

# *Fit to Drive*

4th International Traffic Expert Congress  
Tallinn from June 4th - 5th 2009



Welcome



## „Druid - Second Intermediate Status Report“

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*Fit to Drive*

4<sup>th</sup> International Traffic Expert Congress  
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Università degli studi  
psicologici

## EU 6<sup>th</sup> Framework-Programme

DRUID

18 European Countries

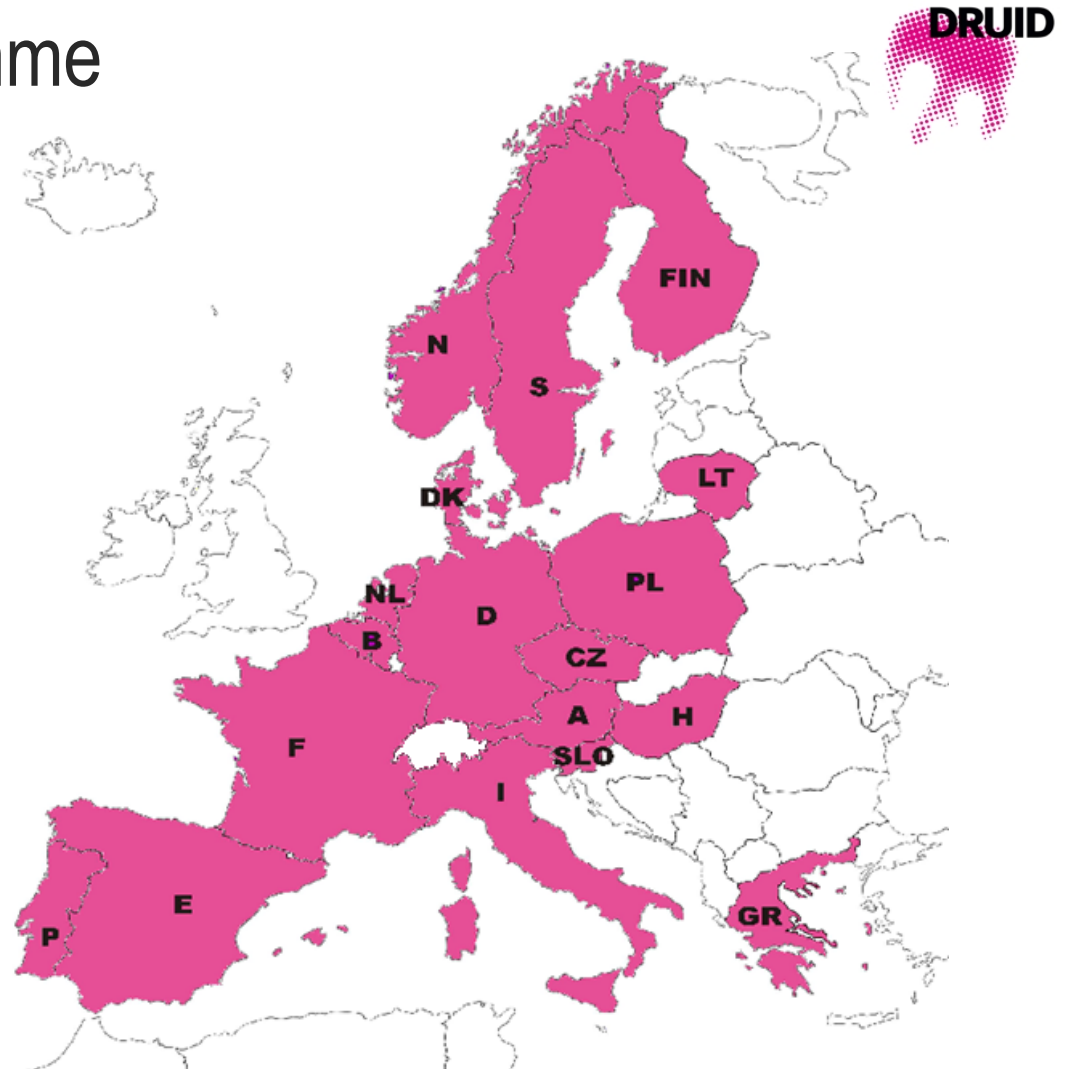
37 Institutions

Start: 15<sup>th</sup> October 2006

Duration: 48 Months

Total Budget: > 24 Mio. €

7 Work Packages





# Work Packages



## 0 – Management

Financial and scientific co-ordination

## 1 – Experimental Research

Recommendation of thresholds for certain psychoactive substances

## 2 – Epidemiology

Prevalence of drug-driving in Europe and risk estimation

## 3 – Enforcement

Evaluation of screening devices to detect drug- driving and training measures for road traffic police

