knowledge of its effects - Young drivers are not fully aware of their limits with respect to alcohol use. How immediate is the effect of alcohol on the body? How long does this effect persist? Not aware of synergistic effects of impairment (fatigue, emotions, drugs, alcohol). Lack experience in knowing effects and lack experience in risks and consequences. It was suggested that one of the factors that contribute to drinking and driving among young drivers is the ready availability of alcohol. Conflict: alcohol sales vs. drinking and driving? Additionally, the message that it is okay to drink but not okay to drink then drive may be difficult to differentiate for young people.

Young drivers are receptive to education - this is our best chance to early prevention. Education is key: most 19 year olds do not drink/drive. Despite school programs, behaviour is shaped by examples set by parents and peers.

New drivers have little negative consequence experience since they grew up with traffic safety.

Urban/Rural Differences

In rural areas where there is typically not enough enforcement to cover wide geographical areas and expansive road networks, young people tend to know that it is easier to get away with drinking and driving. Another challenge in the rural setting is the lack of alternate means of transportation.

The lack of enforcement issue is also quite applicable to the urban context where young drivers quickly realize that they can drive home from bars without any real risk of getting caught.

3. Existing Strategies

Education

- Continue with messaging; don't relax it.
- Ongoing campaign directed at this group is needed.
- Target important sub-groups differently, e.g. gender.
- Maintain momentum and awareness.
- Education partnerships such as "Dry Grad", etc.
- Educational programs.

Enforcement

More resources needed for police.

Policy/Legislation

- Increase the legal drinking age - check US studies for impact of having the drinking age at 21.
- Best programs are in place, just not everywhere in Canada.
- There is a need to expand the scope of these programs.
- Continue interaction with other jurisdictions.
- Designated driver - proven to be successful.
- Sanctions like 24 hr suspensions may not currently serve a purpose.

4. New Directions

Education

- When discussing this issue with young drivers, there is a need to consider and emphasize examples of positive role models among them.
- The educational strategy needs to be on-going and begin in the early years of school.
- There is a need for on-going education for the enforcement community on new driver legislation.
- Educational efforts should take advantage of existing and emerging youth-targeted presentations.

- There should be continued emphasis on educating new drivers about the risks associated with drinking and driving.

Enforcement

- There should be continued and visible emphasis on the resource constraints of frontline officers.
- Deployment of enforcement needs to be more strategically targeted to reflect known locations of drinking and driving.
- Maximise the use of new or emerging technologies to enhance the quality of enforcement efforts.

Policy/Legislation

- Step up the efforts to introduce graduated licensing programs in all jurisdictions.
- Expand the introduction of new legislation target at new drivers which are swift and severe compared to existing sanctions.
- Work towards more uniformity in driver education.
- Impaired driving education should be formally included in school curricula.
- Consider the expansion of regulatory powers for detection of impaired drivers.

Medical

- Health issues: need for education about alcohol and substance use.

Research

- Need for research to better understand the geographical differences in the drinking and driving problem.
- There needs to be a focused examination and profiling of the high risk new driver.

Stakeholder

- Stakeholders should more actively communicate and develop strategies to cost-share efforts targeted at addressing the new driver problem.
- More voices are needed at the federal level to deal with this issue.

5. Information Gaps

Education

- We need better understanding of the nature and effectiveness of messages that we would like to send to new/young drivers on this issue.
- Are our current messages right for this target population?

Policy/Legislation

- What are the tradeoffs between criminal sanctions and administrative sanctions aimed at new/young drivers?
- Is the existing research being effectively translated into policy for new/young drivers?

Research

- We need a better understanding of the nature of recidivism among young/new drivers.
- We need a better knowledge of the sources and accessibility of existing data.
- Find out which individual pieces or groups of current legislation are having an effect on the new/young driving problem
- More studies on the older new driver.

6. Recommendations

Education

- Educate police more on graduated driver licensing and on why not to be lenient with young drivers.
- A formal and informal approach should be adopted (e.g., more education at home - more family education and opportunities for community education as well).
- Stress negative messages about drinking driving. Ensure young people are made aware of the risk.
- Education should also focus on recognizing the good and responsible action some young drivers are already taking (e.g., use of seat belts, impaired awareness efforts, etc.)
- Expose students in schools to multimedia presentations such as the one sponsored by MADD.
- Commence drinking and driving education programs at elementary level and maintain it as an ongoing component of the education system.
- Involve more components on drinking and driving in driver education programs.

Enforcement

- Undertake enforcement and education in bars/hotels for legal 19-26 who drink.
- Enforce in close proximity of bars and nightclubs and at night.
- Raise awareness of constraints of front line police.
- Work towards the use of videotape evidence.

Policy/Legislation

- All jurisdictions work towards having a 0% BAC for GDL until full licensing
- Automatic suspensions, automatic vehicle impoundments, and swift sanctions could be added to graduated licensing
- GDL enforcement should take youth offences seriously to keep teeth in program
- Lenient measures send wrong message
- The process for hard core driver starts with first intervention/consequence
- Continued support and development of youth programs. This should be approached as a national strategy
- Focus on old/novice drivers
- Limit availability of alcohol to minors
- Work drinking and driving education into school curriculum
- Continue to emphasize seat belt use for young/new drivers.

Medical

- Educate youth about alcohol and substance abuse

Research

- Research the differences between urban and rural areas with respect to the young/new driver problem.
- Maximize use of information on driving records of young people to identify and design possible interventions? (Legally can we do this?)
- Establish a profile of potential high risk drivers. Identify sub-groups e.g., high risk young by gender. Target these groups differently.

Stakeholders

- Undertake cost sharing initiatives between interested stakeholders
- Include the voices of more stakeholders at the federal level - consensus.

E. NEW EMERGING ISSUES

Preamble

Those involved in road safety and enforcement realize that other forms of impairment are contributing to a growing number of collisions, deaths and injuries. Other forms of impairments include impairment by drugs (illegal, prescription, etc.) as well as fatigue. These forms of impairment are not easily measured using current technologies and as a result, the extent of the problem they pose is unknown. In addition to new and emerging causes for impairment, we are experiencing increasing impaired operation in other types of motorized vehicles including all-terrain vehicles, snowmobiles and boats. Impaired operation of these vehicles, which is also criminal, is another issue that may become a greater focus in the future.

Issue (pre-workshop)

1. Problem Definition

Justifiably, most of the attention in the field of impaired driving has centred on issues around reducing the incidence of drinking alcohol and driving motor vehicles on roadways. While sanctions extend to impairment by drugs and driving, little is known about the size and scope of the licit or illicit use of drugs and driving, solely involved or used in combination with alcohol. Likewise, while current criminal offences include impaired operation of snowmobiles, off road vehicles and boats. The size and scope of these problems, and the effectiveness of existing deterrents are not well known. Criminal offences related to impaired driving do not extend to pedestrians, bicyclists and other non-motorized road users. Finally, the issue of fatigued driving, and whether it should be treated as a form of "impaired driving" has recently been receiving general attention.

2. Nature of Problem

History

Impaired driving caused by drugs has been identified as a problem and included in the *Criminal Code* since 1925, but a lack of inexpensive detection methods have made it difficult to determine its magnitude. An additional complication is related to the fact that a drug may remain measurable in the body for a considerable period of time after it has stopped having any physical or cognitive effect. Another issue related to prescription drugs is that the driver may be safer with the drug than without. As recreational use of vehicles has become more popular over the years, a corresponding increase in fatalities due to related drinking driving has not materialized, but a large majority of those killed using these vehicles had been drinking. Concerns about driver fatigue are a more recent concern, perhaps predicated upon public discussion regarding the appropriate regulation of commercial drivers' hours of work.

Size

Drugs: A recent Quebec road side driver study found drug use (9.15%) to be more prevalent than alcohol use (3.75%) (Dussault, 2000) [*Editor's note*: the presence of a drug in the blood does not necessarily equate to physical or cognitive impairment in the same way as alcohol might]. A much older 1990 Canadian Society of Forensic Science study, in keeping with international data, stated that drugs other than alcohol may be present in 10 to 20% of impaired driving and fatal motor vehicle crashes. Anecdotally, the problem may be growing as use of over the counter and prescription drugs rises as the population ages, regardless of the use of illicit drugs. However, the use of some medicinal drugs in many instances may improve driver performance.

Recreational vehicles: According to a CCMTA/Transport Canada sponsored report approximately 71% of fatally injured snowmobilers and 60% of off road vehicle operators had been drinking in 1998 (TIRF, in press). In 1997, 55% of fatally injured boat operators were impaired in Ontario (TIRF, 1997).

Pedestrians and bicyclists: The CCMTA/Transport Canada report also showed that approximately 21% of fatally injured bicyclists and 43% of fatally injured pedestrians had been drinking in 1998.

Driver fatigue: A recent American National Sleep Foundation survey found that 62% of drivers admitted to driving while drowsy during the past year, and 27% admitted to nodding off while driving.

Behaviour

Age, motivation and the type of vehicle being driven may have a strong correlation with the decision to use drugs, type of drug used or drive while fatigued.

Urban/Rural Differences

Most recreational vehicle use takes place in rural areas. With the other emerging issues, fewer urban/rural differences might be expected.

3. *Existing Strategies*

The sanctions that apply to drinking while driving on road motor vehicles tend to also apply to these other vehicle types. Public education programs targeted at recreational vehicle operators generally exist. Specific detection and apprehension strategies and programs are not as widespread amongst all jurisdictions. There appears to be little literature published that evaluates the results of any programs, policies or sanctions specifically targeted at these groups, however.

4. *New Strategies*

With regards to drugs and driving, it appears that most programs tend to centre around police detection techniques and/or targeted public education campaigns. This would include the Drug Recognition Expert (DRE) programs used by some police services. Driver fatigue countermeasures have been grouped into public education and awareness programs, new technologies, roadway countermeasures, environmental countermeasures, and regulatory and judicial countermeasures by

a recently published Transportation Research Board review and catalogue of sleep deprivation countermeasures (TRB, 2000).

5. Information Gaps

There are significant research gaps in all of the areas identified in this group.

6. Stakeholders/Responsibilities

Drugs:

- Size of problem: Coroner's Offices.
 - < Detection: Police Services.
 - < Remaining responsibilities: generally unassigned
 - < Recreational vehicles: proponent groups.
- Pedestrians and bicyclists: generally unassigned
- Driver Fatigue: generally unassigned, with exception of commercial drivers

7. Performance Measures

- Surveys to determine the size of the problems.
- Social research to determine public perceptions as to hazards, and studies to determine actual impairments caused by fatigue and various types of drug use.

8. Discussion Topics

- Which of these problem areas require priority focus?
- Should driver fatigue be considered an impaired driving issue?
- Should CCMTA begin tracking impaired boating fatality information?
- Should and how these problem areas be divided for further examination?
- Levels and quality of enforcement.

Results (post-workshop)

1. Problem Definition

- Impairment under emerging issues should include contributors such as fatigue, illicit drugs, medicinal drugs, and in-vehicle distractions.
- Another potential source of impairment is due to laser eye surgery.
- There is a lack of sufficient data to indicate the relative importance of these emerging issues.

2. Nature of Problem

Size

- There is a concern that the size of the illegal drug problem is growing, especially among youth, and "recreational drugs" are stronger.

- The belief was expressed that marijuana and cocaine are "highest".
- Is there a difference between social marijuana use vs hard core?
- In the case of fatigue, it is difficult to assess or measure the size of pre-crash fatigue level. Proving that a driver fell asleep behind the wheel also poses challenges for assessing the size of this problem.

Behaviour

- Interaction of age/drug use both prescription and non-prescription /alcohol.
- Very little enforcement can do re: drugs, due to problems in detection.
- Fatigue - hard to prove, can occur at any time, sleep disorders, commercial vehicles.

Urban/Rural Differences

- Snow vehicles are used as alternative modes of transport for some rural areas.

3. Existing Strategies

Education

- Education regarding effects of prescription drugs on driving
- Snowmobiles - education through existing clubs, members undertake self-policing, snowmobile training.

Enforcement

- Enforcement on snowmobile trails.

Policy/Legislation

No comments

Medical

No comments

Research

- Southern Alberta has a criminal collision investigation team - immediate investigation involving a fatality.
- There has been a substantial amount of research on fatigue and commercial vehicle drivers.

Stakeholders

- Pharmacists, doctors and families.

4. New Directions

Education

- Need education not only for public but also for the medical community, enforcement officers and judicial system
- There should be an effort to reach a wider audience with the issue of impairment by drugs.
- Education should be extended to bar owners in the rural/remote areas, e.g. server liability..

- Utilize better education opportunities/extend public education - best practices
- tools other than enforcement to help drivers self-identify fatigue.

Enforcement

- To address the issue of these emerging issues, police need to be armed with new non-traditional enforcement techniques.
- Police training needed to assist them to be able to identify drug-related or fatigue-related impairments.
- Accident data collected by police should be able to capture some of these sources of impairment in accidents.
- Enforcement needs to be provided with more and relevant resources such as the requisite tools/equipment.

Policy/Legislation

- Consideration should be given to requiring separate drivers licences for each type of vehicle, with approved training courses being completed
- Standardization of the consequences for driving impaired, notwithstanding the type of vehicle in question.
- Need to develop legislation that will be geared towards enforcement and prosecution of illegal drug use while driving and fatigue.
- Consider provincial legislation on determining blood alcohol concentration/ use administrative law.
- Work with snowmobile clubs to develop the relevant alcohol policies.

Medical

- Greater onus on pharmacists/pharmaceutical companies for clear plain language labelling on the adverse drug effects
- Medical community should create patient awareness.
- There should be better warnings on packages for over-the-counter drugs.

Research

- Need to determine effects of time on task due to fatigue as compared to lack of sleep
- Investigate the interaction between low BAC and fatigue.
- Future research is needed for drugs - alcohol is the principle concern - which drugs, and what is the risk associated with them?

Stakeholders

- Perhaps all provinces should have provincial committees to bring all areas together.
- Involve medical/pharmaceutical partners with STRID

5. Information Gaps

Education

- Lack of awareness of drug interactions/effects
- How to provide information to doctors

Enforcement

- Need to establish performance benchmarks for police re: field sobriety tests.
- How much do police know about recognizing other drugs?

Policy/Legislation

- Should the criminal or administrative route be used with drugs other than alcohol?
- What is the distinction between operating a motor vehicle or a boat while impaired?
- What should the licensing requirements for snowmobiles, ATVs be?

Medical

No comments

Research

- How does the state of knowledge of research on drug recognition in Canada compare with elsewhere?
- Do we know the magnitude of the drinking and driving problem among ATV drivers?
- How many license suspensions are issued to drivers of boats for impaired driving? Do we record this? Does this have an impact on a driving record? Should it?
- Establish a level for impairment for illegal or medicinal drugs.
- Cell phones - should they be banned? Need more research to see if cell phones do cause crashes
- Need more research into impairment and driving and its impact on road safety.

Stakeholders

- Concern: should we be spending scarce money on fatigue - may impact on resources for alcohol when don't know how big an issue fatigue is

6. Recommendations

Education

- Automobile Association and other related organizations should educate the public on the impact of fatigue on driving
- Increase knowledge base of impact of prescription and over the counter drugs with alcohol.
- Undertake an "embarrassment/shame" campaign to curb future irresponsible behaviour with respect to recreational vehicle use.
- Target awareness campaigns for all groups including seniors, youths on the dangers of mixing drugs with alcohol.
- Provide courts and police with better awareness and education on distractions (evidence, etc) and other emerging issues.
- Advertise on television/radio through the Broadcasters' Association.

Enforcement

- Expand the use of standardized field sobriety testing - adoption of Drug Classification Program.

- Train police in standardized physical coordination tests (in some jurisdictions there is currently no authority to pursue) - mandatory standard field sobriety test for alcohol and drugs (DRE for drugs)
- Increase the enforcement of speeding for snowmobile drivers.
- Promote and adopt alternative policing methods for watercrafts safety e.g., Port Police contracting out security guards.
- Give snowmobile patrollers, park and conservation officers powers to arrest impaired drivers
- Add fatigue on all crash forms. Train police as to how to recognize/report
- Increase monitoring of special vehicles off-roadways
- Improve police data systems

Policy/Legislation

- Create of "lack of care" offence to deal with in vehicle distractions.
- Apply ADLS to snowmobiles, watercrafts, off road vehicles.
- Investigate the feasibility of demanding mandatory blood samples from persons charged with impaired driving (generally or as the result of a serious collision?).

Medical

- Develop a warning symbol for packaging to create awareness on over the counter drugs (similar to warnings about fetal alcohol syndrome).

