THE WINSTON CHURCHILL MEMORIAL TRUST OF AUSTRALIA

IMPROVING AUSTRALIA'S RESPONSES TO RECIDIVIST DRINK DRIVING.

A Report by:

Kerry P Fitzgerald
2002/2 Churchill Fellow

Sponsored by:

© 2005
PUBLICATION DETAILS

This Report has been written by:

Kerry P Fitzgerald  BA, M Corp Law
GPO Box 46
Calwell ACT 2905
PH: 02 6121 9106
Email: kerry.fitzgerald@dewr.gov.au

I understand that the Churchill Trust may publish this Report, either in hard copy or on the internet or both and consent to such publication.

I indemnify the Churchill Trust against any loss, costs or damages it may suffer arising out of any claim or proceedings made against the Trust in respect of or arising out of the publication of any Report submitted to the Trust and which the Trust places on a website for access over the internet.

I also warrant that my Final Report is original and does not infringe the copyright of any person, or contain anything which is, or in the incorporation of which into the Final Report, is actionable for defamation, a breach of any privacy law or obligation, breach of confidence, contempt of court, passing-off or contravention of any other private right or of any law.

Finally, the views and recommendations contained in this Report are those of the author, not necessarily those of the Churchill Trust, the NRMA ACT Road Safety Trust or the Australian Government Department of Health and Ageing.

Signed:  Dated:

Kerry P Fitzgerald  2005

(Authorised for electronic transmission)
# TABLE OF CONTENTS

**IMPROVING AUSTRALIA'S RESPONSES TO RECIDIVIST DRINK DRIVING**..........................1

- PUBLICATION DETAILS .........................................................................................2
- TABLE OF CONTENTS ..........................................................................................3
- ACKNOWLEDGEMENTS .........................................................................................4
- RATIONALE AND RECOMMENDATIONS ...............................................................5
- CHAPTER 1 THE EVIDENCE FROM OTHER COUNTRIES .....................................8
- CHAPTER 2 INNOVATIVE PROGRAMS ..................................................................21
- REFERENCES ........................................................................................................25
- APPENDIX 1 PROGRAM .......................................................................................29
ACKNOWLEDGEMENTS

I would like to thank the members of the Churchill Trust for their support for the Fellowship and the production of this Report. Thanks especially to Ms Meg Martin.

This Fellowship was sponsored by the NRMA ACT Road Safety Trust and I would also like to acknowledge the support of the Trustees, in particular Professor Don Aitken, and the Trust Manager, Mr Eddie Wheeler. Mr Robin Anderson, former Road Safety Manager of the ACT, and Ms Allison Sewell of the Australian Government Department of Health and Ageing, and Mr Ken Smith, Vice-President of the Australian College of Road Safety all provided valuable referees reports to enable me to obtain this Fellowship. Thank you all.

The Alcohol, Substance Misuse and Injury Prevention Section in the Drug Strategy Branch of the Australian Government Department of Health and Ageing were extremely supportive of my Fellowship and it would not have been possible without this support.

Finally, without the many researchers, practitioners, police and officials from New Zealand, the United States of America, Canada, England and Sweden who took the time to meet with me and work with me, this Report would not have been written.

I hope that the information contained in this Report is useful and will be considered in the development of policies and procedures in the ACT to combat recidivist drink driving more effectively.

Kerry P Fitzgerald  
2005
RATIONALE AND RECOMMENDATIONS

Australia is a world leader in deterrence based responses to drink driving. However, as in other countries, hard-core recidivist drink drivers in Australia have not responded to deterrents such as random breath testing, or higher penalties (Smith 2003). Drink driving behaviour causes a huge burden on the health system in Australia through deaths and injuries. It results in approximately 550 deaths per annum in Australia. Of these, about 180 are caused by recidivist drink drivers. Therefore other responses are required to address the behaviour of this group.

