



Fit to Drive

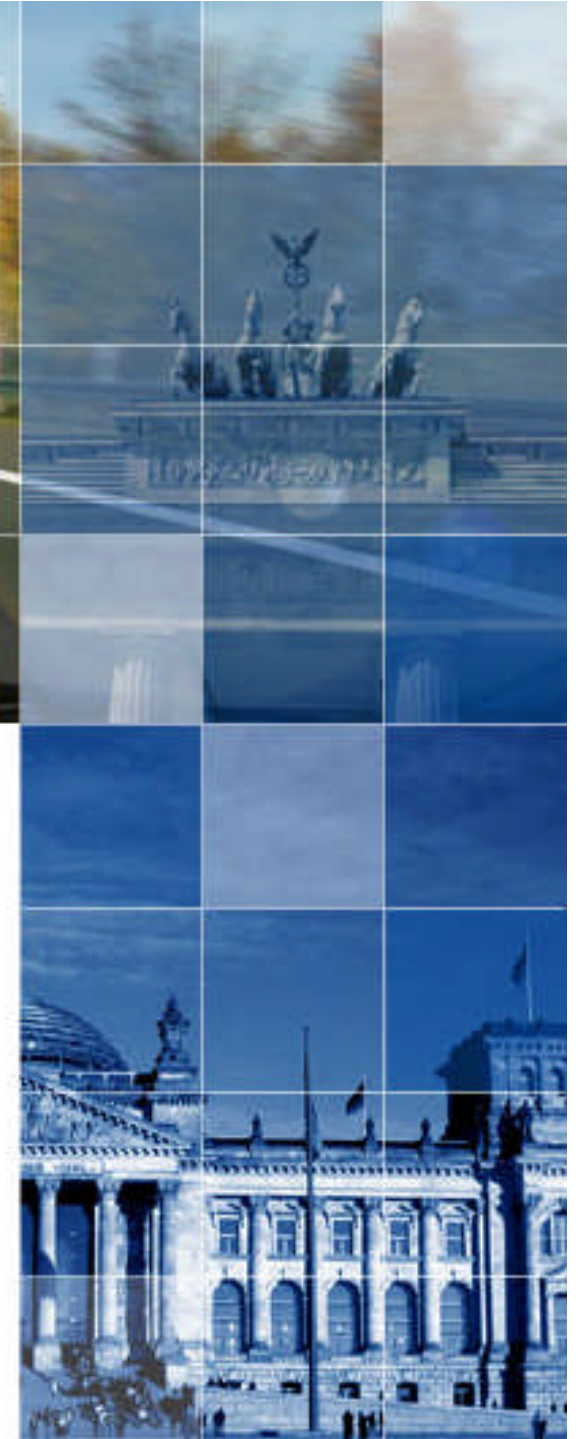
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Berlin from May 3rd – 5th 2006

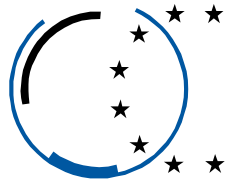


Welcome

Structure and Elements of Future Traffic Safety Work in Europe

Wolf-Rüdiger Nickel, D; Prof. Dr. Lars Åberg, S;
Dr. Pierangelo Sardi, I; Dr. Andrew Clayton, UK





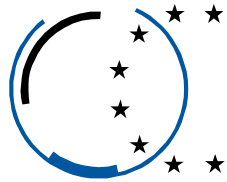
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Structure of the congress

Primary Prevention

- I. Early safety education and training in childhood
- II. Driver training
- III. Risk and accident prevention



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- Why this variety of topics and speakers?
 - Driving is a matter of attitude and behaviour
 - Individual behaviour is shaped early in the individual's biography
 - Focus on those who failed to comply – because of speeding, alcohol, drugs etc. – and offer them a second chance for regaining safe mobility
 - Focus on the elderly to help save their lives and guarantee safe mobility
 - Individual mobility and traffic safety biography extends from kindergarten to the senior's home

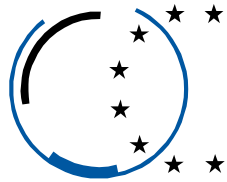


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- Speakers:
- depict European reality and variety
- represent countries which have been underrepresented in the past
- and thus support researchers in those countries
- stimulate communication, comparison and co-operation:
the big **C C C**