Research

- Determine extent of problems (use of performance targets).
- Investigate the advantages and feasibility of random breath testing.
- Should enforcement be able to give 12/24 hour roadside suspensions for any impairment, including fatigue?
- Summarize what is currently being done in each jurisdiction to identify "best practices."
- Quantify and qualify topic areas and then make a business plan and pull in resources.
- Rampant change in vehicle technologies overrides STRID's ability to keep up or take this on in addition to alcohol and drugs. Recognize it as an emerging issue but it needs a different place to land.
- Is it the role of CCMTA to deal with snow vehicles, watercrafts, roller blades, etc. - at the end of snowmobiling , the equipment is put on the truck and driven home.
- Cannot prioritize at this time on emerging issues due to lack of data
- Benchmark and set up some priority goals for a few years down the line
- Have established base guidelines for reporting collisions

Stakeholders

- Should there be a separate task force - one dealing with road safety and drinking driving; another dealing with other impairment issues?
- STRID concentrate on alcohol/drugs and start research on fatigue. Recognize it as an issue but should fall to somebody else
- Bring in other groups, for example, to STRID.
- STRID should work to establish common education/awareness/enforcement tools to address impaired driving of vehicles other than cars and trucks and buses

F. LEGAL PROCESS

Preamble

The ability to effectively detect and prosecute impaired drivers is influenced by a variety of factors including enforcement resources, administration practices with respect to the charging and processing of an alleged offender and federal and provincial/territorial legislation. There is a perception that case law decisions and the effects of the Charter of Rights and Freedoms have culminated in an overburdened judicial system and reduced enforcement capabilities which require further examination and streamlining. In addition, surveys suggest that most impaired driving trips are never detected suggesting the perceived chance of being caught is low. However, impaired driving has one of the highest conviction rates of all *Criminal Code* offences (77% including guilty pleas and trial outcomes, Sauv , 1998). In 1999, 14.5% of *Criminal Code of Canada* charges are for impaired driving and anecdotally, prosecutors indicate that of all criminal court trial time, impaired driving cases represent 30 to 40% of the time used in court. Matters of resourcing and streamlining require careful consideration, as well as possible legislative amendments.

Issue (pre-workshop)

1. *Problem Definition*

The campaign against impaired driving involves a number of components of which the legal process is one. The legal process refers to issues related to the detection and prosecution of impaired drivers. This involves the work of the police, prosecutors and the courts under federal and provincial legislation. Included are issues related to how evidence is collected, rules of evidence, and police, prosecutors and defender's roles and issues. A concern is that while strategies involving focussed education and awareness, increased sanctions and rehabilitative measures have advanced at impressive rates, the single component that leads to sanctions and rehabilitation has fallen behind: enforcement and the ability to obtain a conviction.

2. *Nature of Problem*

History

Prior to 1969 it was difficult for police officers to secure evidence that established the level of alcohol consumption by drivers [*Editor's note*: prior to 1969 there was no offence for driving with a BAC over 80mg%]. Evidence relied almost solely on their physical observations to establish that a driver was operating a vehicle while the ability to do so was impaired by alcohol. With the 1969 amendments to the *Criminal Code*, the breath sampling demand to determine the level of alcohol in the blood was established. In addition, the offence of "operating a motor vehicle with a blood alcohol concentration in excess of 80 milligrams of alcohol in 100 millilitres of blood" was created. Investigation of this offence was later strengthened by amendments in 1976 permitting the use of road side non-evidentiary (screening) breath testing based on suspicion of alcohol in a driver's body. Further amendments in 1985 provided for the demands for blood samples in restricted circumstances and the offences of causing bodily harm and death while impaired.

The *Criminal Code* amendments related to breath and blood tests, on the surface, appear to have provided effective tools in the battle against impaired driving. However, there is a perception that the strict rules to be used have created legal technicalities and volumes of binding judicial decisions which has made the prosecution of these charges more difficult than originally intended. Ensuring compliance with the Canadian Charter of Rights and Freedoms in the criminal prosecutions of over 80 mg% charges is more challenging.

Size

In 1995, the Traffic Committee of the Canadian Association of Chiefs of Police (CACP) began to examine the issue of impaired driving seriously. Media reports at that time were highlighting that impaired driving in Canada was at an all time low. Indeed, in terms of enforcement activity and illegal BAC driver fatalities as a percentage of all driver fatalities, that observation was correct. Upon examining collision statistics it was learned that impaired driving involvement in crashes had decreased by over 20% during the previous ten years, down to one out of three drivers killed was impaired, while another 10% had been drinking. A review of enforcement statistics however, revealed that police activity relative to impaired driving enforcement had been reduced by 47% during that same period.

During 1999, there were roughly 73,000 charges for impaired driving across Canada. This represents 3.4% of all CCC offences recorded. Of all *Criminal Code* charges, 14.5% were for an impaired driving offence. Over 90% of the charges are for driving while over 80 mg% with 5% charged with refusal to provide a sample (CCJS, 1999b).

The 1997/98 Adult Criminal Court Survey (CCJS, 1999a), which excludes NB, MB and BC, recorded 59,000 impaired driving charges (15 per cent of all CCC charges) with a conviction rate of 77 per cent.

Behaviour

In an attempt to identify the issues surrounding police enforcement, the CACP partnered with Transport Canada on a nation-wide survey of front-line police officers. The survey identified some key issues and perceptions, and clearly indicated that fewer over 80 mg% drivers are being arrested, processed and therefore prosecuted. The reasons for the reduced prosecutions are interesting. It was learned that officers often utilize alternate means as opposed to processing an impaired driver criminally. The survey demonstrated that processing times have become unmanageable considering other increasing demands for police service [*Editor's note*: there was no comparison with other serious offences]. It was perceived that plea-bargaining is sometime used to speed up the court process in which impaired driving trials take an average of four hours, and there are long waits to get cases to trial. In general, it appears as though police officers have lost confidence in their ability to obtain a criminal conviction for an over 80 mg% charge. They perceive that cases are frequently lost on technicalities, that more weight is placed on the testimony of expert defence witnesses than crown witnesses and that crown lawyers are not well prepared for trials due to an overburdened caseload. The survey did not look at attitudes and perceptions of the crown, defence lawyers or judges.

Prosecution for most impaired driving requires the completion of a number of forms pertaining to federal and provincial/territorial legislation. In addition, there are regional variations in processing based on the jurisdictions' legislation, case law, sanctions and operational requirements. Sanctions are imposed under the CCC as well as provincial legislation. In all, much of this can be time consuming and confusing, especially for the public or those police officers who do not deal with this issue on a full time basis. Often time the most experienced persons in a particular case are the defence attorney or the drinking driver, in the case of repeat offenders.

3. Existing Strategies

Existing strategies include maintaining existing partnerships with other government partners, community stakeholders and national police services to lobby for changes to the process to address issues as they arise, especially as the result of legal rulings which change or influence police methods and possible defences. This includes making representation to provincial and federal legislative bodies with respect to changes to impaired driving laws.

4. New Strategies

The Canadian Association of Chiefs of Police Traffic Sub-Committee has formed a Drinking and Driving Committee to provide a national focus for the coordination and response to policing issues relative to impaired driving in Canada. Currently the group is dealing with five important issues:

1. Developing a business case for roadside evidentiary breath testing
2. Methods of streamlining reporting
3. Effectiveness of video taping impaired drivers
4. Developing new partnerships and sustaining grants, and
5. Developing a forum where policing concerns related to impaired driving enforcement can be addressed

5. Information Gaps

- More accurate data related to charges, persons, pre-trial plea negotiations and convictions
- Better estimates on the amount of diversion from CCC processing to other sanctions
- Information on perceptions and attitudes of crown lawyers, defence lawyers and judges about impaired driving issues
- Comparison between police resources for an over 80 mg% prosecution versus other serious CCC charges.
- Impact of DRE training drug impairment enforcement

6. Stakeholders/Responsibilities

- Federal and provincial/territorial legal and police services
- Crown and defence lawyers
- Provincial courts
- Government transportation organizations

- Federal and provincial/territorial legislative bodies
- Victims organizations

7. *Performance Measures*

- Per cent of charges leading to a conviction, by jurisdiction
- Per cent of cases plea bargained and to what charge
- Ratio of CCC charges to diversion measures
- Average police officer time to successfully process impaired driving charges
- Police, lawyer and judicial perceptions related to impaired driving convictions

8. *Discussion Topic*

The purpose of any criminal legislation is to protect society by deterring citizens from participating in socially unacceptable behaviours, and to provide general and specific deterrence for those that may consider doing so. Convictions for *Criminal Code* drinking and driving offences trigger, in addition to sanctions within the Code, numerous sanctions and rehabilitative measures that have been instituted by provincial governments and insurers. Examples of such provincial sanctions are administrative licence suspensions, ignition interlock device usage and alcohol dependency assessment and treatment.

Is the current *Criminal Code* legislation effectively protecting Canadian citizens from victimization by impaired drivers?

- or -

Has the *Criminal Code* process as it relates to impaired driving become unmanageable, considering the volumes of binding case law developments that are in place and the Charter of Rights and Freedoms? How does this affect an impaired driver's perceived risk of apprehension/conviction? If so, can the *Criminal Code* legislation be modified to effectively protect Canadians, or should impaired driving not involving a death or injury be decriminalized and entrenched in provincial legislation?

Results (post-workshop)

1. Problem Definition

The police, their resources, attitudes and behaviour are an integral part of the legal process in dealing with impaired drivers. A number of police officers have lost confidence in the criminal process and appear to be using non-criminal sanctions to deal with impaired drivers. The legal process encompasses more than just police services directly. It also includes the courts, a body of case law which has, and continues, to increase over the years with regional variation. In addition, appropriate options for police and courts to apply to impaired drivers are also a critical element of the issue. The general consensus was that all of the system must work together and communicate to increase our ability to deal with the issue. If one part of the process is circumventing part of the system without the support of the other parts, significant issues are raised.

Other non-traditional areas related to impaired driving and the legal process were touched on. This includes drug use, illicit, prescription and over the counter, fatigue, and other vehicles such as boating, all terrain and motorized snow vehicles. There was a recognition that these are important issues and will have to be dealt with, but that enforcement and court time are stretched and an expansion of the mandate of STRID would only aggravate an already serious problem.

Another important topic concerns the administrative and criminal penalties related to impaired driving. There is a feeling that impaired driving should remain a criminal act covered by the *Criminal Code of Canada*. To do otherwise sends the wrong message about the seriousness of the problem. However, provincial jurisdictional and administrative sanctions do exist, are effective and are legitimate countermeasures. How to integrate them to maximum effect rather than using one to circumvent the other is the key question.

There was concern that the legal process is flawed and not contributing to reducing the incidence of impaired driving as it could. The process is even less prepared to deal with the emerging issues such as drugs and other vehicles.

2. *Nature of Problem*

Size

The size of the problem (number of impaired driving trips) is one of the significant issues. The time and effort to process charges versus other options is a key issue, with respect to administrative versus criminal charges and plea bargaining within the legal system. While passenger vehicles and alcohol are a majority of the problem, other possibly significant issues are related to drugs, fatigue and recreational vehicles. Any additional load on the system can only have negative consequences at the current resource levels.

Behaviour

The process is sub-divided into different compartments, the judiciary, police, accused and defence and crown prosecutors. Communications and integrated programs are not being utilized to their full capacity. The end result may be that the accused may be able to manipulate the system to their own benefit. The behaviours involved are beyond alcohol use and the operation of a passenger motor vehicle; however, the other issues involved are not as well understood or as clear cut for the process to address.

Urban/Rural Differences

There are suspected urban/rural differences related to the likelihood to being caught, prosecuted, sentenced and assessed and treated. At this time, there are no reliable measures to estimate the size of the issue or being able to monitor it.

3. *Existing Strategies*

Education

There was some discussion regarding the earliest intervention point for a driver, which should include assessment and channelling to an individually appropriate treatment, which may include

education. Further education was also called for young/new drivers. More police training was also requested in a number of areas, including the importance of zero tolerance, especially for young/new and for police in rural areas.

Enforcement

Certain jurisdictions have specially trained Drug Recognition Experts to deal with drug impaired driving. These programs should be evaluated and expanded as appropriate. Enforcement related to recreational vehicles and off-road locations was discussed. Police resources and training are issues. Training is important but it takes officers off the street. Training should include how to prepare for court and present the evidence, for example, simple and direct response to questions.

Policy/Legislation

A number of policy and legislation issues were discussed. These included expanding the *Criminal Code of Canada* and provincial programs for the use of ignition interlocks, mandatory assessment and treatment and administrative programs. More nationally consistent enforcement, conviction and sentencing is required to prevent jurisdiction hopping. More police discretion was called for, but concern was expressed about using 24 hour suspensions or other administrative sanctions rather than pursuing criminal charges. The use of short term suspensions (12 to 24 hours) was questioned as a useful sanction, especially if no record is kept, the sanctions do not escalate with repeat offences and the data are not available if there are subsequent offences. Vehicle impound programs should be expanded to include driving over the legal or an administrative limit.

Medical

Mandatory assessment should be used at the first opportunity. This could be used as the result of an administrative suspension or 24 hour suspension. The sanction should be individualized based on the past history of the accused. It may include treatment, interlocks and extended suspensions. Previous *Criminal Code* convictions should be used by the medical community and the registrar in the assessment program.

Research

Data, monitoring and evaluation issues were discussed. More research needs to assess what treatments and punishments work under what conditions with what type of person. Smarter sanctions are required, not necessarily tougher sanctions and they should be scientifically based and monitored. More information is required about plea bargaining and the impact on the system and the offender. Developing technologies should be examined for their ability to be used at roadside, identify drug or fatigue impairment or prevent recidivism.

Stakeholders

The entire process from the community, through all parties of the legal process to medical community and the offender is a network which does not communicate well enough or work together enough. More education, training and awareness programs should be targeted at crossing network barriers.

4. *New Directions*

Education

Specially targeted messages for youth/new drivers, and other sub-groups of impaired drivers including recreational vehicles. Training of legislators, police, crown prosecutors and judges about the issue and importance of mandatory assessment on a first offence. Expanded training on the issue of drugs and how to recognize drug impairment.

Enforcement

Enforcement should be expanded to include other locations and recreational vehicles. Forms should be standardized to streamline the system and be consistent across jurisdictions. Expand the use of DREs and the use of Field Sobriety Test (FST) to assess on road impairment.

Policy/Legislation

Equipment issues are a significant challenge. This includes roadside evidentiary equipment to streamline the process, as well as providing enough basic equipment to the necessary on street officers. Specialized crown lawyers should be considered in location where the volume of work supports them. The resources of the crown's office should be equal to the resources of defence lawyers. Specialized driving while impaired courts should be considered where financially supportable. Other than police could be used to assist with drinking and driving enforcement in locations where police resources are unavailable. This includes customs officers at the border and wilderness and conservation officers in the country and camping locations. Alcohol countermeasures should apply to all vehicles and boats, this is especially true of provincial legislation like administrative suspensions. The 'evidence to the contrary' provisions of the CCC should be reviewed with a view to revoking it.

Truly random breath tests as done in Australia should be attempted in Canada. Legislation requiring the testing for drugs and alcohol of all drivers in a serious collision should be pursued. A full criminal investigation of fatal collisions involving alcohol should be undertaken as in the Alberta pilot.

Medical

More accurate and earlier assessment and individualized training should be developed and enshrined in legislation. The system should be a user pay system for assessment and therapeutic interventions.

Research

More investigation into drug use and driving as well as what types of suspensions and other sanctions are best for what type of offender.

Stakeholders

Passengers of the vehicle being driven by an impaired driver are often very important to the etiology of the crime. Increased public awareness should target passengers in order to have a direct influence at the time of the offence. This should also include other people, servers, hosts, friends, etc.

5. *Information Gaps*

Education

What type of public awareness and education regarding the criminal and administrative sanctions related to impaired driving is best for what type of at risk populations. Do most drivers know the criminal and administrative sanctions for drinking and driving and if they don't, does it matter? Experienced drinking drivers are often more knowledgeable about the process than the general population.

Enforcement

What is the effect of diverting drivers from the criminal process, how often does it happen? More information is required on the prevalence and impact of plea bargaining of criminal charges to traffic offences or other criminal charges. The police have a large number of important issues, challenges and priorities which must be dealt with. How does impaired driving fit into the operational and resource planning of a police service given the other important priorities? Training is expensive and takes officers off the roadway. What is the appropriate level of training to maximize efficiency and operations?

Policy/Legislation

While the Supreme Court of Canada has addressed a number of legal points in impaired driving, there are a number of issues still be dealt with by lower courts. More information is required on the impact of these issues on police attitude and public perception. Additional information is also required on different sentencing options including interlocks, vehicle impound, assessment and treatment, fines and licence suspension. What effects do the various administrative suspensions, including short-term roadside suspension, and longer suspension have on recidivism and how should this integrate to the criminal process?