Research suggests that this group of repeat offenders does not respond to the deterrence approach to drink driving because their behaviour is normative within their social group (Smith 2003). This behaviour attracts social rewards such as approval and encouragement by their peers. In addition, the group confers status on those who are successful in avoiding detection. Random breath testing in the ACT is seen by this group, as predictable and easily avoided. This view assists in perpetuating the behaviour. Some repeat offenders believe they are capable of driving safely while intoxicated. This includes some of those who have had crashes while drink driving. Detection, arrest and punishment for drink driving are seen as bad luck.

This Churchill Fellowship was awarded to enable the researcher to examine innovative programs and sanctions for drink drivers in five overseas countries and to make recommendations for the ACT and Australia. New Zealand, the United States of America, Canada, England and Sweden were chosen for a variety of reasons which differed with each country. For example, every State in the United States of America has a higher blood alcohol limit (BAL) than Australia, detection is more difficult because of their use of sobriety checkpoints rather than random breath testing operations, and it is much harder to obtain a conviction due to both their laws and their legal system. However, once convicted, a more comprehensive range of sanctions including both treatment and incapacitation is used to deter further offences. By comparison, Australia has a limited range of sanctions. These mainly rely on fines, loss of licence, education / rehabilitation programs and in extreme cases, jail. Despite the introduction of alcohol ignition interlocks over ten years ago in South Australia, and legislation allowing these in several other States in recent times, the use of interlocks is still in its infancy in most Australian States and is not a standard form of punishment.

While the BAL in New Zealand is also higher than in Australia (0.08 and 0.05 respectively), automatic roadside licence suspension and vehicle impoundment are used to target recidivists. Canada also has a national limit of 0.08 which is enshrined in the Criminal Code, but individual provinces have an administrative limit of 0.05. Sweden is one of the Scandinavian countries which have led the world in the deterrence-approach to drink driving. It has a national BAL of 0.02.

Chapter 1 of this report provides an overview of the evidence from other countries and a discussion on how these differ to the ACT and Australia. Details of
innovative programs are provided in Chapter 2 and recommendations made for the consideration of these for the ACT. A list of the Recommendations provided in this report follow:

**RECOMMENDATIONS**

**Legislation**

1. Legislation to approve the use of Alcohol Ignition Interlocks in the ACT as a sentencing option for recidivist drink drivers should be enacted and implemented in the near future.

2. The fitment of the Interlocks should not be dependent on the offender first serving a period of licence suspension or cancellation (known as ‘hard suspension’) but be fitted immediately after sentencing.

3. Legislation to enact the compulsory carriage of licences should be introduced and policed in the near future.

4. Current ACT Legislation allows Magistrates the option of sentencing an offender to a drink driver education course. It is essential that such courses be based on current best evidence for behaviour change and include an emphasis on rehabilitation. It is recommended that a review of these be conducted.

**Court System**

5. A system should be established and maintained which will ensure that everyone who comes before the courts for drink driving will be assessed by the Court Alcohol and Drug Assessment Service (CADAS) and the treatment options followed through. Where an offender is assessed as needing a specific type of treatment, this should be mandatory. The use of intensive supervision for drink driving offenders through the court system is recommended.

6. More options for sentencing recidivist drink drivers should be available to the courts. These may include random breath and drug tests, weekly or fortnightly meetings with parole officers, victim impact panels and ignition interlock devices.

**Enforcement Strategies**

7. Intelligence gathering projects such as the Last Drinks Survey (LDS) should be implemented to gain a greater understanding of the potential to target enforcement activities. These surveys should include, but not be limited to those apprehended for drink driving. The study should also include a method to survey the more experienced drink drivers who are more able to avoid detection and less likely to be caught.

8. Strategies to target recidivists through enforcement should be considered, including projects such as Operation Caspar, Enhanced Alcohol Intelligence Project and a High Risk Offenders Scheme.
Program Initiatives

9. Consideration should be given to trials of innovative programs which specifically target recidivists. Those programs for which the evaluations show a positive improvement, should continue.