## 4 – Classification

Establishing a classification and a labeling system for medicines affecting driver fitness

## 5 – Driver Rehabilitation

Evaluation of existing rehabilitation strategies and recommendations of „good practice“

## 6 – Withdrawal

Definition of strategies for driving bans

## 7 – Guidelines and Dissemination

Development of guidelines and information materials for the general public and health care professionals

## WP 5 “Driver Rehabilitation”



**WP 5 deals with rehabilitation of substance impaired drivers and aims to...**

- give an overview on the **state of the art on DR**.
- elaborate Europe-wide standards for intervention measures for drivers under the influence of alcohol (DUI) or illicit drugs (DUID) - **good practice**.
- give **recommendations** on how to carry out DR in Europe in future.

## State of the Art on DR



### Results of Literature Analysis

- *DUI/DUID types*: Identified risk-factors for DUI/DUID are related to socio-demographic and traffic-related variables, but also to consumption habits, personality traits and differences in decision-making processes.
- *DUI/DUID assessments*: It exists a broad range of DUI/DUID assessment measures and tools. Country approaches vary widely regarding the criteria, procedures and the link of the assessment with further rehabilitation planning.
- *DUI/DUID rehabilitation*: DUI programmes show an average recidivism reduction rate of 45.5%, but considerable deviations are observable. Research regarding DUID programme effectiveness is lacking.

# State of the Art on DR



## Results of Provider Survey

- The survey revealed that currently at least 47 providers in 12 European countries offer DR services on a regular base.
- In total 87 DR programmes are in use, 53 for DUI offenders, 21 for DUID offenders and 13 for mixed groups.
- Participation in DR programmes is most often legally regulated and often linked to re-licensing.
- Participation is not always mandatory, about half of the programmes are voluntary.
- Addicts are mostly excluded.
- Half of the providers report to have a quality assurance system.

## Good Practice



### Results of a Case-Control Study to Analyse the Reasons for Recidivism of Drivers Who Participate in DR Programmes

- 303 recidivists are compared with a matched control group of 303 non-recidivists
- Risk profile of DUI offenders who might not profit from a DR course:
  - high BAC level or breath test refusal
  - prior DUI offences and consequently longer suspension period
  - habitual drinking pattern and periods of increased alcohol tolerance
  - denial of alcohol-related health problems
  - unrealistic self-perception and self-reflection

## Good Practice



### Results of a Questionnaire Survey to Analyze the Change Processes and Components in DR Courses

- N= 7889 participants of DR programmes from 9 European Countries are included in the feedback study.
- Participants state that DR programmes strongly support their cognitive and behavioural change processes.
- They feel stronger supported in behavioral change processes than in cognitive affective processes.
- Participants' ratings emphasise the important role of the course leader in encouraging such changes.
- 95% of DUI and 90% of DUID offenders assess the DR course as good or very good.

# Recommendations



## Assignment to Driver Rehabilitation

- Legal regulation of DR participation in order to systematically bring offenders to intervention
- Linkage of participation and licensing procedure, e.g. participation in DR as a condition for the reduction of the suspension period or as a condition for license re-instatement.
- Formal criteria for directly assigning DUI/DUID offenders to DR or at least to counselling in order to initiate problem awareness and screen for a severe alcohol or drug problem.
- Driver assessment prior to DR in case of suspicion of addiction in order to match offenders to appropriate treatment.
- Mandatory DR participation for high-risk offenders, repeat offenders and young (novice) drivers.

# Recommendations



## Rehabilitation Options According to Needs of Different Offenders

DUI/DUID offenders are a heterogeneous group and the general rule is: *the intensity of intervention should increase with the severity of the problem behavior.*

- At least two levels of interventions should be provided:
  - a. less intense rehabilitative measures for non-dependent offenders,
  - b. intense (addiction) treatment for dependent offenders.
- European standard group interventions can be recommended as a good practice example for non-addicted DUI/DUID offenders, but DUI and DUID offenders should not be mixed in programmes.
- Information exchange between experts from DR interventions and addiction treatment should be encouraged.

# Recommendations



## European Initiative

WP5 strongly supports a preventive DR concept which is compatible with the overall objective of mobility of European citizens without endangering traffic safety. Therefore...

- DR for DUI/DUID offenders should be an integrated part of a comprehensive countermeasure system against intoxicated driving in Europe.
- in a next working step, European guidelines for legally regulated DR systems and procedures should be established taking the WP 5 results into account.

## Next Steps within DRUID



- October 2009:**
- WP 3** First results in regard of oral fluid screening devices
  - WP 7** Prototypes of media for risk communication, training manuals for physicians and pharmacists
- February 2010:**
- WP 1** First results of experimental studies
- May 2010:**
- WP 2** First results of epidemiological studies