Medical

What is the effectiveness of assessment and treatment options by different sub-populations of impaired drivers? What role does alcohol and drugs play in the criminal lives of repeat offenders and is there a larger problem which society should deal with?

Research

Very little is known about suspended drivers, especially how often they drive, if they drive safer than usual or safer than other drivers. How effective are RIDE/counterattack programs, or do they just remove officers from the roadway and patrols who could be doing standard enforcement

Stakeholders

Many of the direct stakeholders operate in a perceived silo and don't communicate well with other partners, and to some extent, don't appear receptive to concerns of other partners.

6. *Recommendations*

Education

- Drive zero BAC, zero tolerance message home to youth

- There is a need for across the board education, e.g. provincial/territorial BAC administrative limits versus the *Criminal Code* limit.

Enforcement

- More use of vehicle impound at an earlier stage
- Increased use of DREs and FSTs by an increasing number of trained officers
- Streamline the process of evidence collection, charging and court process
- More enforcement, higher fines and suspensions
- More police resources
- More training for lawyers and court officials
- Broader police discretion
- Address reluctance to proceed with criminal charges
- Address court backlogs and delays which may lead to plea bargaining
- DRE and FST training for more police
- Better case management
- Increased use of video taped evidence
- Plea bargaining only for exceptional circumstances
- Better training on how to testify for police
- Criminal investigations of fatal impaired driving collisions
- Zero tolerance of impaired driving

Policy/Legislation

- Swift and meaningful sanctions in terms of fines, suspensions and assessment
- Begin to deal with issue of illicit, prescription and over the counter drugs
- Develop better data to assess impaired drivers, such as other criminal offences and increase access to the data
- Mandatory random breath tests (in general or as the result of a serious collision)
- More standardization of forms, procedures and sentences
- Avoid trial if agree to treatment, zero BAC and random testing
- Decriminalize minor drugs
- Zero BAC, for sub-groups or all drivers
- Improve sanctions for other vehicles
- Demand for a physiological sample for suspicion of drugs
- Address jurisdiction hopping of repeat offenders
- Target drinking drivers or 'drunks'
- Automatic testing resulting from a collision
- Do not decriminalize impaired driving
- Keep sanctions administrative and regulatory and within provincial jurisdiction
- Change CCC to address drug issues
- Monitor and respond to new legal defences

Medical

- Mandatory assessment for all interactions with system administrative or criminal
- Address shortage of people and centres to assess and treat impaired drivers

Research

- Changes to BAC legal level and/or zero BAC for all drivers
- Better assessment of what works with what drivers
- Barriers to date use for research, enforcement versus personal freedom
- Assessment of 12 and 24 hour suspensions
- Use of evidentiary equipment and procedures at the roadside
- Develop adequate profiles

Stakeholders

- A formal network of the first level partners should exist with formal meetings
- A best practices database should be created and maintained
- Integrate CCMTA's vision and targets with a zero tolerance for impaired driving as a target for 2010
- Constant feedback to the network
- Victim involvement in the criminal process
- Increased accountability throughout the system
- Attorney General/Solicitor General to take responsibility for road safety

7. Other

Some contradictory positions were observed in the comments. The first is that impaired driving should not be decriminalized, yet there was support for administrative sanctions being used for swift and sure punishment. Concern was expressed about an implicit two-tiered system. More care needs to be taken to appropriately integrate the criminal versus the administrative sanctions. This raises some basic questions about a formal two-tiered system, or forcing both process in each case and all of the resulting implications of these positions. A related comment was that much of the difficulty results from forcing an adversarial process of justice rather than a medically based cooperative model.

Another issue raised concerns drinking and driving versus being 'drunk'. It is very difficult to structure the message about not being a drinking driver when drinking is administratively defined as .40 or .50 mg% and criminally at .80 mg%. This makes the message unclear, especially considering people's inability to assess their personal BAC level. Perhaps a clearer message is don't drink and drive and support of a zero BAC for all drivers.

Impaired driving is a shared responsibility, even within a jurisdiction, between police, Attorney General and Transportation. This may create issues related to police enforcement and prosecutions which are difficult to address. A higher level organization could have ultimate responsibility, for clearly re-profiling full responsibility to one of the existing organizations. This has significant impacts on partnerships and stakeholders, which have shown some previous success in dealing with impaired driving.

3. RECOMMENDATIONS

Recommendations from the previous sections have been regrouped under the following headings: education, enforcement, policy/legislation, medical, research and stakeholders.

A. EDUCATION

- Develop training for police and transportation officials to recognize repeat first offenders
- Educate justice officials about repeat first timers and tricks to avoid detection
- Continue to transmit messages that raise the perceived risk of apprehension
- Raise awareness about other forms of impairment due to drugs and fatigue and their interactions with alcohol
- Messaging should focus on social drinker vulnerabilities (e.g., family, children, employment)
- Target the age group 35-55, as the largest social drinking group, including workplace programs
- Implement education on criminal, licensing and insurance consequences
- Implement education for police, medical workers and community workers on hard core drinking drivers
- Implement education for those youths who are hard core drinking drivers
- Use self-administered breath tests in a wide range of social and other settings
- Shift the public information focus from fatalities to the property costs of impaired driving collisions
- Educate police more on graduated driver licensing and on why not to be lenient with young drivers
- A formal and informal approach should be adopted (e.g., more education at home - more family education and opportunities for community education as well)
- Stress negative messages about drinking driving. Ensure young people are made aware of the risk
- Education should also focus on recognizing the good and responsible action some young drivers are already taking (e.g., use of seat belts, impaired awareness efforts, etc.)
- Expose students in schools to multimedia presentations such as the one sponsored by MADD
- Commence drinking and driving education programs at elementary level and maintain it as an ongoing component of the education system
- Involve more components on drinking and driving in driver education programs
- Automobile Association and other related organizations should educate the public on the impact of fatigue on driving
- Increase knowledge base of impact of prescription and over the counter drugs with alcohol
- Undertake an "embarrassment/shame" campaign to curb future irresponsible behaviour with respect to recreational vehicle use
- Target awareness campaigns for all groups including seniors, youths on the dangers of mixing drugs with alcohol
- Provide courts and police with better awareness and education on distractions (evidence, etc.) and other emerging issues
- Advertise on television/radio through the Broadcasters' Association
- Drive zero BAC, zero tolerance message home to youth
- Across the board education

B. ENFORCEMENT

- More police, insist on criminal charge where possible
- Track roadside and administrative suspensions
- All alcohol related incidences should appear on record and be available for enforcement and assessment
- Encourage police to lay a CCC charge wherever possible
- National consistency on collision reporting, self reporting
- Educate police and courts on driver strategies for avoidance of crash reporting
- Increase police resources and training related to impaired driving and first time offenders
- Streamline number of forms to complete for a CCC charge and time to complete
- Assist police and prosecutors on recognizing repeat offenders
- Print and photograph first time offenders
- Different urban/rural enforcement as regional appropriate
- Increase resources for enforcement of impaired driving to raise the risk of apprehension
- Streamline procedures for charging impaired driving cases and for impounding vehicles
- Judicial system must support enforcement process. Eliminate plea-bargaining and loopholes. Encourage, train and adequately resource Crown
- CCMTA should draft a position paper on the state of impaired driving in Canada to be directed to the provincial Attorneys General
- Enhance resources and advertise the enhancement heavily
- Record all 24-hour provincial licence suspensions and then track suspended drivers, with violators receiving lengthened suspensions
- Track all suspensions inter-jurisdictionally
- Lay criminal charges where warranted and do not substitute 24-hour suspensions
- Undertake enforcement and education in bars/hotels for legal 19-26 who drink
- Enforce in close proximity of bars and nightclubs and at night
- Raise awareness of constraints of front line police
- Work towards the acceptance of videotape evidence
- Expand the use of standardized field sobriety testing - adoption of Drug Classification Program
- Train police in standardized physical coordination tests (currently no authority to pursue) - mandatory standard field sobriety test for alcohol and drugs (DRE for drugs)
- Increase the enforcement of speeding for snowmobile drivers
- Promote and adopt alternative policing methods for watercrafts safety e.g., Port Police contracting out security guards
- Give snowmobile patrollers, park and conservation officers powers to arrest impaired drivers
- Add fatigue on all crash forms. Train police as to how to recognize/report
- Increase monitoring of special vehicles off-roadways
- More use of vehicle impound at an earlier stage
- Increased use of DREs and FSTs by an increasing number of trained officers
- Streamline the process of evidence collection, charging and court process
- More enforcement, higher fines and suspensions
- More police resources
- More training for lawyers and court officials
- Broader police discretion

- Address reluctance to proceed with criminal charges
- Address court backlogs and delays which may lead to plea bargaining
- DRE and FST training for more police
- Better case management
- Increased use of video surveillance
- Plea bargaining only for exceptional circumstances
- Better training on how to testify for police
- Criminal investigations of fatal impaired driving collisions
- Mandatory random breath tests
- Improve police data systems

C. POLICY/LEGISLATION

- Redefine first time offender and track all alcohol incidences
- Increase consistency in identifying and recording data on offenders
- National definition on first offender and repeat offender
- Don't allow jurisdiction hopping to avoid first offence label
- Develop programs which involve direct intervention at first point of contact
- First point of contact should involve first alcohol and driving such as short-term suspensions or administrative suspensions
- Driver abstract should have all alcohol involved information
- Improved record keeping and data sharing
- Design escalating sanctions
- Registrar deal firmly with first offenders
- Escalating sanctions based on BAC limit
- Make greater use of technology such as ignition interlock and smart cards to control all drinking drivers
- Maintain records of short-term suspensions and track drivers who receive them
- Introduce mandatory screening for all offenders, including those with short-term suspensions
- Introduce standardized field sobriety testing in all jurisdictions to aid detection of hard core drinking drivers
- Widen the "search window" for prior impaired driving offences to 10 years in all jurisdictions
Prosecutors should consider seeking "remands in custody" more often for hard core drinking drivers
- Consider the need for dedicated impaired driving courts in some areas of the country.
- Institute a zero BAC driver's licence requirement for post-conviction, hard core drinking drivers
- Require the use of "zebra" licence plates for convicted drinking drivers
- Identify a hard core drinking driver as a high risk on the driver's licence
- Extend the reduction of the *Criminal Code's* driving prohibition to repeat offenders who use an interlock device
- Extend vehicle impoundment to impaired drivers and institute vehicle forfeiture for driving while disqualified
- All jurisdictions work towards having a 0% BAC for GDL until full licensing
- Automatic suspensions, automatic vehicle impoundments, and swift sanctions could be added to graduated licensing
- GDL enforcement should take youth offences seriously to keep teeth in program

- Lenient measures send wrong message
- The process for hard core driver starts with first intervention/consequence
- Continued support and development of youth programs. This should be approached as a national strategy
- Focus on old/novice drivers (40%)
- Limit availability of alcohol to minors
- Work drinking and driving education into school curriculum
- Continue to emphasize seat belt use for young/new drivers
- Create a "lack of care" offence to deal with in vehicle distractions
- Apply ADLS to snowmobiles, watercrafts, off road vehicles
- Investigate the feasibility of demanding mandatory blood samples from persons charged with impaired driving
- Swift and meaningful sanctions in terms of fines, suspensions and assessment
- Begin to deal with issue of illicit, prescription and over the counter drugs
- Develop better data to assess impaired drivers, such other criminal offences and increase access to the data
- More standardization of forms, procedures and sentences
- Avoid trial if agree to treatment, zero BAC and random testing
- Decriminalize minor drugs
- Zero tolerance of impaired driving
- Zero BAC, for sub-groups or all drivers
- Improve sanctions for other vehicles
- Demand for a physiological sample for suspicion of drugs
- Address jurisdiction hopping of repeat offenders
- Target drinking drivers or 'drunks'
- Automatic testing and charges resulting from collision
- Do not decriminalize impaired driving
- Keep sanctions administrative and regulatory and within provincial jurisdiction
- Change CCC to address drug issues
- Monitor and respond to new legal defences

D. MEDICAL

- Better assessment and treatment
- Assessment and stream to treatment or education
- Link licence reinstatement and medical interdiction
- Look at lifestyle factors and parameters
- Assessment and recommendations must include follow up
- Incentives to stay charge for certain agreements, records still kept
- Amnesty for those who volunteer for help prior to being caught
- Fast assessment and decision
- Explore the possibility of making connections between licensing officials and medical practitioners
- Enlist the efforts of front-line medical practitioners to assist with hard core drinking drivers
- Implement early assessment and treatment

- Ensure prompt and adequate assessment because prompt and appropriate treatment is dependent upon assessment
- Ensure that assessment covers alcohol dependency and personality disorder
- Consider whether treatment should be given on a user-pay basis
- Educate youth about alcohol and substance abuse
- Develop a warning symbol for packaging to create awareness on over the counter drugs (similar to warning about fetal alcohol syndrome)
- Mandatory assessment for all interactions with system administrative or criminal
- Address shortage of people and centres to assess and treat impaired drivers

E. RESEARCH

- More coordinated efforts by different agencies and jurisdictions
- Administrative diversion and plea bargaining, fact or fiction
- Develop profiles of first and repeat offenders
- How different sanctions work with different sub-groups
- Develop models to profile repeat offenders
- Impact of short-term and administrative suspensions
- Continue to conduct nighttime roadside surveys to monitor the problem. Expand survey into rural areas
- Conduct household surveys to measure attitudes, self-reported drinking and driving and awareness of education and enforcement programs
- Link existing data systems (e.g., driver, coroner, hospital, insurance) to better monitor the problem
- Promote sharing of information across jurisdictions
- Increase resources for research
- Examine enforcement and create scientific "benchmarks"
- Evaluate manufacturer installation of ignition interlock devices on all vehicles
- Evaluate treatment to establish the post-treatment re-offence percentage and the post-treatment, driver fatality incidence amongst high BAC drivers
- Obtain information on the use of designated drivers by binge and heavy drinkers and by hard core drinking drivers
- Evaluate the effectiveness of 24-hour provincial licence suspensions for hard core drinking drivers
- Research the differences between urban and rural areas with respect to the young/new driver problem
- Maximize use of information on driving records of young people to identify and design possible interventions? (Legally can we do this?)
- Establish a profile of potential high risk drivers. Identify sub-groups e.g., high risk young. Target these groups differently
- Determine extent of problems (use of performance targets)
- Investigate the advantages and feasibility of random breath testing
- Should enforcement be able to give 12/24 hour roadside suspensions for any impairment, including fatigue?
- Summarize what is currently being done in each jurisdiction to identify "best practices"
- Quantify and qualify topic areas and then make a business plan and pull in resources
- Changes to BAC legal level and/or zero BAC for all drivers

- Better assessment of what works with what drivers
- Barriers to data use for research, enforcement versus personal freedom
- Assessment of 12 and 24 hour suspensions
- Roadside evidentiary equipment and procedures
- Develop adequate profiles
- In vehicle. Rampant change in technologies overrides STRID's ability to keep up or take this on in addition to alcohol and drugs. Recognize it as an emerging issue but it needs a different place to land
- Is it the role of CCMTA to deal with snow vehicles, watercrafts, roller blades, etc. - at the end of snowmobiling, the equipment is put on the truck and driving occurs
- Cannot prioritize at this time on emerging issues due to lack of data
- We can begin with a benchmark and set up some priority goals for a few years down the line
- Have established base guidelines for reporting collisions

F. STAKEHOLDERS

- Involve the medical profession more
- Need to develop the political will to deal with the issue
- Provide more resources to community organizations to deliver education, awareness and responsible drinking programs
- Promote and develop community linkages to enable a cooperative, multi disciplinary approach
- Promote and set up mechanisms for interprovincial cooperation
- Undertake cost sharing initiatives between interested stakeholders
- Include the voices of more stakeholders at the federal level – consensus.
- Should there be a separate task force - one dealing with road safety and drinking driving; another dealing with other impairment issues.
- STRID concentrate on alcohol/drugs and start research on fatigue. Recognize it as an issue but should fall to somebody else
- Bring in other groups
- STRID should work to establish common education/awareness/enforcement tools to address impaired driving of vehicles other than cars and trucks and buses
- A formal network of the first level partners should exist with formal meetings
- A best practices database should be created and maintained
- Integrate CCMTA's vision and targets with a zero tolerance for impaired driving as a target for 2010
- Constant feedback to the network
- Victim involvement in the criminal process
- Increased accountability throughout the system
- Attorney General to take responsibility for road safety

G. OTHER

- We need to find and address systemic barriers which help shelter repeat offenders from being recognized as such.
- Systemic barriers may not be within the domain of one agency but involve cross agency coordination.
- If zero BAC is good for new drivers (as current laws imply), should it apply to all drivers?