10. The use of a Community Based DUI Systems Improvement Initiative could be considered for the ACT.

11. A comprehensive analysis of the processing of drink drivers through general deterrence strategies, the criminal justice system, including the treatment systems is recommended to identify any gaps or system improvements required.

12. The use of the Canadian Inroads Program for repeat offenders which uses an integrated system and multi-faceted approach should be examined for the ACT.

Screening and Treatment Strategies

13. The use and extension of screening and brief interventions (SBI) for alcohol in emergency departments in the ACT is recommended.

14. The use of regular medical testing for alcohol dependence should be considered as a part of court mandated treatment programs.

Gwinnett County Sheriff’s Office. Sobriety checkpoints
CHAPTER 1 THE EVIDENCE FROM OTHER COUNTRIES

INTRODUCTION

Australians love to drink. The use of alcohol at weddings, coming of age parties and other celebrations or bereavements recognises alcohol's social importance as a seal on proceedings and its integration into Australian culture. Alcohol is associated with sport, including watching, participating and sponsorship, and is accepted as 'currency' through its use as payment for help between friends, and as an acceptable gift. Drink driving is not a phenomenon which is unique to Australia.

The need to improve Australia's responses to recidivist drink driving is acknowledged in the National Road Safety Action Plan 2005 and 2006 (Australian Transport Council 2005). It recommends strategies such as enhancing drink driving deterrence including achieving the best combination of general deterrence and effective targeting of particular locations and times; promotion of the more extensive use of alcohol ignition interlocks; promotion of drink driving rehabilitation courses and to consider vehicle sanctions such as immobilization or confiscation. Many of these strategies have been in use in overseas countries for some time.

Australia's response to the issue of drink driving is based on what is known at the Scandinavian approach or the deterrence-based approach. It combines strict laws including per se legislation\(^1\), relatively severe penalties, and proactive police enforcement known as random breath testing (RBT).

In contrast to Australia, random breath testing is not permitted in the USA because the 4th Amendment of the Constitution states that a search or seizure may occur only if a warrant has been issued and the search or seizure must be the result of probable cause. Most states in the USA operate sobriety checkpoints, which involves stopping all drivers to observe their behaviour. If the police offer suspects that the driver is intoxicated, a series of field tests is conducted. If the driver fails these, he or she is arrested.

Similarly, there are differences in the variety and numbers of punishments imposed across the countries visited. Some, although not all countries had alcohol ignition interlocks and the research from these countries should inform the implementation of interlocks in the ACT; the use of co-ordinated approaches to punishment/rehabilitation is also used in some countries and this is strongly recommended for the ACT. This includes an individual, comprehensive and targeted approach which balances deterrence and rehabilitation.

In order to provide a comprehensive Report, issues which were similar to Australia are not discussed in detail in this Chapter. More information on specific issues can be obtained from contacting the author at the address given at the beginning of the report.

\(^1\) The presence of alcohol over the prescribed limit is sufficient for an offence to be proven. It is not necessary to demonstrate intent.
LAWS

Scope
This section outlines and discusses the differences in laws between the ACT (and by inference Australia) and the countries visited. It does not include a comprehensive list of laws for each country, but rather concentrates on the areas of difference. It is provided as a point of reference to discuss recommended changes to the ACT laws.

New Zealand

1969 the Government introduced a scientific test making it illegal to drive with more than a stated level of alcohol in a driver's blood;

1972 blood alcohol testing was introduced for accident victims taken to hospital;

1978 evidential breath testing was introduced and the legal blood alcohol limit (BAC) was lowered from 100 mg/100 mL to 80 mg/100 mL;

