

Alberta Alcohol and Drug Abuse Commission

POLICY ON IMPAIRED DRIVING

November 2005

POLICY STATEMENT

The Alberta Alcohol and Drug Abuse Commission (AADAC) recognises that impaired driving involves the use of both alcohol and other drugs, as well as factors like fatigue and stress. Impaired driving remains an issue of concern despite the progress that has been made in recent years to reduce the number of criminal charges and alcohol-involved traffic collisions. AADAC is committed to working with Alberta Government Ministries and community stakeholders to address impaired driving. AADAC believes that a combination of strategies, including substance use information, prevention and treatment are required to further reduce impaired driving in this province.

CONTEXT

1. Society is more aware and less tolerant of impaired driving. Impaired driving is now viewed almost universally as a serious offence and a behaviour that is socially unacceptable.
2. The *Criminal Code of Canada* sets the impaired driving limit at a blood alcohol content (BAC) of .08 (80mg/100ml). Most provinces have set a lower limit at which a driver's license can be suspended (.04-.05). The Alberta Administrative License Suspension program allows for an immediate 24-hour suspension for drivers with a BAC of .05 and a suspension of three to six months for those with a BAC of .08 or higher.
3. Over the past 15-20 years there has been a consistent decline in impaired driving incidents and collisions in Alberta. The proportion of drivers in fatality or injury collisions involving alcohol decreased from 9.9% in 1989 to 5.0% in 2004. License suspensions resulting from an impaired driving conviction declined 63%, from 17,160 in 1988/89 to 6,308 in 2003/04. In 2002, 10,186 Albertans were charged with impaired driving (417 per 100,000 population). The rate of impaired driving charges has decreased each year since 1992, and although this is a positive trend, Alberta continues to have one of the highest offence rates in Canada.
4. Impaired drivers are a diverse group. Programs designed for first-time offenders may not be appropriate or effective for repeat offenders. Best practice recommends all remedial programs include education concerning alcohol use and traffic safety, assessment of substance use and driving behaviours, strategies to avoid driving while impaired, and therapeutic interventions for higher-risk offenders. Studies confirm that remedial programs for convicted impaired drivers positively influence knowledge, attitudes, recidivism, involvement in traffic collisions, alcohol use and health status.

5. In recent years the issue of repeat offenders has received considerable attention. Research shows that repeat offenders contribute disproportionately to the impaired driving problem and are often frequent and heavy drinkers who are highly resistant to traditional impaired driving countermeasures (e.g., fines, suspensions and other punishments used as a general deterrent, prevention messages). Changes to federal legislation that targets this group of offenders includes consideration of high BAC levels when determining sentencing and conditions of probation.
6. Although a variety of strategies have been developed to address impaired driving, the emphasis has been on legislation and law enforcement (e.g., BAC laws, administrative suspension, roadside sobriety checks). Other approaches, such as public education, server intervention training and designated drivers programs have also been important. Not all countermeasures have been adequately evaluated, but there is accumulating evidence that individually, and together, these strategies are effective in reducing alcohol-related traffic collisions and impaired driving incidents.
7. Drug impaired driving has become an issue of increasing public concern. Illegal, prescription and over-the-counter drugs all have the potential to impair driving ability. Although research in this area is limited, Canadian studies show that 10% to 32% of fatally injured drivers are drug-impaired. The drugs most commonly present are cannabis, benzodiazepines (tranquillizers) and cocaine. Self-reports of driving within two hours of using cannabis range from 1% in general population surveys to 30% in student surveys.
8. Legally accepted standards of impairment for drugs other than alcohol have yet to be determined. Current drug tests can identify that an individual has consumed a particular drug, but these tests cannot determine exactly when the drug was used, how much was used, or how the drug is affecting the user. .
9. In British Columbia, most US states, Australia, New Zealand and some European countries the Drug Recognition Expert (DRE) program is being used to assess driver impairment due to drugs other than alcohol. This program incorporates standardized field sobriety tests and accepted medical techniques to identify the presence drugs. Evaluations of the DRE program indicate that when conducted consistently and by trained officers, assessments are accurate in 80% to 90% of cases.
10. Options available in Canada to deal with individuals who engage in drug-impaired driving are similar to those for alcohol-impaired driving; criminal and administrative sanctions including fines, driving prohibition, license suspension, vehicle impoundment, incarceration, and mandatory remedial treatment.

PRINCIPLES FOR ACTION

Information

AADAC will provide current and accurate information about the risks and consequences of substance use. This will include information about the impairing effects of alcohol and other drugs on an individual's ability to operate a motor vehicle, and on the legal consequences related to impaired driving.

Prevention

AADAC will deliver quality prevention programs and services targeting individuals, families, and communities. AADAC's prevention messages contribute to increased responsibility with respect to the use of alcohol and other drugs, and can therefore help reduce the incidence of impaired driving.

The Commission also supports the development and implementation of prevention initiatives that focus on those segments of the population that disproportionately contribute to the impaired driving problem (i.e., repeat impaired drivers).

Treatment

AADAC provides programs and services that help people to improve or recover from the harmful effects of alcohol and other drug use. Treatment is available to all Albertans.

While AADAC does not deliver programs specifically for impaired drivers, clients have access to a range of treatment services. Impaired driving may be one area addressed in treatment planning and may involve referral to an outside program or service.

Harm Reduction

AADAC is committed to reducing the harms related to alcohol and other drug use. The Commission recognises that individuals will continue to use alcohol and other drugs despite best efforts to prevent this behaviour. AADAC supports initiatives that provide alternatives to driving while impaired, such as designated driver and server intervention programs.

Legislation and Regulation

Legislation and regulation should be used to reduce impaired driving and improve traffic safety. Legislation must be effectively communicated, consistently enforced and supported by sentencing, probation and remedial measures for first-time and repeat offenders.

Joint Initiatives

A wide spectrum of groups are involved in addressing impaired driving. AADAC will continue to work with individuals, other government agencies, the beverage and hospitality industries and community action/advocacy groups to reduce impaired driving the harms related to alcohol or other drug consumption.

Research

Research into alcohol and other drug problems such as impaired driving should be conducted on an ongoing basis. Timely dissemination of research results should occur in an effort to advance knowledge and improve service delivery.

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