- Is the definition of a designated driver the person in a car that has had the least amount of drink or the one who has a zero BAC? Does the concept in fact encourage more drinking among the non-drivers?
- The government could introduce tax benefits to businesses that discourage drinking alcohol at business-related functions.
- One group suggested that success would be demonstrated by the removal of the hard core drinking driver as a repeat offender and by the reinstatement of that person into the regular driving population.
- Another group suggested that a reduction of serious alcohol-involved crashes would be a helpful performance measure.
- No group specifically identified as a performance measure a reduction in self-reported, impaired driving trips in national public surveys, although this may be worth monitoring over time.
- Some contradictory positions were observed in the comments. The first is that impaired driving should not be decriminalized, yet there was support for administrative sanctions being used for swift and sure punishment. Concern was expressed about an implicit two-tiered system.
- More care needs to be taken to appropriately integrate the criminal versus the administrative sanctions. This raises some basic questions about a formal two-tiered system, or forcing both process in each case and all of the resulting implications of these positions. A related comment was that much of the difficulty results from forcing an adversarial process of justice rather than a medically based cooperative model.
- Another issue raised concerns drinking and driving versus being 'drunk'. It is very difficult to structure the message about not being a drinking driver when drinking is administratively defined as .40 or .50 mg% and criminally at .80 mg%. This makes the message unclear, especially considering people's inability to assess their personal BAC level. Perhaps a clearer message is don't drink and drive and support of a zero BAC for all drivers.
- Impaired driving is a shared responsibility, even within a jurisdiction, between police, Attorney General and Transportation. This may create issues related to police enforcement and prosecutions which are difficult to address. A higher level organization could have ultimate responsibility, for clearly re-profiling full responsibility to one of the existing organizations. This has significant impacts on partnerships and stakeholders, which have shown some previous success in dealing with impaired driving.

4. NEXT STEPS

The Canadian Council of Motor Transport Administrators extended its road safety vision to 2010 and, in collaboration with its road safety partners, launched the new vision at the Road Safety Forum held on April 6, 2001 in Ottawa. In support of this vision, CCMTA's Strategy to Reduce Impaired Driving will be extended.

Spring 2001: the STRID 2001 Task Force will review the workshop recommendations.

Summer 2001: the Task Force will draft a new strategy.

Fall 2001: the Task Force will table the strategy and seek approval of the Standing Committee on Road Safety Research and Policies.

December 2001: the Standing Committee will table the strategy and seek approval of the CCMTA Board of Directors.

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APPENDICES

Appendix 1 Presentations by:

President's Welcome

Jennie Howie, CCMTA President

Special Populations

Dan Mayhew, Senior Vice President, Traffic Injury Research Foundation

Doug Beirness, President of Research, Traffic Injury Research Foundation

Enforcement Issues

Cst. Darrin Balanik, Edmonton Police Service

Health Issues

Ray Baker, MD, British Columbia Medical Association

Promotion Issues

Darlene Hyde, Senior Vice President, Public Affairs & Corporate Marketing,

Insurance Corporation of British Columbia

Victim's Testimony

Sharleen Verhulst

Driver's Testimony

Mark Bergevin

Appendix 2 List of Participants

APPENDIX 1
PRESENTATIONS

PRESIDENT'S WELCOME

Jennie Howie
CCMTA President

Good evening, Ladies and Gentlemen. Mesdames et messieurs, bonsoir. It is indeed a pleasure for me to be here and to welcome you to beautiful Vancouver and to the Canadian Council of Motor Transport Administrators' Workshop 'Eliminating Impaired Driving: The Road Ahead'. I am pleased to see an excellent turnout of participants from across the country.

We are here for the next 3 days to talk about the challenge of eliminating impaired driving from our highways. We hope to provide the opportunity for consultation and information exchange among the many different stakeholders present. I'm pleased to report we have over 100 participants with representation from many diverse groups including interest groups, enforcement, road safety, health, justice and driver licensing.

We believe we have an exciting program set up, commencing this evening with a number of speakers who will be providing presentations on a broad range of topics related to impaired driving, including special target populations, enforcement and promotional issues as well as a testimony from a victim's family member. When dealing with impaired driving, health issues are an important component and we will hear a presentation on this subject as well. I'm sure all these speakers will provide food for thought and outline the key issues at hand.

However, as the name implies, this is a workshop and participation is a key ingredient, so as well as presentations, there will be breakout discussion groups to allow for input from the various stakeholders. We encourage all delegates to take full advantage of this opportunity and participate actively in the discussion groups.

For those of you present who are not familiar with CCMTA, I would like to take a few minutes to provide a little background.

CCMTA is a non-profit organization comprising representatives of the provincial, territorial and federal governments of Canada which makes decisions on the administration and operational matters dealing with licensing, registration and control of motor vehicle transportation and highway safety. The

responsibility for driver and vehicle management in Canada rests entirely with the provinces and territories. As such, all management activities relative to drivers and vehicles are conducted by the provincial and territorial governments.

CCMTA has three (3) Standing Committees which provide the required support to the organization in dealing with a variety of road safety issues. The Standing Committee on Road Safety Research and Policies has as mandate to coordinate federal, provincial and territorial road safety efforts, programs and strategies to prevent road collisions and reduce their consequences. The issue of impaired driving falls under this Committee's responsibility.

The next topic I would like to touch on is CCMTA's Road Safety Vision, a national effort aimed at making Canada's roads the safest in the world. Implemented in 1996 and supported by all levels of government and key stakeholders, the Vision comprises a broad range of initiatives that focus on road users, road networks and vehicles. Since its inception, road user fatalities decreased by 5% and serious injuries by 8%. Using the international measure of 'deaths per registered motor vehicle', Canada's level of road safety improved over this period by almost 9%. However, despite these impressive figures, Canada's road safety position in the world is slipping. During 1998, our ranking fell from eighth to ninth among the world's most developed countries. Canada has lost ground to other nations, despite registering noteworthy improvements, because other countries implemented even more successful initiatives.

I would like to add that CCMTA is now embarking on a more ambitious Road Safety Vision plan in order to have the safest roads in the world by 2010.

As far as impaired driving is concerned, CCMTA instigated in the early 1990s a national strategy to combat this problem which we called 'Strategy to Reduce Impaired Driving' or STRID. I'm sure, in the next few days, you will hear a lot of people refer to STRID, so now you will know what they are referring to. In the mid-90s, STRID was extended to 2001 with the objective of reducing the percent of fatalities and serious injuries involving a drinking driver by 20%.

I would like to briefly review STRID's 10 year existence: where we've come from and where we are today, what are our major accomplishments and where we need to improve.

STRID is a model to help Canada reduce the incidence of impaired driving and its unfortunate consequences. STRID is essentially a compilation of best practices and countermeasures in the area of impaired driving.

STRID contains three core program elements that relate to enforcement and awareness, legislative initiatives and communications. Let us take each of these areas in turn.

First, enforcement and awareness. STRID recommends that each jurisdiction in Canada:

- Conduct combined enforcement and awareness campaigns during the Christmas season, focussing on drinking and driving; and

- Participate in other enforcement and awareness campaigns focussing on drinking and driving.

In the area of legislation, STRID recommends that jurisdictions:

- Implement minimum licence suspensions of 1, 3, and 5 years for first, second, and third or subsequent convictions for impaired driving within a five year cycle.

For communications, STRID recommends that jurisdictions:

- Plan and develop a communications strategy for promoting and increasing the visibility of STRID.

STRID also encourages jurisdictions to adopt measures such as 90-day administrative licence suspensions, vehicle-based sanctions, alcohol ignition interlock programs, mandatory assessment and treatment for drinking-driving offenders, education of the police, crown and judiciary on impaired driving and server intervention programs.

The goal of CCMTA has been to get jurisdictions to work towards implementing these elements. How far have we come? Where are we now? Let me give you a few examples.

All jurisdictions conduct combined enforcement and awareness campaigns during the Christmas season and most also participate in other enforcement and awareness campaigns focussing on drinking and driving. By 1999, seven jurisdictions had implemented minimum license suspension periods. During 1998, all initiated specific communication activities. By 1999, all jurisdictions introduced new legislation in some form or other such as 90-day administrative license suspensions, alcohol ignition interlock programs, vehicle-based sanctions and removal of work permits.

We have come a long way. We have slowly but surely added many tools to our toolkit for dealing with impaired driving. There is still a lot of work to be done. By reassessing where we were, where we now are, and what remains to be done, we can reposition ourselves to work towards the goal of eliminating drinking and driving.

In STRID's 10 year existence, we have come to realize that the strategy was quite government oriented, specifically transportation and licensing oriented. The strategy is coming to an end next year, and it is time to update it with your help. Our hope is to create a new strategy involving you, our major stakeholders. We would like to develop a strategy that goes beyond the transportation and licensing walls, and whereby all of us buy in the new program.

This brings me back to the task at hand with today's workshop and I think it is appropriate to review our workshop objectives.

These are:

- to acknowledge the 10-year history of STRID;
- to update the current strategy;
- to refocus priorities;
- to broaden participation and interaction beyond transportation stakeholders;
- to identify roadblocks;
- to identify impaired driving as a social problem and energize action;
- and, ultimately to develop a new Canadian strategy involving major stakeholders.

As you can see this will not be an easy task, and I think we should consider today as the first steps along a journey towards a national solution.

As I close, I would like to reiterate one concern we all share - road safety -. As I noted, we have made a commitment in Canada to have the safest roads in the world. So it is our intention the strategy we develop will contribute towards this goal.

On a different note, but an important one: the holding of this workshop would not be possible without the financial support of our sponsors. I would like to thank and acknowledge them:

The Insurance Corporation of British Columbia;

Transport Canada;

The Canada Safety Council; and


The Saskatchewan Government Insurance.

Thank you very much, and once again on behalf of CCMTA, welcome to this workshop.

SPECIAL POPULATIONS


Dan Mayhew & Doug Beirness
Traffic Injury Research Foundation

Special Populations



Daniel R. Mayhew
Douglas J. Beirness

A DRIVING FORCE FOR SAFETY



Overview

- ◆ Young/New Drivers
- ◆ Social Drinkers
- ◆ Hard Core Drinking Drivers
- ◆ First Sanctioned Drivers
- ◆ New Emerging Issues

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Definition: Young/New

Beginning or newly licensed

- 60% to 80% of new drivers are young – e.g. aged 16-19.
- all new drivers have higher crash risk than more experienced drivers

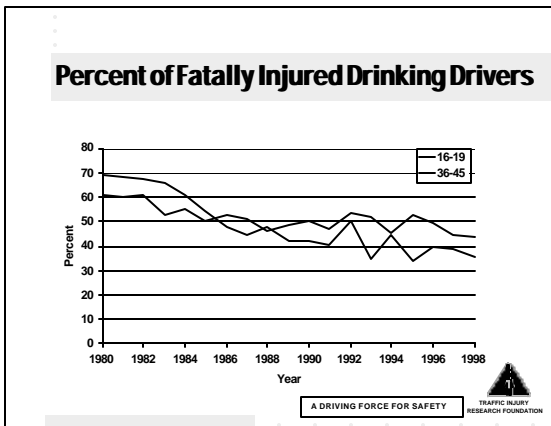
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Young Drivers: Trends

- ◆ Young people showed more positive change during the past decade and a half than any other age group
 - alcohol involvement in their serious crashes dropped dramatically.


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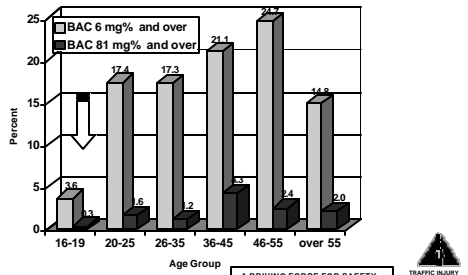
Drinking-Driving Behaviour

- ◆ They are the least likely of any age group to drink and drive.
- ◆ They are the least likely of any age group to have BACs over the legal limit.

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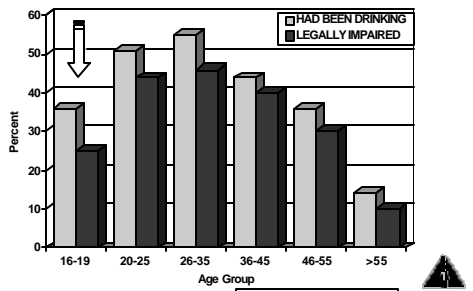
Drinking and "impaired" drivers among all nighttime drivers: British Columbia, 1996



Alcohol-related Crashes

- ◆ Less likely than many older groups to be in an alcohol-related crash.

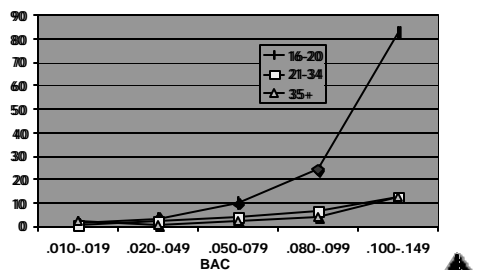
Alcohol in Fatally Injured Drivers: 1998



CRASH RISK

Although they are less likely to drink and drive, the ones who do so are at extremely high risk of being in a serious crash.

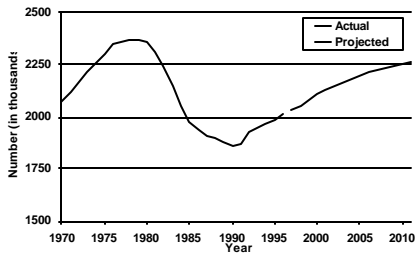
Relative risk of fatal crash (Males): U.S. 1996



Why focus on young drivers?

- ◆ Young drinking drivers are at greater risk of crash than older drivers, at all BACs.
- ◆ They should be a priority because of the risk they pose to themselves and others.

Trends in the Youth Population



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Issues

- ◆ Do older, novice drivers constitute a drinking-driving problem?
- ◆ Why have we made the greatest inroads with young drinking drivers?
- ◆ Why do some young drinkers continue to drive and where do they do their drinking?

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Solutions

- ◆ **Regulatory approaches**
 - graduated licensing – low/zero BAC limits
- ◆ **Structured/Formal education approaches**
 - driver education
 - alcohol/drug education

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Solutions

- ◆ **Less formal educational and social control approaches**
 - parents
 - peers
 - community (police and concerned citizens)
- ◆ **Mass communications**

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Definition: Social Drinkers

- “drinking patterns that are accepted by the society in which they occur”
- social drinking is less likely to be associated with negative consequences – i.e., problems with health, interpersonal relations or economic functioning
- low to moderate drinking

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“Working” Definition

- drinking drivers with a blood alcohol concentration below the legal statutory limit – i.e., < 81 mg%.
- arbitrary but reasonable and objective measure of the incidence of driving and crash involvement of social drinkers

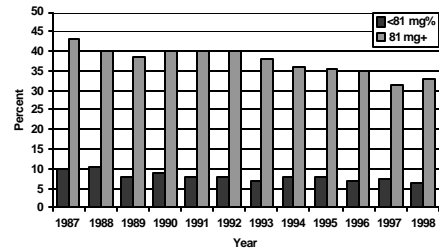
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Trends

- ◆ Few fatally injured drivers have BACs below 81 mg%
- ◆ The incidence of drivers with BACs below and above the legal limit has declined over the past decade

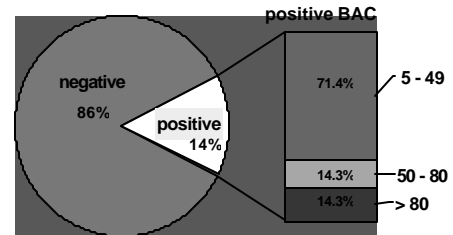
Percent of Fatally Injured Drivers with BACs Below and Above the Legal Limit



Drinking-Driving Behaviour

- ◆ Most nighttime drinking drivers have BACs below the legal limit.

Alcohol use among all nighttime drivers: British Columbia, 1998

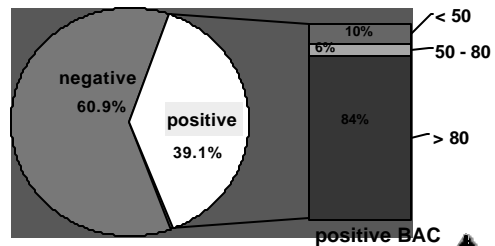


TOTAL NUMBER OF INTERVIEWS: 2,412

Alcohol-related Crashes

- ◆ Very few fatally injured drinking drivers have BACs below the legal limit.