1993 Compulsory Breath Testing (CBT), (known as Random Breath Testing in most countries) was introduced;

1999 vehicle impoundment was introduced for certain types of offending drivers eg driving while disqualified - 28 days impoundment, $350 storage fee

mandatory carriage of licence introduced

2002 vehicle confiscation introduced

Mandatory carriage of licence and roadside licence suspension and vehicle impoundment came into effect in New Zealand in May 1999. A mandatory suspension of 28 days is given to drivers who have a BAC exceeding 0.16 or who refuse to be tested. These drivers will also have their vehicles impounded for 28 days if they are subsequently caught driving while suspended. Mandatory carriage of licence, roadside licence suspension and vehicle impoundment are not in effect in the ACT. The mandatory carriage of licence was introduced into legislation in 1999 but this section did not pass. Mandatory carriage is law in NSW and has been shown that when combined with random breath testing operations, is a significant disincentive to unlicensed driving (Job et al 1998). It has also been shown that many recidivists drive while unlicensed and drink drive while unlicensed (Smith 2003). It is therefore strongly recommended that the introduction of mandatory carriage of licence be introduced in the ACT.

Repeat drink drivers in New Zealand (defined as three or more offences, face a maximum prison sentence of up to two years or a maximum fine of $6,000 and a mandatory disqualification of at least one year. Indefinite disqualification and attendance at an alcohol and drug assessment centre may be ordered by the courts. The New Zealand Sentencing ACT 2002 provides that courts must confiscate the vehicle of a driver when he or she has previously been convicted of drink or drug related driving offences on two occasions within four years. The
vehicle is sold to pay costs and any remaining funds are returned to the owner. This combination of vehicle impoundment/confiscation with mandatory carriage of licence has been very successful for serious repeat offenders, with a reduction in disqualified-driving offenders by 38%. The sanctions have resulted in a 34% reduction in the number of convictions of disqualified driving by drink driving offenders (New Zealand Police data base 2003).

While the use of impoundment and confiscation appears to have some merit, there are also significant problems and expense with its use. It is unlikely that this option would be effective in the ACT given the cost of administering such a scheme in a small jurisdiction. In addition, this scheme is dependent on the availability of a comprehensive public transport system.

Alcohol related motor vehicle crashes resulted in 16,653 deaths and more than 300,000 injuries in the US in 2000 (CDC 2002). Forty-four States in the US have a 0.08 BAL, the remaining States have a BAL of 0.10. The introduction of a 0.08 BAL is tied to Federal Highway funding whereby the funding is dependent on the States enacting legislation for the lower limit. This differs to the Australian experience where the jurisdictions worked cooperatively to have nationally consistent drink driving legislation including the BAL. Federal US law tied to the introduction of 0.08 legislation also mandated a one-year 'hard suspension' prior to the fitment of an alcohol ignition interlock for offenders. This has proven to have a detrimental effect on reducing drink driving as many offenders continue to drive while unlicensed. This issue is discussed further in the section on punishment. In addition, some States are reluctant to pass the legislation before 2007, which is the deadline before penalties will be imposed on the States that have not implemented the legislative requirements. However, if the States delay but comply within the deadline, all the highway funding is reinstated. This factor is a disincentive to the early adoption of the legislation.

While the average age for a driver to obtain a licence in the US is 17 years, the minimum drinking age for most States is 21 years, thereby theoretically separating the drinking from the driving. The minimum drinking age is also tied to Federal funding.

Canada has a BAL of 0.08 in the National Criminal Code but Provinces also include 0.05 in the provincial codes. While Canada also uses a system of random stopping for breath testing, it does not have the legislation to administer field sobriety checks. Canada has mandatory carriage of licence but this is generally not used. Automatic licence suspension is used however the records are not included in drink driving statistics. Canada has a system of reciprocal convictions with the US for drink driving. This is particularly important at the cities and towns near the US/Canada border. However this has caused problems for Canadians with drink driving convictions because these are under the Criminal Code and with the new security procedures in place, these Canadians are no longer permitted into the US.