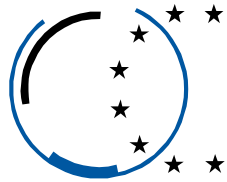


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Secondary Prevention

- I. Driving Under the Influence
- II. Risk Assessment
 - 1 Medical
 - 2 Medical-Psychological
 - 3 Decision Making
- III. Mobility for Specific Target Groups
 - 1 The Elderly Driver
 - 2 Traffic Offenders
 - 3 DUI Drivers



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General

- I. Comparing Traffic Safety in Europe
- II. Criteria for Future Models of Driving Fitness
- III. Quality Assurance

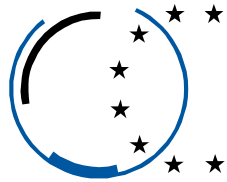


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Goal

- **Present a short selection of findings**
- **Ask questions arising from the presentations**
- **Ask which topics should be dealt with in the future**



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The perspective of the EU

- ⇒ **Reduce number of fatalities by 50% until 2010**
- ⇒ minus 14% from 2001 – 2004 – right track, need to do more
- ⇒ harmonisation: medical checks for professional drivers every 5 yrs
- ⇒ fitness to drive: eyesight, diabetes, epilepsy;
future topics: cardiovascular, psychiatric and sleep disorders:
And, added in the discussion: **psychological/behavioural WG**
- ⇒ alcohol and drugs: rehabilitation measures encountered (e.g. DRUID)
- ⇒ one of the DRUID goals: define strategies of driving bans and rehabilitation schemes



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I. Early safety education and training in childhood :

- ⇒ Understand a child's world, listen to them
- ⇒ Life stages in Road Safety
- ⇒ RSE initiatives work must be focussed, interactive and timed correctly

Driver Training – the Norwegian example

- ⇒ Competence and responsibility:
 - train knowledge and skills, self-insight and understanding of risk
- ⇒ Driver to consider needs of others



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Driver training – the example from Germany

- ⇒ driving instructor cannot detect mental or physical aptitude
- ⇒ Driving instruction and training alone do not prevent drivers from getting a license
- ⇒ Apply simple tests to detect alcohol and drug abuse

III. Risk and accident prevention

Three main threats to traffic safety – the view from Sweden:

- ⇒ Driving under the influence +
- ⇒ Neglect of seat belts: not an attitude problem
- ⇒ Speeding as a problem of attitudes

The cause of speeding: driver's attitudes

The proposal: enhance speed limit compliance



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Enforcement from an ETSC view:

- ⇒ Strengthening Traffic Law enforcement, protecting vulnerable road users, monitoring EU safety policy, high public acceptance
- ⇒ Remarkable enforcement efforts (e.g. Estonia)

The TISPOL view

- ⇒ cross-national road-safety strategy (“educated road users”)
- ⇒ police in lobby process ! / Long distance surveillance
- ⇒ Partnership with Research (e.g. DRUID)
- ⇒ Improve enforcement
- ⇒ Not satisfied, e.g. future finances, too little co-operation with some member states

Examples from Different Countries:

- ⇒ Czech Republic: stressing need for **combined medical and psychological approach**



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Poland:

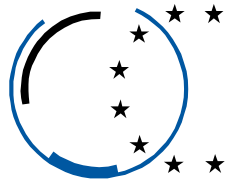
- ⇒ systematic approach to primary and secondary prevention / medical and psychological assessment
- But: Lack of support within the traffic safety domain

Interoperability: the Railway Directive and its Italian roots

- ⇒ stressing the necessity for a joint medical and psychological approach
- ⇒ similarities in train and car drivers need similar approaches

The Point System - the German example

- ⇒ system in effect since 1974
- ⇒ Effectiveness in terms of reducing offences and crashes due to many concurrent measures, not attributable to the point system alone



Secondary Prevention

The Hard Core Drinking Driver:

⇒ Few responsible for majority of serious alcohol-related crashes

⇒ **Stopping the revolving door: Screening, Assessment, Rehabilitation** (e.g. Interlocks as an adjunct to treatment)

Medical Assessment of Risk:

⇒ Define and compute relative risks for all diseases

⇒ The plea for **reasonable rather than minimal** standards

⇒ Test the Relative Risk formula for behavioural problems – demonstrate possible shortcomings



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Psychological Counselling for Drivers:

- ⇒ First step of restoring fitness to drive
- ⇒ Utilise the ban period intelligently
- ⇒ Reinforce acceptance of personal responsibility

Medical-Psychological Assessment – the German example:

- ⇒ assessment and psychological intervention result in improved safety for the public and safer individual mobility of the driver
- ⇒ Assessment conducted by valid expert criteria



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Medical-Psychological Assessment – the Spanish example:

- ⇒ Long tradition
- ⇒ Shortcomings detected: a priori approach insufficient
- ⇒ Harmonisation with other EU countries necessary – threat of abolishing the testing scheme



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III. Mobility for Specific Target Groups

The elderly driver and lifelong mobility:

- ⇒ Age specific deficiencies inevitable
- ⇒ Support safe driving and/or mobility of the elderly
- ⇒ Control for compliance

Driver Therapy:

- ⇒ Driver therapy as a specific individual or group oriented measure contributes to the improvement of road safety
- ⇒ Systematic comparison and co-operation with other European initiatives is sought



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Offence-oriented learning – the Swiss example

- ⇒ Drunk drivers, Swiss racers and Balkan racers
- ⇒ Acquisition of risk-reducing attitudes
- ⇒ Increased integration effort needed

Restoring fitness to drive with legal consequences – a German example

- ⇒ 30 years tradition of rehabilitation courses
- ⇒ Courses are evaluated, quality-managed, accredited, consumer-protected, transparent and offer legal certainty for the driver



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Motivating the young driver – the Austrian example

- ⇒ high risk group because of lack of experience and erroneous self-assessment
- ⇒ psychological training necessary to tackle motivational and cognitive problems and reduce crashes
- ⇒ limited budgets for training courses imply reducing quality

Ignition Interlock Devices in Rehabilitation – the French example

- ⇒ alternative programme for penal sanction, participation voluntary, paid by offender, two day training course
- ⇒ evaluation: successful, few relapses, well accepted



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Physical deficiencies and options for prevention of accidents

- ⇒ Less than 10% of accident causation attributable to vehicle and environment
- ⇒ Stressing the necessity for in-depth analysis of physical causes (criminal, administrative and insurance law)
- ⇒ Traffic medicine contributes to individual justice, legal certainty and equity

Comparing traffic safety statistics in the EU

- ⇒ Is “halving the number of fatalities” a realistic goal?
- ⇒ the law of diminishing marginal utility: there is potential for improvement
- ⇒ Compare the SUN-states to North-Rhine-Westphalia instead of with Germany as a whole



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Future Models for Assessing Fitness to Drive

- ⇒ Ascertaining mobility despite offences, physical deficiencies and ageing
- ⇒ a plea for assessment of the driver on the basis of a pan-European model according to valid scientific standards including accreditation
- ⇒ Adaptation of education and training for medical and psychological experts – implementation of Europe wide rehabilitation programs

Quality Assurance in Driving Licensing

- ⇒ eight years of accreditation experience at BASt, 34 accredited organisations, positive feedback
 - ⇒ accreditation improves quality of services offered
 - ⇒ perspective: accreditation at the European level
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Questions arising

Cost : how can we demonstrate the economic gain of measures and thus stimulate adequate financial support?

Intellectual rigour needed in creating new sources for financing research, development and implementation?



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Future topics

- Cross-national Communication, Comparison and Co-operation on implementation of effective measures
- A number of times combined physical/medical and mental/psychological approaches were recommended – again, this is the Triple-C (CCC)
- Communicate valid models of driver behaviour
- Convince EU member states to stress urgency of implementing a working group of experts on the topic of behavioural problems of drivers: Many of the speakers today have stressed this idea as a means of reducing the number of fatalities in the EU. All of you can make a contribution to achieve this goal.



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And finally....

The program committee for this congress lived through periods of euphoria and of depression. Would it work with such a variety of topics? I listened highly concentrated and with growing enthusiasm – I hope this may also be true for most of you!

Let me thank you for your patience.