Alcohol use among fatally injured drivers: Canada, 1998



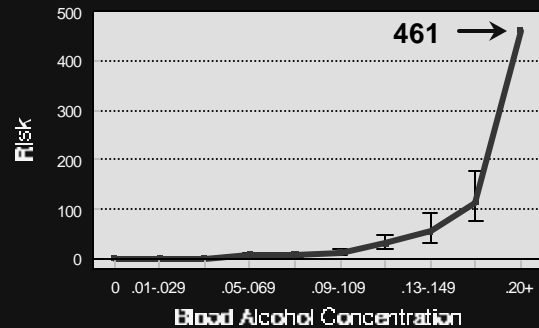
CRASH RISK

Although drivers with BACs below the legal limit account for most of the drinking drivers on the road, they are at relatively low risk of being in a serious crash.

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Relative Risk of Fatal Crash According to BAC



Why focus on social drinkers?

- ◆ Drivers with BACs below the legal limit account for most of the drinking drivers and their crash risk is greater than that of non-drinking drivers.
- ◆ they should be a priority because some will become hard-core drinking drivers at extremely high risk of fatal crash

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Issues

- ◆ Who are social drinkers?
- ◆ What are their drinking-driving practices?
- ◆ How do we influence these practices?

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Solutions

- ◆ **Prevention and Deterrence**
 - informational and educational programs
 - personal responsibility
 - community involvement – police and concerned citizens
 - enhanced enforcement to increase the perceived threat of apprehension

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Hard Core Drinking Drivers

- 👤 **Incorrigible, recalcitrant groups of DWI offenders who persist in driving after drinking**
- 👤 **Because they often drive with high BACs, the Hard Core Drinking Driver is a major threat to safety**

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Profile of the Hard Core

- 1 Often drink and drive -- this is frequent and routine behaviour for them
- 2 Usually have very high BACs
- 3 Often have a history of convictions -- they keep showing up in the system
- 4 Many are alcohol dependent

The Hard Core

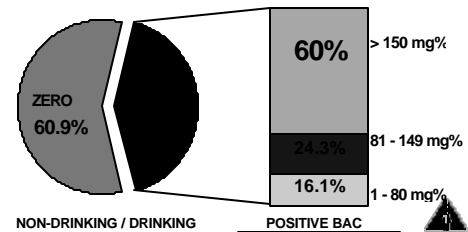
- A relatively small group that accounts for a large part of the alcohol-crash problem

The Hard Core

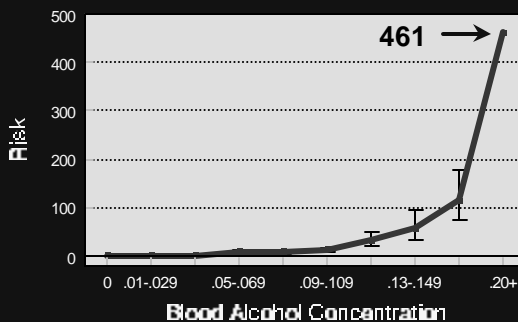
- Drivers with high BACs account for less than 1% of all the nighttime drivers.
- Drivers with high BACs account for 60% of the fatally injured drinking drivers.

Fatally Injured Drivers

BACs Among Fatally Injured Drivers in Canada, 1998



Relative Risk of Fatal Crash According to BAC



Magnitude of the Problem

- 34% of drinking drivers responsible for alcohol-involved fatal crashes have a prior DWI offence on their record

Solutions

- ❖ Assessment/Rehabilitation/Treatment
- ❖ Interlocks
- ❖ Intensive Supervision/Probation
- ❖ Electronic Monitoring
- ❖ Vehicle/Plate Impoundment

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Issues

- 🚗 Need a clear, precise, objective and quantifiable definition of the 'hard core drinking driver'
- 🚗 Identify and validate clinically relevant subgroups of hard core drinking drivers

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Issues

- ▽ Suspended drivers who do not reinstate
- ▽ What are the pathways that lead to and from hard core offender status?

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First Offenders: Definition

- Convicted DWI offenders who do not have a prior Criminal Code DWI conviction on their record within the jurisdictional search time

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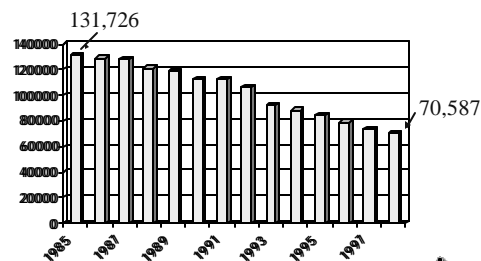
First Sanctioned Offenders

- Drivers who receive short-term suspension or *Criminal Code* DWI conviction who do not have a prior *Criminal Code* DWI or short-term suspension on their record

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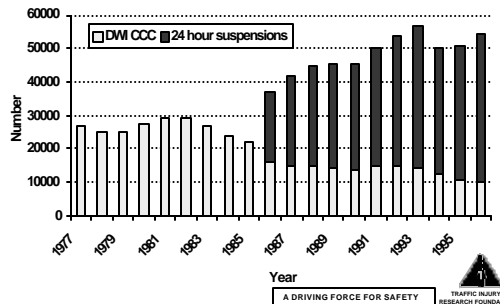
Criminal Code DWI Charges



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Criminal Code Charges & 24-Hour Suspensions, British Columbia



Magnitude of the Problem

- Only 1 DWI trip out of 2000 (or 1 in 200) results in arrest
- 70,000 drivers charged each year
- 49,000 first offenders
- Unknown number who receive short-term suspension

Solutions

- **Deterrence**
 - Administrative licence suspension
- **Assessment/Rehabilitation**
 - Identify potential repeat offenders
- **Interlocks**

Issues

- Effect of short-term suspensions
- Conviction rates
- Fail to stop
- Identification of potential repeat offenders
- Early identification/prevention
- Optimal periods of suspension
- Detection

The Need

- Reliance on smell of alcohol and obvious signs of alcohol use not always reliable
- In police roadblocks, over half of drivers with BACs > 80 mg% were not detected

Emerging Issues

- ▽ Fatigue
- ▽ Other road users
- ▽ Off-road vehicles
- ▽ Drugs and Driving

Fatigued/Sleepy Drivers

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- NHTSA estimates 1550 deaths and 40,000 injuries
- 25% of drivers admit falling asleep while driving

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Fatigued/Sleepy Drivers

- ☐ Expand definition of impairment to cover fatigue?
- ☐ Magnitude of the problem?
 - ☐ How do we measure it?
- ☐ Solutions?

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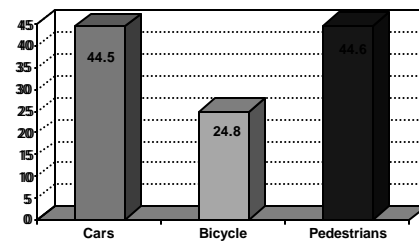
Other Road Users

- Bicyclists
- Pedestrians
- In-line skaters
- Skateboarders
- Scooters

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Alcohol Use (1987-1997)



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Issues

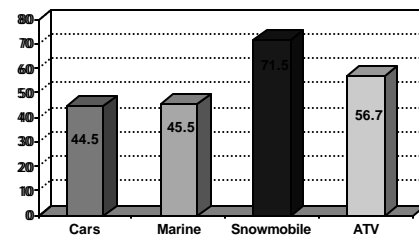
- ☐ Policy/Legislation
- ☐ Enforcement
- ☐ Education/Awareness
- ☐ Server training

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Fatally Injured Operators

Percent Alcohol Positive



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Issues

- **Enforcement**
- **Little is known about the problem**
 - What are the risks?
 - Who is involved?
- **Solutions**

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Drugs and Driving

- ◆ **Illicit drug use**
 - young drivers
 - evidence that illicit drug use among young people has increased
- ◆ **Licit drug use**
 - elderly road users
 - senior population increasing – they rely heavily on licit substances

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How Big is the Problem?

- ◆ **Experimental studies**
 - wide range of drugs can impair driving-related skills and performance
- ◆ **Epidemiologic studies**
 - wide range of these drugs are used frequently by drivers and many of these contribute to crashes

Definitive answer is not yet possible

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Needs: Further Research

- ◆ **particularly epidemiological, to assess the prevalence of these substances in the population at risk**
 - ongoing Quebec study – 9.2% drugs only
- ◆ **to identify methods for reliably testing for the presence of drugs**
 - great strides in the use of saliva and hand swipes, as well as in behavioural observations based on the DRE approach

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ENFORCEMENT ISSUES

Cst. Darrin Balanik
Edmonton Police Service

Impaired Driving: (Power Point-Introduction to Impaired Driving)

Impaired Driving has been a concern in Canada since the early Twentieth Century when the Automobile became common place in society. Unfortunately since its beginning, there has been a natural marriage between alcohol and driving, a right that some consider sacred.

Most Canadians see vehicular travel as a “**Constitutional Right**” of all citizens of this nation rather than a privilege that must be earned and maintained.

(Power Point- The Telling Story: Two Slides)

- Alcohol is the only “recreational” drug both socially and legally acceptable
- One out of three drivers killed is impaired
- Almost 1,100 road users are killed and 3,600 are seriously injured each year in collisions involving drinking drivers

- Number One Criminal Cause of Death in Canada. Drinking and Driving takes more than twice as many lives in Canada as Murders
- In Alcohol Related Deaths, Most Offenders Receive Sentences Ranging From 18 Months to 4 Years!

Impaired Driving is not unlike a drive by shooting.

A community would not tolerate gunmen firing bullets aimlessly along its street with death likely if one is unfortunate enough to be in the wrong place at the wrong time; it should not tolerate the equally lethal impaired driver in their community! Why do we continue to tolerate the random deaths of over 1 100 people at the hands of impaired drivers annually.

Police Commitment: (Power Point Slide)

Canadian Police Services are committed to enhancing public safety and community wellness in partnership with the people we serve. In 1829 Sir Robert Peel created a philosophy of the ideal policing utopia in which peace officers are common citizens who have been given the authority to implement the will of the people. I think Sir Robert Peel best captures the essence of this relationship when he wrote-

Sir Robert Peel’s Principle No.7: (Power Point Slide)

To maintain at all times a relationship with the public that gives reality to the historic tradition that the police are the public and that the public are the police; the police being only members of the public who are to give full-time attention to duties which are incumbent on every citizen, in the interest of community welfare and existence.

Does this relationship hold true today? (Pause)

It is the public’s outrage toward a behavior that influences Government and legislators to take action.

Unfortunately the message is not getting out to the public and the judicial system that impaired driving is the greatest threat to the well being of Canadian citizens.

My research on the Hard-Core Impaired Driver revealed that impaired driving is not perceived by society as being particularly negligent as long as it does not result in harm to others. If an individual has a few drinks after work, and while driving home is arrested and charged the Police become the villains and the poor accused is the victim. If however, he strikes and kills someone, he becomes a villain. Unfortunately *social acceptance* is dependent on the outcome of the action, not the action itself. There is a substantial gap between the crime of alcohol impaired driving as symbolized in the Criminal Code and the actual beliefs, attitudes, and practices of the general public.

How do we make drinking and driving a *socially unacceptable* activity in the eyes of Canadians???

It is imperative for peace officers to better educate the public they serve with regard to the devastation created by the drinking driver...

To pressure the Government of Canada to readdress the issue of impaired drivers so that court imposed sanctions appropriately speak to the seriousness of this criminal act.

Presently our hands are tied by a justice system that is no longer manageable.

Our Dilemma: (Power Point Slide)

Canadian laws on Impaired Driving are the most lenient in the World!

The purpose of legislation is to protect society from unacceptable behavior. Legislation is enacted to deter those that may consider engaging in unacceptable behavior and provide punishment for those who engage in such behavior.

At this time Canadian Criminal Code impaired driving legislation does not effectively protect Canadians from Impaired Drivers.

The Criminal Code sections pertaining to the Impaired Driving were enacted in 1969. The legal system has become considerably more complicated since this time.

In 1985, amendments to the original Breathalyzer sections of the Criminal Code of Canada created new offences resulting in jail terms of up to 14 years and 10 years for drivers convicted of impaired driving causing death or bodily harm.

Consequently, the stakes are now higher for drivers charged with these offences, resulting in greater efforts on the part of defence attorneys to cast doubt on the Crown's evidence.

Further more, "Charter Arguments" have become a main stay in Impaired Driving Trials, with the passage of The Charter of Rights and Freedoms in 1982.

There are now more volumes of Case Law on Impaired Driving than any other offence.

The Case Law accumulated over the past 15 years in impaired driving has made it considerably more difficult for Crown Attorneys to obtain impaired driving convictions.

This difficulty has resulted in changes to police procedures to prevent accused persons from being acquitted on a legal technicality, but these changes have increased the time burden on officers laying impaired driving charges.

While Impaired Driving is a major priority for all Police Services across Canada, it is the particularly long investigative procedure and apparent lack of commitment from the Judicial System which has left many peace officers frustrated and apathetic to the impaired driving issue

I recently attended court (Sept. 26, 2000) on a repeat-offender impaired driving case in which the accused ran off the road, nearly colliding with another moving vehicle, caused hundreds of dollars in property damage and fled the scene. Upon arrest the accused spent 1 ½ hours “attempting” to contact his lawyer and then demanded to speak to his lawyer in person. He eventually provided two breath samples with results of 190mg% and 170mg%.

Four Peace Officers were involved in the investigation:

Myself as the investigating officers: three hours investigation and paper work

Intoxilyzer Technician: two hours due to the delay

A Patrol Member to investigate the collision: two hours investigation

An Identification Member to photograph the collision scene and damage to accused vehicle: one hour of investigation.

Civilian Witnesses Included:

The driver of the vehicle that was nearly sideswiped

A bartender and waiter who refused to serve the accused when he arrived at a bar after leaving the collision scene.

All police and civilian witnesses were present in court and patiently waited for over an hour while the usual pre-trial interviews between the Crown Prosecutor, witnesses and the defence lawyer occurred.

When the defence lawyers attempt to plea bargain his client’s charge to a lesser offence failed, he claimed he had not received full disclosure of the civilian witness statements and was granted an adjournment. Therefore delaying the trial for several more months, further tying up the judicial system, and inconveniencing both police and civilian witnesses.

This is by no means my best Trial “Horror Story”, simply my most recent-

New Peace Officers soon lose their gung-ho attitudes as a result of lengthy investigations and court procedures, deal making, and outright acquittals.

Many of my colleagues refer to Impaired Driving Trials in terms of the TV show “Lets Make A Deal”.

In a 1997 national survey of 1545 front line officers’ perceptions and attitudes regarding processing of impaired drivers, criminal court proceedings, and sanctions imposed speaks to the problem:

Front-Line Police Officers’ Survey- Impaired Driving- A Lengthy Process
(Power Point Slide)

- An Average of 2 hours 48 minutes to process each Impaired Driving Charge
- On average, officers reported making 1.7 appearances in court for each Impaired charge
- Average length of an Impaired Driving trial is over 4 hours

Front-Line Police Officer's Survey- Impaired Driving- The Court Process

(Power Point Slide)

- 66% of Officers say plea bargaining to lesser offences occurs at least sometimes
- 75% of the Officers surveyed think the accused escape conviction on legal technicality at least sometimes
- Less than Half the Officers surveyed think Crown Attorneys are adequately prepared for Impaired Driving Cases (Most review the file the night before, or are assigned the file upon arriving for court)
- 30% of Officers felt that Judges give greater credibility to the Evidence of expert witnesses for the defence

*Source: Front-Line Police Officers' Perception about the Enforcement of Impaired Driving Laws in Canada- Transport Canada, 1998

Some further disturbing statistics reveal by an Edmonton Crown Prosecutor
Court Convictions: Impaired Driving (Power Point Slide)

- 30% to 40% Conviction Rate on Over 80 mg% Impaired Driving Charges
- 40% to 50% Conviction Rate on Impaired Driving Refusal Charges

Despite these obstacles, peace officers place impaired driving fifth in priority among 15 offences, up from eighth in a 1981 survey.

Rectifying the Problem (Power Point Slide)

I strongly believe that Impaired Driving is not a "Problem" that can be solved...

However, it is an important Issue that must be more creatively and extensively "Managed"

The Front-Line Officers' Survey and my project on the Hard-Core Impaired Driver both recommended several methods of streamlining the investigative process and increasing court convictions and subsequent sanctions

Front-Line Officer Survey Recommendations (Power Point Slide)

- Permit the use of roadside evidentiary breath testing to speed up the process.
- Increased Public Education showing the consequences of Impaired Driving
- The use of Videotaping may encourage more accused Impaired Drivers to enter a plea of guilty
- Administrative Licence Suspensions to encourage a swifter Court Process

- Make photographing and fingerprinting compulsory to ensure impaired drivers are sentenced as repeat offenders
- Incarceration for convicted Impaired Drivers

Hard-Core Impaired Driver Recommendations (Power Point Slide)

- Elimination of Plea Bargaining on Impaired Driving Court Proceedings
- Crown Prosecutors that Specialize in Impaired Driving Prosecution
- Immediate Administrative Licence Suspension
- Independent “Court Monitor” to Increase Accountability
- A Multi-Agency Approach to Assessment and Treatment
- Public Awareness Programs
- Seizure of Suspended Driver’s Vehicle on a Fixed Graduated Schedule

And lastly, conduct an entire overhaul of the Criminal Code drinking and driving legislation to eliminate frivolous defences, thereby providing Canadians with a right that they deserve effective protection from victimization from an impaired driver.