In Montreal, in the province of Quebec, two corporate road blocks sobriety checkpoints are held each year and are highly publicised. The Montreal police do
not specifically target recidivists. The province of Prince Edward Island (PEI) has a population half that of the ACT, however the death toll is approximately double that of the ACT, making a four-fold rate of deaths per head of population. The road conditions are not similar, with divided carriageways being rare, few sealed shoulders and the roads being covered in snow for five months of the year. Unlike the ACT roads, PEI roads include little margin of error for impaired drivers. Recidivists are targeted through enforcement and vehicle impoundment. Specific programs implemented to target recidivists and reduce the rate of deaths and injuries are provided in this report.

Sweden is one of the Scandinavian countries which exemplifies the deterrence based approach to drink driving, and has a national BAL of 0.02. It has a world renowned policy of Zero Tolerance in drink driving.

**Discussion**

New Zealand does not currently use alcohol ignition interlocks. ACC fund the booze buses. Mandatory carriage of licences has made it easier for police to identify and deal with those driving while disqualified. Automatic licence suspension for 28 days is also in use for those exceeding the speed limit by more than 50 km/h and those with a BAC of 160 mg/100 ml (.16) or over. The Land Transport Safety Authority proposed that the current BAL of 0.08 mg/100ml be lowered to .05 under the draft 2010 National Road Safety Strategy. However this was not supported by the Parliament. The Strategy also proposed the introduction of interlocks and these are being considered for implementation.

**DETECTION**

In a report to the New Zealand Police on the efficacy of drink driving enforcement programs, Moloney (2002) argued that while the deterrence-based CBT operations were highly successful in larger cities, detection should be the primary strategy in rural areas through enforcement, including targeting problem locations, mobile breath testing all drivers on the move, and actively targeting repeat offenders. It is suggested that this strategy should also be applied to the ACT. Detection, rather than deterrence per se, needs to be the focus for recidivist drink drivers (Smith 2003). Moloney (2002) also recommends profiling all alcohol-impaired offenders through the use of a Last Drinks Survey (LDS) to gain a greater understanding of the potential for further targeting enforcement, advertising and strategic planning. It would also be useful in identifying and targeting problem licenced premises.2

The Royal Canadian Mounted Police (RCMP) share responsibility for traffic enforcement with local provincial police. On Prince Edward Island, while checkpoints are used, the RCMP and the provincial police need a just cause to seek a breath test. If the stop and test is ruled as illegal by the courts, then the

---

2 NOTE: this method is able to provide additional information, but relies on the information provided by those who are caught. Potentially more useful information may be obtained from the more experienced drink drivers who are less likely to be caught. A methodology to obtain this information should ensure that it includes both categories of offenders.
evidence is inadmissible. Forty-five per cent of single vehicle crashes are alcohol related. Recidivists are targeted and monitored in a variety of ways. The general public often assists with providing information on the movements of known recidivists (it is a small community) and RCMP members will be assigned to a particular person to try to apprehend him or her. In addition, RCMP members are likely to remember specific cars and people and will observe these.

In Sweden, police deliberately target recidivist through intelligence-based policing. This strategy concentrates on specific rather than general deterrence, however the general deterrence strategy of random breath testing operations is still used. Research in Sweden has found that an increase in the number of breath tests of 100,000 a year results in 3-4 lives being saved.³

In England, the police target locations rather than individual recidivists and react to complaints from the public. The policy is the application of general deterrence. Random breath testing is not permitted and little if any publicity is done by the police to deter drink driving behaviour.

CERTAINTY OF CONVICTION AND PUNISHMENT

There are a number of difficulties in the US with ensuring that drink drivers are convicted. These include:

- Sobriety checkpoints in the US are sometimes prohibited by legislation. This occurs in Texas for example.
- Once a person is arrested, it can take up to two years for a case to come to court. This does not support deterrence theory which states, in part, that punishment should be swift.
- Plea bargaining appears to be common due to heavy case loads, and is available at any time in the process from the time of arrest. It is possible, for example, to plea bargain a .16 BAL down to a .08.
- After arrest, the prosecutor determines whether or not to proceed to court. In addition, the judge also has the option of sending the offender to trial or to drop the case.
- The DUI Defense Bar in the US is made up of lawyers who are dedicated to prevent drink drivers being convicted.⁴ It is common for these lawyers to advise clients to refuse to take a breath test.⁵ In such situations the drink driver will be arrested, but the case often fails when it comes to court because of a lack of evidence. In another example, evidence tendered by the arresting officer regarding the driver’s observed behaviour and failure to pass the sobriety tests

³ Cited by Dr Hans Laurell – Personal communication.
⁴ See for example www.duiquy.com and www.ga-drunkdrivinglawyer.com/ and www.drunckdrivingdefense.com/
⁵ I witnessed this first hand during a sobriety checkpoint outside Atlanta in the US. The police commented that the experienced drink drivers usually phone their lawyers while still in their cars in the queue waiting for the initial screening test.
is also strongly contested in court. Again, this negates deterrence theory whereby the application of punishment should be certain.

- In Massachusetts for example, there is a 71% refusal rate for breath testing and charges for refusal do not occur.
- The State of Georgia currently has a Bill before the Senate which allows those who refuse a breath test to be charged with refusing to provide a breath or blood sample. Over 45% of suspected drink drivers in Georgia refuse to be tested (Governor's Office of Highway Safety 2003, Georgia General Assembly 2003).
- Often offenders are not charged if they are taken to hospital. If an offender has been drinking and driving, the insurance company will not pay for medical treatment. Hospitals are therefore reluctant to collect evidence / blood because if it is positive, the hospital won't get paid. Only 5 States out of 50 have laws which require hospitals to test all patients injured in a motor vehicle crash. Thirty States must do so for fatal or serious injury crashes. However, the person who performs the test must attend court to give evidence, further lessening the likelihood of compliance.

It should be noted, however that a systematic review of published studies on the effectiveness of sobriety checkpoints found them to be effective in reducing crashes, injuries and deaths (CDC 2002).

Voas (2003) also outlined the challenges of obtaining convictions, imposing and maintaining effective sanctions which occur throughout the criminal justice system in the US. While some issues are not relevant to Australia, the paper is recommended as a template for such a discussion of the system in place in the ACT.

Canada experiences similar issues in relation to obtaining convictions. As well as issues regarding the quality and quantity of evidence needed to obtain a conviction. Prosecutors for example, recommend the use of validated sobriety tests (for example the Standardized Field Sobriety Test), administered according to protocol to improve the strength of the evidence. In addition, as in parts of the USA, Canada also has issues with test refusal. Only one jurisdiction, Quebec, makes it an offence to refuse a test. While offenders may still be prosecuted, it is more difficult to obtain a conviction. In Australia by contrast, test refusal is an offence in itself with penalties commensurate with a positive test result.

New Zealand on the other hand, is similar to Australia in that once a drink driver is detected and the evidence is provided, it is unlikely that the person can avoid being convicted and punished.

In Sweden, only 35% of convicted drink drivers get a prison sentence. Of these, few attend as the prison sentence is converted to home detention. In the more serious injury crashes, the judges cite delays in the court system as a reason for handing out more lenient sentences, referring to the fact that the offender is generally in treatment by the time the court case is heard.
TYPES OF PUNISHMENT AND APPROACHES

Punishments given for drink driving may have several objectives – retribution, incapacitation, special and general deterrence, rehabilitation, restitution and program financing (NHTSA 1996). Treatment for alcohol problems which manifest in drink driving is critical and should form part of the overall sentencing strategy.

A number of different punishment types and punishment approaches are available in the countries visited. These are detailed below and suggestions made for their applicability in the ACT.

Roadside Licence Suspension

As previously noted, New Zealand has had success with roadside licence suspension when used in conjunction with compulsory carriage of licence and vehicle impoundment. The United States and Canada also operate a similar scheme called the Administrative Licence suspension (ALS). It applies at the roadside to everyone arrested for drink driving.