The primary objective must be the removal of as many Impaired Drivers from the highways of Canada as possible by whatever legal means necessary.

The purpose of this conference is to examine the progress made by Canada’s road safety community in ending the carnage caused by the impaired driver. Its purpose is also to develop a course and strategic plan for the next ten years. Prior to moving forward with your deliberations, there are some questions that you need to ask yourself. FIRST, is drinking and driving socially acceptable. Is it OK to have a couple drinks after a hard day at work and drive home? If indeed your response is YES, and if you believe that a couple of drinks before driving is your RIGHT, then we as a society should accept the death of over 1 100 persons and the maiming of 3600 others as the price tag of doing business. We should conclude this conference and go home. If however, your answer is no, then we have to get on with business. We then must ask if the current criminal code drinking and driving legislation is effectively protecting Canadians from victimization from impaired driving. If not, then we must demand the protection that we are owed by those with responsibilities for legislation. They can not lose sight of what Canadians are saying. A survey recently conducted by the Traffic Injury Research Foundation clearly demonstrated that Canadians fear victimization from impaired driving more than that from cancer, assault or long stays for medical treatment. What a sad comment. Canadians are in fear and are demanding protection. As a taxpaying citizen of this country, I demand a society where my family and myself can move freely in pursuit of lawful activities without fear of victimization from impaired drivers.

It is wise to step back and consider how other significant social issues are being managed. Homicides by firearms have caught the attention of governments. We have seen significant amendments to legislation, we have seen the creation of a national firearms registry, we have seen an overhauled licencing system, all for the purpose of sending a strong message that misuse of firearms is unacceptable and to insure that firearms

do not fall in the hands of potential violators. In 1998, 151 people died in firearms related homicides. This loss of life is unacceptable, however, why can the same energy and commitment to social protection not be channeled to an issue that is taking over 1,100 lives each year and leaving countless others scarred for life. The Firearm legislation is hacking at the “roots” of the Homicide by firearm issue, conversely present impaired driving legislation is merely trimming the “branches” and the roots of this symbolic tree continue to flourish.

In closing, I, as a front-line police officer, am frustrated. Myself and my colleagues regularly see that carnage caused by impaired drivers, and we also feel the frustrations of attempting to bring impaired drivers to justice. From a policing perspective, the agenda must be moved by all organizational levels. This is happening. The executive level of policing has consulted with front-line officers through the 1997 survey, and it is gratifying to see that they are moving the agenda based on what we have said. It is encouraging to learn that the Canadian Association of Chiefs of Police has endorsed the issue of impaired driving as an organizational priority among senior police managers. Their support is appreciated.

Thank you for the opportunity of addressing your national workshop, “Eliminating Impaired Driving: The Road Ahead.” I trust that the work done in this workshop will form a solid cornerstone on which to manage impaired driving in Canada over the next 10 years.

In closing I want to leave you with this final thought- Thank You.

Power Point Slide -

What percentage of Canadian Society must experience personal tragedy at the hands of an Impaired Driver before swift, severe and sure sanctions accompany the avoidable act of Impaired Driving!

HEALTH ISSUES

Ray Baker, MD
BC Medical Association

Alcohol Consumption and Motor Vehicle Accidents: A Therapeutic Perspective

Ray Baker MD, FCFP, FASAM

Chair: BCMA Committee on Addiction Medicine

604-808-4619

rbaker@interchange.ubc.ca

- .. Magnitude of Problem
- .. Understanding Alcohol Dependence
- .. Proven Effective Methods of Decreasing Alcohol Consumption
- .. The Value of Coercion
- .. An Opportunity

Magnitude of Problem

Over 80% of Canadians consume alcohol, a drug known to interfere with judgement, slow cognition, decrease inhibitions and impair coordination as well its well-known and valued mood-lifting effects for which it is self-administered. Convincing data prove the relationship between drivers' alcohol consumption and motor vehicle accidents. Because so many people use this drug, many of the negative consequences it causes are experienced by drinkers who are simply under its acute effects but who do not meet the diagnostic criteria for alcohol use disorders¹. However, as many as 20% of drinkers do suffer from alcohol abuse or dependence. People with alcohol and other drug problems frequently show up in certain situations: doctors offices, emergency departments, police stations and courtrooms. These crisis situations offer temporary windows of opportunity that can be used to permanently change the behaviour of the person. By coupling the power of the state with professionally-administered interventions having proven effectiveness in reducing alcohol consumption, there is an opportunity to create a partial solution to the drinking-driving problem while adding a useful public health intervention for a major cause of morbidity and mortality in this country.

Alcohol Dependence

Addiction Medicine experts and the courts of this country agree, alcohol dependence is a recognizable disorder with biological, social and psychological roots and manifestations. It is characterized by the "Three C's": episodic loss of control over ingestion of the drug once consumption has begun, continued drinking despite significant social, medical or psychological consequences and increasing compulsion,

¹ American Psychiatric Association (1952).Diagnostic and Statistical Manual of Mental Disorders (I:1952,II:1967,III:1980, III-R:1987,IV:1994).Washington, DC: American Psychiatric Press.

preoccupation with or salience of alcohol use in the life of the alcohol dependent person. Psychological defense mechanisms, most notably denial, prevent the alcohol dependent person from recognizing the magnitude of their problem. Only when they become convinced that the consequences of continued drinking outweigh the benefits: i.e. the temporary emotional relief or comfort brought by the drug, will they seek the necessary help to stop drinking. "Hitting bottom" refers to the threshold of discomfort that must be reached for the alcohol dependent person to recognize the problem and begin to change their behaviour.

Effective Intervention

Numerous studies from around the world have demonstrated that screening and brief interventions lasting several minutes by primary health care providers, result in sustained reductions in levels of alcohol consumption by patients who are drinking excessively². Project MATCH, the largest psychotherapy study ever undertaken, demonstrated that brief, relatively low-intensity counselling by non-specialists delivered over 12 weeks resulted in significant reduction in drinking by large numbers of alcohol dependent subjects, sustained for over 15 months after counselling ceased³. Certain pharmacological interventions when coupled with counselling significantly decrease drinking days and rates of relapse amongst alcoholics^{4, 5}.

Contingency Management of Addictive Disorders (Constructive Coercion)

Contingency management (coupling negative consequences for non-compliance with treatment and rewards for successful adherence to treatment) for alcohol and other drug dependencies has shown remarkable success rates. Many studies have shown that "mandatory" treatment of addiction results in at least as good and perhaps even superior outcomes in the treatment of addictive disorders⁶.

² Haggerty, J. Early detection and counselling of problem drinking, the Canadian Guide to clinical preventive health care. The Canadian Task Force on Periodic Health Exam, 1995.

³ Project MATCH Research Group Matching Alcoholism Treatments to Client Heterogeneity: Project MATCH Posttreatment Drinking Outcomes. *J. Stud Alcohol* 58:7-29, 1997

⁴ Volpicelli J, Alterman AI, Hayashida M, et al. Naltrexone in the treatment of alcohol dependence. *Arch Gen Psychiatry*. 49:876-80, 1992

⁵ O'Malley SS, Jaffe AJ, Chang G, et al. Naltrexone and coping skills therapy for alcohol dependence. *Arch Gen Psychiatry* 49:881-7, 1992

⁶ McLellan, A, McKay J. Components of Successful Treatment Programs: Lessons from the Research Literature, in Graham AW, Schultz TK eds., *Principles of Addiction Medicine* 2nd Ed., Amer. Soc.

Opportunity

Alcohol dependence is a disorder or disease: nobody sets out to get addicted. It is not self-inflicted any more than heart disease, which, like alcoholism is known to be caused by a mixture of genetic predisposition, stress and lifestyle. However, negative consequences for unacceptable alcohol-related behaviour are not only appropriate, they are essential if the alcoholic is ever to be motivated to change. Sheltering substance dependent people from the consequences of their behaviour is called enabling or “killing them with kindness”. Doctors, nurses and airline pilots with alcohol dependence are not fired because of their disability. However, if they want to return to their career they must show that they have undergone thorough biopsychosocial assessment and complied with a treatment program negotiated to address all problems identified in the assessment. Finally, prior to their return to their safety-sensitive positions they must have entered into a monitoring agreement with a health professional willing to provide relapse prevention support, perform body fluid testing and report to the employer or regulatory body whether or not the person is in compliance with their treatment agreement. These professionals have the highest rates of recovery (for physicians using this technique we routinely see 90% 5-year abstinence rates)⁷.

In Summary

For drinking drivers without serious alcohol use disorders, screening and brief interventions followed by significant consequences for repeat offences will significantly decrease the likelihood of further drinking-driving incidents. For drivers with alcohol use disorders (DSM-IV Abuse or Dependence) the opportunity provided by a drinking driving offence should be used to trigger a thorough biopsychosocial assessment by a health professional capable of diagnosing medical, psychiatric and substance use disorders. This assessment will not only result in a clear diagnostic picture, often polydrug dependence or alcohol dependence complicated by psychiatric comorbidity, but will also outline problem areas in the person’s life that need correction for successful longterm recovery. From the problem list generated by the assessment a customized treatment plan can be negotiated, including detoxification strategies, intensive primary treatment, education, development of non-chemical coping strategies, longer term cognitive-behavioural therapy and community-based relapse prevention. Finally, coupling the carrot and the stick, or contingency management techniques with comprehensive treatment and monitored follow-up, using the power of the provincial government’s motor vehicles authority, will ensure the highest rates of recovery for substance disordered drivers.

Add. Med. 1998

⁷ Waterhous GJ, Perspectives of treatment efficacy with the substance dependent physician: a national survey, J.Addict Dis 1997;123-38

Drinking and Driving a therapeutic perspective

R.Baker MD, FCFP, FASAM
Chair, BCMA Committee on Addiction
Medicine
604-808-4629

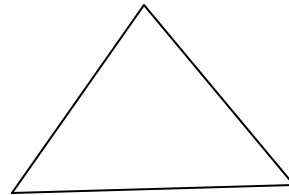
Key Points

- Magnitude of problem
- About alcohol use disorders
- What works: the evidence
- Constructive coercion
- An opportunity

Epidemiology

- 1992: 6000 Canadians died in alcohol related mva's
- over 11,000 hospitalizations annually due to alcohol-mva accidents
- 20% of population affected by AUD's
- over 20% of hospital beds occupied by people with substance use disorders
- Hazardous drinkers (non-alcoholic)

Distribution of Risk



Canadian Task Force on the Periodic Health Exam:

“good evidence that routine case finding for problem drinking and brief counselling interventions by primary care physicians is effective in reducing alcohol consumption and related consequences.”

Screening for Substance Use Disorders

- Has alcohol or other drugs ever caused problems in your life?
- C.A.G.E.
- AUDIT (Alcohol Use Disorders Identification Test)
- D.A.S.T., MAST

Project MATCH

matching addiction treatment to client heterogeneity

- Largest psychotherapy trial ever
- 2 streams: 5 outpatient, 5 post treatment centre groups
- 952 outpatient alcoholics, 774 post-residential treatment centre alcoholics

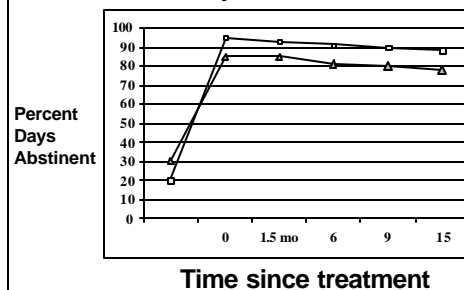
Project MATCH Treatments Compared

- Cognitive Behavioural Therapy: (CBT) 12 weekly sessions
- Motivational Enhancement Therapy (MET) 4 sessions/12 weeks
- Twelve Step Facilitation (TSF) 12 weekly sessions

Project MATCH Client Characteristics

- Severity of alcohol addiction
- cognitive impairment
- gender
- meaning seeking
- motivational stage of change
- psychiatric severity
- social support for drinking v. abstinence
- sociopathy

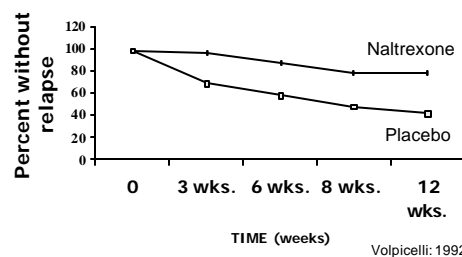
Project MATCH

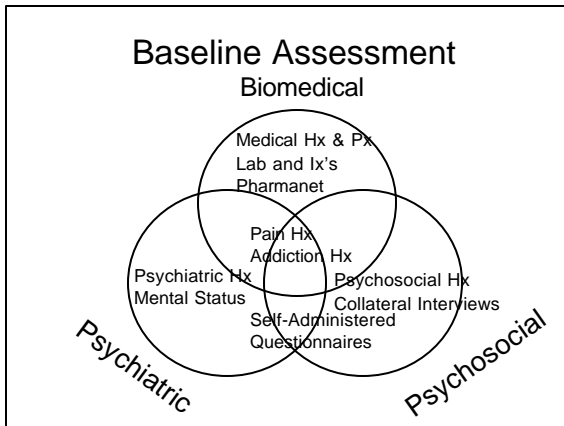


Project MATCH Outcomes

- All treatments worked well
- Matching did not affect outcomes *
- Brief, non-specialist interventions effective
- 12-step facilitation remarkably effective
- Empathy most important trait

Alcoholism Relapse Rates Naltrexone + Counselling





- ### Contingency Contracting
- Must be based upon adherence to treatment plan (based upon competent assessment)
 - Link both benefits for compliance and consequences for non-compliance
 - Reporting system must be in place

- ### Summary
- Intervention on hazardous drinking easy
 - Alcohol use disorders are common and associated with mva's
 - Treatment from brief interventions to comprehensive, therapy is effective
 - Contingency management works
 - Mandatory assessment, education and treatment for drinking drivers creates win/win solution

PROMOTION ISSUES

Darlene Hyde
Insurance Corporation of British Columbia

Drinking Driving CounterAttack–Prevention through promotion

Thanks for inviting me to address this national workshop on impaired driving. It's a great opportunity for the many agencies that work together at reducing alcohol-related crashes, injuries and deaths in Canada. Over the next few days, you'll have a chance to exchange ideas and look at future strategies in this area.

The Insurance Corporation of BC has been working closely with other stakeholders in government, enforcement, health and justice toward this common goal for some time.

We have also been listening to what you and other experts both nationally and internationally have been doing to eliminate impaired driving.

Our mission statement as a company is helping British Columbians take the risk out of road transportation. We also have a mandate to keep insurance affordable – and road safety is a key part of that equation.

So clearly, ICBC has a very vested interest in reducing impaired driving.

But the key word in our mission is **helping**. Road safety would not be as effective without wide-ranging support from stakeholders such as government, the police, the media, Autoplan brokers and our other business partners, schools, community groups and the public at large.

We have seen that linking promotion and prevention does have a positive impact on the numbers of impaired drivers on our roads.

Our strategy has taken several main directions.

Our most high-profile campaign to remove impaired drivers from our roads – and the people here from BC will readily recognise this – is Drinking-Driving CounterAttack.

There is near universal support for this program among the police, the community and public alike. And for good reason. The magnitude of the impaired driving problem was made clear to us in the earlier presentation by TIRF.

Drinking Driving CounterAttack was introduced in BC back in 1977 to educate the public and to put in place highly visible police roadchecks to apprehend impaired drivers and act as a general deterrent. It was Canada's first major anti-drinking and driving initiative and over the last almost 24 years, more than 18 million vehicles have passed through police roadchecks, province-wide.

Roadchecks are now as much a part of our everyday lives in B.C. as the rain. CounterAttack is a household word, synonymous with impaired-driving prevention.

In 1995, we provided additional funding for a five-month concentrated impaired-driving roadcheck enforcement campaign from July to December. Above and beyond our established CounterAttack program –which uses existing police resources – the “**Enhanced**” campaign saw us fund police overtime and **paid media in targeted regions**.

The success of the first "Enhanced CounterAttack" campaign persuaded ICBC, the Ministry of Attorney General and the police to expand the program in 1996. We estimated that in 1997, the Enhanced CounterAttack campaign – including full-scale media support –helped reduce alcohol-impaired crashes by about 27 % during the enforcement period.

Drinking Driving CounterAttack’s track record is impressive. But as the program approaches its quarter-century of operation, it's obvious the battle is far from over. Impaired driving still accounts for over a third of all B.C. road fatalities. In 1997 alone, 189 people died in alcohol involved crashes. And that means there's still work to be done.

Promotion costs were close to three-quarters of a million dollars on supporting media during 1997.

Bill Mercer is our manager of Impaired Driving Strategies and he comments on his department’s work in preventing crashes and the rewards of their work.

(Video clip of Bill...)We are basically concerned with loss prevention so we want to stop the crashes before they happen. The vast bulk of ICBC is concerned with what happens after the crash, and we cannot control costs after crashes. Cost after the crash has to do with the severity of the crash, the court awards, and so forth and so on. Those expand every year. So if we're going to control costs we have to control the costs before they occur, and that's what this department is all about. Everything we do must show a cost benefit. We have to prove that the money invested in the activities is less than the return. And we can do that with great confidence at this point.

It's very rewarding to work in this area. We know we are saving lives, saving injuries, reducing crashes. An average physician will first give you an inventory of how well you are and, you know, what's going to happen. But we're actually out there saving lives and it doesn't get any better.

Ask someone today under the age of 21 if they can remember a time when no one worried about police roadchecks and they'll probably look at you as strangely as they did when you told them VCR remote controls used to have cords.

The police officers here in attendance know that two of the most important tools they have in the fight against crime are presence and dialogue. We like to think that the promotion that we do around impaired driving is a major part of that dialogue. And the message about the dangers of impaired driving, and the risk of apprehension for those who do drink and drive, is one that ICBC continues –and will continue – to drive home. We do not want the children of today growing up to be the impaired drivers of tomorrow.

ICBC's role in CounterAttack advertising also includes work with the Broadcasters Association of BC and the Liquor Control and Licensing Branch – which allows alcoholic beverage advertising on TV and radio in BC. Stations that carry liquor advertising are required to provide 15 per cent of that time for awareness messaging on alcohol. This alcohol education component as it's known, was reached back in 1982 when the broadcast industry was negotiating with government to allow liquor advertising on TV and radio.

This airtime has contributed immeasurably to the success of these programs.

Our main impaired-driving messages used in advertising over the last several years include:

- Roadcheck enforcement: Roadchecks are operating ALL the time, all over BC.
- Level of alcohol : Drivers can be charged with less than .08– the charge is “driving while impaired” as opposed to driving over the legal blood alcohol level.
- Mixing drugs and alcohol: Even one drink can seriously impair function if taken in combination with over-the-counter or prescription drugs.

New drivers are receiving the message about drinking and driving at the earliest stage of their driving experience. Our Graduated Licensing Program has a zero blood alcohol condition. And while all drivers face tough penalties if they drink and drive, including fines, driving prohibitions and jail sentences, new drivers are subject to even stricter rules. Penalties will be imposed on new drivers caught driving with *any* amount of alcohol in their bodies.

Linking prevention and promotion has been demonstrated to be effective. But the risk of apprehension is not the only component to our impaired driving strategies.

The fact that many sporting events have alcohol available also creates a volatile mix, as the predominantly younger audience can be a risk on our roads following the game.

Whether it's at major events such as the Molson Indy race in Vancouver, games involving our pro sports teams, or extreme sports competitions... the risk of drinking and driving increases.

We have promoted around the slogan *If you plan to drink, don't take any chances. Have a plan for a safe ride home.* This encourages anyone who has been drinking to arrange for a designated driver, call a taxi, or take public transit.

Another strategy we have seen that is effective in other jurisdictions is to help youth identify and manage their risk. And speak to them in their language and in a way that is relevant and meaningful to them.

This is best illustrated in a project called the RoadSense Team Gravity Zone, which we recently featured at some sporting events as well as this summer's Molson Indy and the recent Snow Show in downtown Vancouver.

The RoadSense Team is a partnership between ICBC and our Autoplan brokers in the province, which has led us to co-fund and implement a variety of road safety programs across BC. Many of these programs target youth.

The Gravity Zone features world-class action sports athletes showcasing their talents while Vancouver DJs spin the latest club tunes. Professional in-line skaters, skateboarders and BMXers perform what is considered cutting edge tricks and stunts on the course.

At this venue, we provide information to those in attendance – and, obviously, this is mostly a younger audience – about the risks associated with being a driver or passenger in a motor vehicle. The emphasis is on choices... the message is not about threats, but on the consequences of drinking and driving.

(video clip of Gravity Zone at the Molson Indy)

Autoplan brokers and ICBC have also teamed up to produce and promote a new multi-media production for secondary school students, teachers, school officials, prevention specialists and the local community. *Indestructible* explores the realities of first-time drivers in B.C. The production uses the most up-to-date audio and video technology, combining current music hits and TV and movie clips into a fast-paced, cutting-edge multi-media show. Produced by Motivational Media, the production has been making an impact in secondary schools around the province over the last year.

Safe driving messaging for youth is much more effective when delivered by peers. This is one of the driving forces behind the establishment of our Youth Employment Initiative or YEI.

Our YEI was created four years ago as part of a broader provincial strategy to provide youth with meaningful opportunities to build skills and gain valuable work experience. This year, 2,200 candidates applied for YEI positions.

Our youth ambassadors were out broadcasting our road safety message this summer in every region of the province and at a wide range of community events.

For example, YEI ambassadors spent the night at dry-graduation celebrations throughout the province this past June.

The message that drinking-driving is no longer “cool” has is having an impact on school-age students. There are now close to 300 secondary schools –out of B.C.'s total of 500 – that have student-organized CounterAttack committees. The program uses peer pressure to promote safe driving behaviour.

ICBC coordinators located around the province provide resources and guidance. The key to working with students is to avoid preaching, and instead present them with the facts so they can make informed choices. This approach has been working.

The CounterAttack group at a high school in our Southern Interior was recently recognized with a national award for its efforts to put an end to drinking and driving. The group was chosen as the best in the country as a result of the activities and events it organized within the school and community last fall in honor of National Students against Impaired Driving Day.

One alternative transportation program we imported from Quebec is Operation Red Nose. Seven BC communities participated last Christmas, which provides safe rides home for those who have consumed too much alcohol or are too tired to drive. Through news releases and advertising, drivers living in these cities are encouraged to take advantage of this free chauffeur service. Almost 2,000 free rides were provided to British Columbians during the past December holiday season.

The Autoplan Brokers of British Columbia are the provincial sponsors of Operation Red Nose. ICBC, local police and local media are partners in the program.

Prevention – and promotion of better decision-making – is working. There has been a profound generational turnaround in public attitude about drinking and driving in BC. Twenty years ago, few saw drinking and driving as the deadly behaviour it is seen as today. Impaired drivers still burden us with a bill of some \$350 million a year, but it is socially more unacceptable today than ever before. Our promotion programs help to continually reinforce this message.

We are moving in the right direction.

Our partnerships with the Attorney-General, the police, our business partners, broadcasters, schools, community groups and individuals are working. It’s also vital that we share information with other jurisdictions in Canada, as well with the U.S., Australia and Europe, and continue to learn from each other and develop the next generation of road safety initiatives. Thank you.

VICTIM'S TESTIMONY

Sharleen Verhulst

“Eliminating Impaired Driving: The Road Ahead”
Sharleen M. Verhulst

Presentation- October 12, 2000:

We have all heard the saying “Friends Don’t Let Friends Drink and Drive”. Well that’s true and very important. If you recall your childhood friends you will likely recall doing things that were not very smart. In fact my definition of friendship is, ‘a bond in which you do things that are colossally stupid’. My best friend is my twin sister Cindy. Which was great, I grew up with a live-in best friend. But, since we were best friends *and* blonde we had our share of ‘collosally stupid!’

Cindy and I often wondered how certain things worked. We would look at an object, look at each other, and say “I wonder how that works”. Well, when we were younger we had an Etch-a-Sketch. You all know what an Etch-a-Sketch is, that red and silver toy with the dials that you turn to draw a picture- try to get a blonde to draw a circle on one of those. Anyway, we wanted to know how it worked and our theory was if you want to know how something works you break it! So we got a butter knife and a hammer and smashed it open. We noticed that there was a magnet and a silver greasy powder inside. We still did not know how it worked but now we were interested in the fact that the stuff was making our hands silver. We were wearing short sleeved shirts and shorts so we decided to make our arms silver, legs silver, necks silver, and faces silver. Two little blonde girls totally silver and not wanting to waste this look decided to go cookin’ up and down the street. However, when we returned home we realized that hey, we don’t feel so good. Cindy and I reported to our Mom to tell her that we felt pretty sick. She looked at the broken remnants of the broken Etch-a-Sketch and she said, “You have covered yourself with this stuff and you now have lead poisoning!” Cindy and I looked at each other and *blondely* remarked, “Oh so that’s why it was so hard to open- you’re not supposed to!”

Apparently this was pretty serious and we had to go to the hospital. My Dad had to come home from work and place his silver daughters on carefully placed blankets and towels so he would not get his truck silver. We arrive at the hospital and you know how when you see someone trip *up* a flight of stairs or slam into a glass door and you laugh but at the same time you ask if they are okay? [speaker does impersonation] Well, the doctors at this hospital did not even give us that courtesy.

They were walking into the waiting room and openly pointing and laughing. They were even bringing other members of the hospital staff in to have a look. Other people in the waiting room were refusing to sit by us. They were having conversations like, “But how did they get silver? Perhaps they are radioactive!” Cindy and I swore right then and there that we would never share this embarrassing moment with anyone. We would keep this just between us (and the hospital staff).

For the longest time we both kept our promise. Then, one day I was out with a group of friends and we were talking about some of the stupid things we did when we were younger- the mistakes we made in our childhood. In my efforts to top everyone (and be the stupidest person at the table!) I told them about the Etch-a-Sketch story. All of them laughed except for one girl, a very good friend of mine who said, “But you guys must have been so cute, two little blonde girls totally silver! How old were you guys?” I had to tell her, and I can’t believe that I am telling all of you, we were SEVENTEEN at the time!

I am going to show you some slides of Cindy and I.

In addition to being well known for her singing Cindy did A LOT of volunteer work in school. She volunteered at the hospital, was president of student council music council, you name it. Everyday I would wait for her to come home from school knowing that she would be late because of all her activities. One day I’m waiting for her to come home and I see her doing this ‘Mr. Bean walk’ up the street. I was thinking, “Hey, we’re twins! If she looks stupid it reflects poorly on both of us. I mean people don’t know if that’s her or me”. When she got closer I noticed that she was not wearing any shoes. It was rainy and very cold out and she had nothing on her feet. I opened the door and said, “Cindy, why aren’t you wearing anything on your feet?” Her first response was, “I did not want to get my socks dirty”. Now that’s blonde logic. “But Cindy why are you not wearing any *shoes*?”

Cindy explained that there was this girl in one of her classes who did not have proper foot wear. She would sit in class with this old pair of shoes on that were wet inside. Often this girl was freezing cold. “She needed a new pair of shoes so I took mine off and gave them to her”. This was a classic Cindy thing to do. I stared at her for a moment and said, “That is a beautiful way to live Cindy, but what if this girl needed a pair of pants!” [speaker does impersonation]

Cindy was also the social coordinator of our group. In the summer of our grad she organized a number of outings so that we could spend time with our class mates before we all headed off in our own directions. One night in August she invited a whole bunch of us down to Vancouver to watch the Symphony of Fire fireworks display. Two of our friends, Allan and Renee, came to meet us at our house and everyone else was to meet us at a restaurant in Vancouver.

That night, we were just about to leave the house when the phone rang. I ran upstairs to answer it and it was my boss. He explained that they were very short staffed and really needed someone to come and cover a shift. I told him that I would cancel my plans and come and help out. Disappointed, I went downstairs to tell Cindy that I could not go. She said, "I'm sorry Sharleen- do you want me to stay home too?" "No" I said "Go have a good time". Before she left Cindy turned and said, "Tomorrow night I am going to take the night off work and you and I will go to the Symphony of Fire, that way you won't have missed it". I thanked her, gave her a huge hug, and watched her get into Allan's car.

That night I finished my shift and came home. I knew that Cindy was going to be out later than me because it was a late night event and Vancouver is about an hour from our house. I decided to wait up and ask her about her evening. I kept watching the clock as it got later and later. At around 1:30am I asked myself, "Should I be worried?" I knew that they would be gone a while but I also knew that Cindy was not a stay out until 5 in the morning kind of person. At 2am I decided that this was too late and maybe I should wake up my parents but my thoughts were interrupted by the sound of a car pulling up. "Great! Cindy is home". I heard footsteps on the driveway heading for the front door and was then shocked at the sound of "Bang, Bang, Bang" on the door. There is an instantaneous sick feeling that you get when someone is pounding on the door at 2 o'clock in the morning. I opened the door and saw Chris, a person that we had just graduated with. He stared at me for a minute and then the first words out of his mouth were, "It's not as bad as it looks, I don't think that it is as bad as it looks". I had no idea what that meant. Chris motioned for me to get into his car so I did. As we drove down the street he continued to mumble, "I think it is going to be okay, I don't think it is as bad as it looks".

We were no more than three blocks from my house when we arrived at a scene filled with emergency vehicles. There were people and red and blue lights

everywhere. Chris pulled into a parking lot. Looking straight ahead of me I saw that a pick up truck had smashed into a Sprint- Allan's car. I ran across the parking lot and saw that Renee was in an ambulance and Allan was in an ambulance but I did not see Cindy. I remember screaming at people, "Where is Cindy, where is my sister, she looks just like me, where is she!" I turned and looked back at the car and realized that someone was actually still in there. I noticed that that person had blonde hair. Then I heard someone laughing. I turned to see two drunk men standing by the truck. One of them was laughing and the other was offering people one hundred dollars to just drive him home. Before I could fully process what was going on there I saw another vehicle pull up. It was my parents.

My parents are these sweet, community minded people who love their daughters. My Dad worked two jobs to provide for us and my Mom stayed at home so there would always be someone there when we got home from school. They came to every concert, play and sporting event. I saw my big, tough, Corrections officer dad turn into a helpless and bewildered man who just wanted to hear something about his daughter.

Finally an officer approached us and recommended that we wait at Mission Hospital (which was only another block down the street). We did not want to be in the way so we headed to the hospital. While we were in the waiting room we saw Allan's parents and Renee's parents come in. We waited and waited. Finally, a doctor told Renee's parents that she was going to be fine. That's great news we thought- surely that means that Cindy will be fine too. Then a doctor came out to tell Allan's parents that he was in a coma and would be transported to Royal Columbian hospital in New Westminster. Then, a doctor approached us and informed us that they would not be keeping Cindy at Mission hospital because Vancouver General Hospital could do more for her. VGH is the trauma centre for B.C. He told us that we could head out into the parking lot and when we saw that the ambulance was ready to leave we could follow it into Vancouver.

When I headed out into the parking lot I was amazed at what I saw. There were so many people standing there. Almost our entire grad class, people that Cindy volunteered with, most of our teachers, everyone. I could not believe it. At 3:30 in the morning these people got phone calls, got out of their beds and came to stand in a parking lot just so that someone would tell them that Cindy was okay. People approached me and told me that they had opened up churches all over town to

pray for Cindy. Surely with this type of support and encouragement and so many people pulling for her she would be fine. I felt really positive about this. But then I remember being so crushingly disappointed when they brought this broken little person out on a stretcher and she didn't look like the Cindy I knew. As the ambulance drove into Vancouver all I could think of was half of me is in there and these things don't happen to people I know and I love and really cool people like Cindy.

We spent four days in Vancouver Hospital. We didn't know if Cindy could hear us or not so we read stories to her, and spoke to her, and sang songs to her. I fully expected that Cindy would wake up and laughingly say, "Stop singing to me Sharleen because you can't sing". On the fourth day that we were there my Dad approached a doctor and told him that we were not prepared to spend so much time in Vancouver and that we would have to leave to gather some things and get organized and then we would be right back. The doctor told him that he thought we should stick around that night. My poor Dad had to come and inform my family that a doctor thought it best that we not leave. We took the doctor's advice.