Vehicle Confiscation and Impoundment

Vehicle confiscation is where a car is seized and sold and the proceeds are used to pay the offender’s fines. Vehicle impoundment is where a car is impounded for a given period, at the expense of the offender.

The use of vehicle impoundment in New Zealand and the US has had limited success in the effectiveness of incapacitating the drink drivers. The offender may borrow, rent or steal a different vehicle. The offenders’ vehicles are often very old and there is therefore little incentive to pay the fines or cost of impoundment. As a result, the authorities are finding that the companies administering the scheme are being left with numerous old cars. This makes the program unprofitable for the operators.

Similarly, the National Highway Traffic Safety Administration (1996) reports that the US has the same problems with vehicle confiscation. While vehicle confiscation laws are widespread in the United States, the courts have been unwilling to impose them. All Canadian jurisdictions with the exception of Quebec have some version of a 12 or 24 hour immediate roadside administrative licence suspension. Half of these record this suspension on the driver’s record. For BACs over 0.08: most jurisdictions have a 90 day suspension.

Alcohol Ignition Interlocks

Interlocks (or alcohol ignition interlocks) are a device which is fitted to a car’s ignition and requires a zero breath test for the car to start. Interlocks bypass the motivational problems of deterrence-based and educational approaches and have been found to be effective with multiple alcohol offenders. Recent evidence of the effectiveness of interlocks is that they are effective in reducing recidivism by 50% to 90% (Voas 2003). Increasing technological advances mean that they are reliable and difficult to circumvent. However, the supervision of both the offender and the use of the equipment is critical (Freeman 2003).
The National Road Safety Strategy Action Plan 2005 – 2006 states as one of its actions to ‘Promote more extensive use of alcohol interlock programmes to change the behaviour of repeat offenders’ (ATSB 2004).

The ACT is currently discussing the possibility of having an interlock program. NSW program is underway although my understanding is it has a period of licence disqualification – or hard suspension prior to them being offered to the offenders – and there are issues with uptake by the Magistrates. The RTA is discussing options to improve this.

Queensland has conducted trials and recommendations from these include them being combined with rehabilitation programs. SA was the first State to introduce these however the uptake has been low. I understand the Transport Minister recently visited NHTSA in the USA to discuss methods of improving their program. Tasmania are not currently considering any implementation of the interlock program. Victoria is in the early stages of implementation.

WA have had a comprehensive range of measures to reduce recidivist drink driving before their Minister and Cabinet for some 10 months. This package includes compulsory carriage of licences and does not include a hard suspension period. It is combined with rehab programs and proactive monitoring of offenders.

A significant proportion of interlock programs in the US and in Canada are administrative rather than judicial. Instead of being imposed by the courts, they are imposed by the licence regulator at the application for licence reinstatement. However research suggests that a significant proportion of drink drivers do not attempt to renew their licence because they have continued to drive unlicenced without being detected.

Current estimates in the US are that less than 10% of hard core offenders are in interlock programs (Voas 2003). Dr Voas of the Pacific Institute of Research and Evaluation suggests that in order to ensure the uptake of and the adherence to interlock programs, a harsher sentencing alternative has to be available. This would include either jail or house arrest. While there was an initial push in the US by the victim advocacy group Mothers Against Drunk Driving (MADD) for a custodial sentence for drink driving offenders, the US jails are overcrowded and the punishment is expensive for government. MADD notes that the symbolism of jail is important to the public. Jail is thus useful as a ‘stick’ to encourage the use of interlocks.

During 2001, US Federal law made it a requirement that States impose the use of interlocks for the second offence. The States could do this is one of two ways: either giving the power to judges to impose, or assign the fitment of interlocks to the motor vehicle departments as an administrative requirement for the reinstatement of a licence. The use of the courts to impose interlocks as a punishment has been largely unsuccessful. This is due to the issue of judges preferring discretion in sentencing. As noted, the use of administrative law to impose interlocks has also been less than successful as up to 80% don’t reinstate and drive unlicenced. As in Australia, an unlicenced driver is also an uninsured
driver. However Australia uses a nominal defendant system which ensures that a person who is injured by an unlicenced driver has access to compensation through the courts. This is not the case in the US.