That night, August 14th, 1995 I stood in a hospital room with my parents by my side, holding Cindy in my arms and thinking, "You're my best friend, you're my twin sister". That I stood in a hospital room, held my sister, and watched her die. I remember thinking that she was not coming to my grad reunion, or singing at my wedding. We were not going to do stupid things together anymore. I went home and I looked at the shoes at the bottom of the stairs and her jacket on the railing and I could not believe that she would not be using those things anymore. I remember thinking, "Why did this happen?" "Why did this happen to me, why did this happen to my family, why did this happen to a really great person like Cindy?" I thought about why this has happened to so many families across Canada. The only answer I can give myself when I think, "Why did this happen?" is it happened because some ASSHOLE chose to drink and drive. It makes me angry when people say, "But it was just an accident, I'm sure he did not mean to kill anybody". But really, how was this an "accident?" This was a **conscious choice**, he made a **selfish decision** so how is that an *accident*. I cringe at the word "accident" because it is a minimizing word for a serious offence. I applaud organizations such as ICBC for choosing to use the words "crash" and "collision" and not "accident".

I also hear a lot of discouraging comments as I am sure so do many of you. I have heard people say, “Impaired driving has been around as long cars, it will always be around, you can’t stop everyone from drinking and driving”. I used to have a Criminology teacher who would say this. He said that I should focus more on the fights that I could win. He said that despite the best education and enforcement there will always be someone who chooses to drink and drive. He said that I should focus more on goals that I could accomplish. He said that I should focus on fighting the fights that I could win. I went home and thought about what this man had said. I thought about it a lot. Then what I realized is that where this guy had it wrong was, it is not about fighting the fights that you can win, it is about **fighting the fights that are worth fighting for.**

Hey, maybe we won’t convince that one group not to drink and drive. Maybe they always will. But if we can influence the friend who will take away keys at parties, the officer who will take the time to charge, the licensed establishment owner who will not over serve, the stranger who will call the police, the judge who will give a memorable sentence, the McDonalds attendant who will put the driver in special order parking until the police arrive, and on and on then haven’t we done our job? Haven’t we won the fight? We may not reach those “hard core drinkers” directly but we can have them surrounded! We have the resources, expertise, and determination to influence a society that won’t tolerate drinking and driving anymore and will do their part to stop those who would endanger the lives of our loved ones

I think about the fight worth fighting for when I recall Cindy’s memorial service and watching over 600 people file into a church. The person I remember the most was a girl crying so hard that people were holding her up. When I looked at her feet I saw that she was wearing Cindy’s shoes. That girl will always tell you that it is a fight worth fighting for. I also think about being in court and listening to the Crown prosecutor share amazing stories about Cindy’s volunteer work and the fact that at 18 she was sponsoring a foster child in Haiti. In the midst of all these stories Judge William Stewart stood up and stopped court. The court room grew silent as the Judge leaned over the bench and looked at my family. There was a pause before he said, “What greatness lost. What greatness lost because who knows what this person would have gone onto accomplish”. I think about that all the time. I know that as I leave this room tonight I will be thinking of all of you individually and all the great things that you are going to go on to accomplish.

I am going to leave you with one more story as it is one that stands out for me among the numerous stories I hear from people who have lost someone.

A girl gets invited to a party by this guy that she really likes. She knows her parents won't say yes so she makes something up and she goes. When she gets there she sees that the guy is in the corner drinking and smoking pot with his friends. After a few hours of this he wanders over to her and says, "I have my car here, do you want to go for a ride?" She tells him to wait for a second and she approaches her friends. She says, "I know that he has been drinking and smoking pot, I know that bad things happen to people who get into the car with impaired people, maybe I should not go". Then she turns to see that the guy is talking to another girl. She turns back to her friends and says, "But if I don't go that girl will probably go. Besides what are the chances that something would happen to me? What are the chances that someone would be hurt or injured or we would be stopped by police. I have heard of people who drink and drive all the time and nothing bad happens". The girl decides to go.

Not only is the driver impaired by two substances, he is also speeding. There is a pretty high likelihood that they are going to get into a crash and they do. They collide with another car and both occupants of that car are killed, the guy is killed, the girl is in the hospital and she knows that she is about to die. She turns to a nurse and says, "Please, please tell my parents that I am really sorry. Please tell them that I should not have lied to them, please tell them that I did not mean to hurt anyone else, please just tell them that I said sorry". The girl died. There was another nurse standing in the room and she said to the first nurse. "Yes this girl made a poor choice, she made a big mistake by getting into the car. But why wouldn't you at least grant the girl her last wish and tell her that you would tell her parents that she said sorry?" The nurse looked up and said, "I can't tell her parents that she said she was sorry because the people in the car that they killed WERE her parents".

With that I am going to get going. I thank everyone here from the bottom of my heart for your commitment to road safety in Canada. I can't tell you what it means to me to see so many people sitting here for the sole purpose of saving lives. I wish you the best of luck as you share ideas and make your way through this conference- I know that all of you are making an amazing difference. Cindy would have given huge hugs to all of you. Thank you.

DRIVER'S TESTIMONY

Mark Bergevin

I find myself here this weekend, in a room full of heroes. I've seen the many years of hard work, and progress without a doubt has saved hundreds, perhaps thousands of Canadians lives. The charts and graphs don't lie. Imagine the carnage that would surround us if "Counterattack" and other efforts in the fight against drinking and driving never existed. I am truly honored to be part of this workshop. I hope I can help.

I used to be a drunk; and in my definition, a "Professional Drunk Driver." But you know I'm just a regular guy just like everyone else. At the end of the week I collect my pay-check and go on just like everyone else but I stand before you today, not for those reasons but the reason for my presence can be summed up in two words; BAD DECISIONS. My decision to drink, my decision to drive. My decision caused the crash, the blood, the agony, the shame and embarrassment.

It seems today that I am surrounded by some very influential and passionate people. You all seem to have the influence, the committees and staff in charge of Canada's fight toward this social disease. Perhaps my story will assist you. It is not easy for me to speak of a such horrible time in my life. In the past I have spoken to high school students in the Greater Victoria area. Here today the goals are the same, but the faces are different. With high school students it's about changing attitudes.

My sister-in-law is a manager at ICBC, in Victoria. I was somewhat skeptical on the goals of this workshop until my conversation with Marina Taylor, my sister-in-law, and Janice Schmidt, a friend and colleague of Marina. They convinced me that this was equally beneficial to speaking to high school students.

Five years ago I was involved in a horrific and unforgettable crash. I was behind the wheel when my car, carrying my girlfriend and brother, crossed the centre line. My two passengers were fast asleep, unaware that the vehicle was traveling. I awoke at 4 am and without their consent decided to drive. The crash changed our lives forever. Neither myself, my brother, nor my now wife remember anything about the crash. My blood alcohol was .23 which might explain my lack of memory. The innocent driver of the other vehicle which I crashed into head on, suffered multiple injuries including broken jaw and broken ankle. Those injuries pale in comparison to the injuries that were inflicted upon my now wife, Niomi. Her injuries consisted of bi-lateral compound fractures to both tibia, a severed artery in her right leg which required an artery transplant from her left groin area. She also suffered minor brain injury; three and half feet of scars all below her waist; and severe soft tissue injury throughout her neck, shoulders and upper and lower back. Here we are nearly 2000 days later, and she still suffers from her injuries and requires various types of therapy. All from one night of partying and one more bad decision. My brother and I suffered minor injuries. Along with the physical injuries, I suffered from the shame, the guilt, the embarrassment, and the anger. In other words, the emotional ties to this bad decision may forever linger. Besides the personal injury, there is huge number of dollars and cents that come into play for the guilty party. That guilty party being myself. I faced bankruptcy, I lost revenue property all in exchange for a night of partying and the one of many bad decisions I made that night. Why was my car even there? Because drinking and driving was a regular occurrence in my life. Not just

me, but in my community. I always seemed to know where the road blocks would be. We knew if we waited until 3 or 4 am the road blocks would be gone. Or I would take side streets that I knew the "cops" would not be waiting to stop a "drunk driver." The less traffic driven streets. I was a pro, a professional at eluding the road blocks and the police.

Here I am five years later. I've been involved with Alcoholics Anonymous since the day of the crash and I'm proud to say the I am over five years sober and I am a newlywed as of August 2000. I learned at "AA" that success is in the heart and to take things one day at a time. I hit rock bottom and regrettably, took people down with me. My wife and her family could have done so many things but they chose to stick by me. And I owe a great deal of my success and sobriety to them. I am not a criminal. I learned my lesson but unfortunately many "professional drunk drivers" do not and continue to contribute to the social disease. It took the crash of August 20, 1995 to convince me to stop not only the drinking and driving but the drinking as well. But as I said previously, this was my second incident involving drinking and driving, and unfortunately a simple suspension of my drivers license, a small fortune to ICBC was not lesson enough for me to stop drinking and driving. So the question is what is enough? I thought well maybe our accident will open people's eyes to the carnage that results from drinking and driving. Maybe my bad decision will make people think before they get behind a wheel after a few drinks. Especially the people that are close to me; my family, my extended family and my friends, but it hasn't helped them at all. So how close to home does it have to hit for some people? That is the other question that we the people trying to stop this social disease have to ask ourselves. The first question I asked earlier being, what punishment or lesson is enough for people to stop drinking and driving.

Because the small penalty I paid in 1988 obviously wasn't enough.

APPENDIX 2
LIST OF PARTICIPANTS

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‘Eliminating Impaired Driving: The Road Ahead’

CCMTA National Workshop

October 12-14, Vancouver, BC

Paul Allen	Manitoba Public Insurance Corporation	(204) 954-5329
Jim Anderson	Health Canada	(613) 957-8339
Michel Ayotte	Ministère Justice Québec	(819) 822-6920
Ray Baker	British Columbia Medical Association	(604) 808-4619
Darrin Balanik	Edmonton Police Service	(780) 421-2735
Walter Barta	Alberta Motor Association	(780) 430-5533
Doug Beirness	Traffic Injury Research Foundation	(613) 238-5235
Kathy Belton	Royal Canadian Mounted Police	(780) 671-0801
Claude Bergeron	Société de l'assurance automobile du Québec	(418) 528-3434
Mark Bergevin		(250) 598-5998
Paul Boase	Transport Canada	(613) 993-4463
Yvon Boilard	Ministère de la sécurité publique du Québec	
Christiane Brosseau	Guardian Interlock Systems Corp.	(514) 273-1098
Dave Buchan	Nunavut Department of Community Government & Transportation	(867) 360-4614
Brad Bulman	People Against Impaired Driving	
Barry Burch	Insurance Corporation of British Columbia	(604) 661-6265
Michael Callaghan	British Columbia Ministry for Children and Families	(250) 953-3139
Deborah Callahan	Nova Scotia Department of Business & Consumer Services	(902) 424-4413
Carmi Cimicata	BACCHUS Canada	(413) 243-1338
Kenneth Cogan	Nova Scotia Department of Business & Consumer Services	(902) 424-3323
Kathy Collins	Alberta Department of Justice	(780) 427-7051
Donna Connelly-Miller	Ontario Ministry of Transportation	(416) 235-3616
Michael Leigh Cotton		(604) 936-3263
Frank D'Onofrio	Ontario Ministry of Transportation	(416) 235-4050
Ken Davies	Vancouver Police Department	(604) 717-3233
Jeanette Espie-Lefebvre	Alberta Infrastructure	(780) 427-6588
Mark Evans-Ehricht	Yukon Department of Community & Transportation Services	(867) 667-8935
Geoff Ewing	Newfoundland Department of Government Services & Lands	(709) 729-2502
Robert Eyre	Nova Scotia Department of Justice	(902) 424-8946
Tom Fairman	Yukon Driver Control Board	(867) 667-3774
Frederick Fromm	Royal Canadian Mounted Police	(604) 264-3434
Ian Gillespie	British Columbia Medical Association	(250) 595-4222
Phyllis Glowatsky	Saskatchewan Government Insurance	(306) 775-6180
Lisa Godenzie	British Columbia Ministry of Attorney General	(250) 387-1268
Juergen Grage	Royal Canadian Mounted Police	(604) 294-7856
Evan Graham	Royal Canadian Mounted Police	(604) 599-7606
Katherine Grant	London Health Sciences Centre	(519) 685-8500
David Greening	Manitoba Department of Justice	(204) 945-1700
Linda Haldenby	Ontario Ministry of Transportation	(416) 235-3630
Audrey Henderson	Canadian Council of Motor Transport Administrators	(613) 736-1003
Kathy Henderson	PAID	(780) 462-2426
Bev Higham	Manitoba Public Insurance Corporation	(204) 985-8001
Larry Hill	Ottawa-Carleton Regional Police	(613) 236-1222
Lisa Howie	British Columbia Office of Superintendent of Motor Vehicles	(250) 953-3758

Jennie Howie	Yukon Department of Community & Transportation Services	(867) 667-5833
Darlene Hyde	Insurance Corporation of British Columbia	(604) 296-1565
Brian Jonah	Transport Canada	(613) 998-1968
Kees Kikkert	Royal Canadian Mounted Police	(780) 963-7112
Darrell Lafosse	Royal Canadian Mounted Police	(613) 993-3592
John Lefebvre	Ontario Ministry of Transportation	(416) 235-3658
André Lemaire	Royal Canadian Mounted Police	(613) 991-2208
Anne Leonard	Ontario Community Council on Impaired Driving	(416) 485-4411
Gary Loughery	Calgary Police Service	(403) 206-8955
Steve MacDonald	Royal Canadian Mounted Police	(780) 412-5465
Brock MacMartin	Manitoba Department of Highways & Government Services	(204) 945-8194
Jeremy Mannall-Fretwell	Insurance Corporation of British Columbia	(250) 414-7879
Raynald Marchand	Canada Safety Council	(613) 739-1535
Ian Marples	Guardian Interlock Systems Corporation	(905) 670-2288
Dan Mayhew	Traffic Injury Research Foundation	(613) 238-5235
Philip McCarthy	Newfoundland Department of Government Services & Lands	(709) 729-3056
Mayland McKimm	Mayland McKimm and Associates	(250) 388-4121
Douglas McLaughlin	Royal Canadian Mounted Police	(604) 294-7922
Bill Mercer	Insurance Corporation of British Columbia	(604) 661-6977
Ross Milward	Royal Canadian Mounted Police	(867) 667-5585
Heather Mitchell	Addictions Foundation of Manitoba	(204) 944-6326
Brian Mitchell	Centre for Addiction and Mental Health	(705) 944-8924
Terry Morphy	Royal Canadian Mounted Police	(250) 387-0358
Jamie Morrison	New Brunswick Department of Public Safety	(506) 453-2407
Andrew Murie	MADD Canada	(905) 813-6233
Edie Newton	Canadians for Safe and Sober Driving	(905) 793-4233
Steve Patterson	Calgary Police Service	(403) 206-8955
Michele Penz	British Columbia Automobile Association	(604) 268-5342
Maurice Pilon	Ontario Provincial Police	(705) 329-7500
Anne Pritchard	Yukon Department of Community & Transportation Services	(867) 667-5756
Hal Pruden	Department of Justice Canada	(613) 941-4138
Kwei Quaye	Saskatchewan Government Insurance	(306) 775-6182
Al Reid	Ontario Provincial Police	(705) 329-6120
Rob Rubuliak	PAID	(780) 462-2426
Don Saigle	Royal Canadian Mounted Police	(604) 264-2190
Roland Sawatsky	British Columbia Office of the Superintendent of Motor Vehicles	(250) 387-5692
Janice Schmidt	Insurance Corporation of British Columbia	(250) 414-7878
Grant Smith	Transport Canada	(613) 993-4816
Greg Srogen	Royal Canadian Mounted Police	(780) 963-7112
Johanne St-Cyr	Société de l'assurance automobile du Québec	(418) 528-3380
Sheilagh Stewart	Ontario Ministry of the Attorney General	(416) 326-4660
Derek Sweet	Transport Canada	(613) 998-1990
Mark Tatchell	British Columbia Ministry of Attorney General	(250) 387-8950
Pierrette Thibaudeau	Canadian Council of Motor Transport Administrators	(613) 736-1003
Valerie Todd	Canadian Council of Motor Transport Administrators	(613) 736-1003
Carlie Trueman	British Columbia Provincial Court	(604) 660-4300
Colin Vann	Edmonton Police Service	(780) 421-3467

Sharleen Verhulst	Strategies to Reduce Impaired Driving Everywhere	(604) 661-6651
Lyne Vézina	Société de l'assurance automobile du Québec	(418) 528-4105
Jill Walker	British Columbia Office of the Superintendent of Motor Vehicles	(250) 387-2859
Gary Walsh	Northwest Territories Department of Transportation	(867) 920-8633
Brian George Watt	Royal Canadian Mounted Police	(604) 264-3999
Fran Wdowczyk	BACCHUS Canada	(416) 243-1338
Jean Wilson	Insurance Corporation of British Columbia	(250) 414-7920
Roger Zelinski	St. Louis Alcoholism Rehabilitation Centre	(306) 422-8533