Interlocks have been mandatory in Sweden since 1999 and are imposed for two years irrespective of the period of licence suspension or revocation. The record of successful and unsuccessful attempts to start the car is closely monitored. In addition, offenders have to have a medical check every three months while on the program and in the second year, have to demonstrate normal liver enzymes to establish that they are no longer alcohol dependent. Sweden does not impose a ‘hard suspension’ period before the fitment of interlocks. This avoids the negative social consequences of being without a licence. This program is currently being evaluation, but preliminary results show a 30% drop out rate, but fewer crashes in the group fitted with interlocks. In addition, those in the interlock program have less sick days and their liver enzymes differ to those who are not in the program. Sweden is considering the introduction of mandatory interlocks for all public transport and dangerous goods transportation.

**Drug and DUI Courts**

An excellent example of Drug and DUI courts is that of Judge William F Todd Jr. Judge Todd of the State Court of Rockdale County Georgia, presides over a Traffic Court, and is nationally recognised for his DUI Sentencing Program and this program is being adopted as a model across the US. An evaluation of Judge Todd’s program found that it was more effective in reducing recidivism than a sentencing program which imposed the minimum sanctions (Jones and Lacey 1998).

His work is based on a holistic approach to the nexus between risky driving and alcohol dependence and incorporates both deterrence and rehabilitation. He advocates a mixed approach to treatment and punishment, aggressive probation and strict research and record keeping and consistency in sentencing. Recent evidence supports this approach. Intensive supervision of recidivist drink drivers appears to be an effective means of reducing recidivism (Lapham et al 2005).

Judge Todd employs a range of punishments which balance flexibility with severity such as fines, house arrest or work release, random breath and drug tests, frequent meetings with a parole officer, community service, alcohol and drug assessments, victim impact panels, AA meetings and ignition interlock devices. For example, fines can be worked off by litter removal at the convenience of the offender. His sentences almost always include some time in jail, usually up to two weeks, however he staggers the jail time to ensure that offenders are able to keep their jobs. He ensures that treatment programs and community service programs are close to where a person lives to minimise violations. Each sentence is specific to the individual offender. A typical example of a sentence for a drink driver is detailed below. Judge Todd is of the view that frequent contact is important and ensures that in addition to the range of punishments given, the offenders report fort nightly to the court officials where their progress is monitored.
I was able to spend a day with Judge Todd in his court room. One example of his sentencing style is of a lady in her late 20s who was a partial paraplegic in a wheelchair, but who was able to drive a modified car. She was charged with having a .144 BAC, speeding, dangerous driving, having an open container of alcohol while driving, and failing to stop for police. When arrested, she had slurred speech, red eyes and had 6/6 validated clues to alcohol. She had been drinking at a local bar. It was her third arrest for drink driving and her disability was the result of a separate crash where she was acting as a designated driver and fell asleep at the wheel. Her sentence included a mandatory treatment program, a drug and alcohol assessment program and any additional treatment recommended from this, community service, 90 days house arrest at night, no alcohol while on probation including a BAC monitor attached to her phone to monitor this, attendance at two Alcoholics Anonymous meetings a week, a victim impact panel, DUI school, not being able to go to bars for a year, and eight days jail. Because of her disability and her high levels of pain, the Judge ordered that this be done in four twenty-four hour periods over a four week period.
TREATMENT

In arguing for a broadened perspective for treatment options to encompass the whole range of problems that services need to cater for, a New Zealand report stated that

The underlying or associated consumption patterns might be heavy or light, involve a single drug or multiple drugs, or present as either constant or binge use. In addition, one has to remain aware of the sometimes disputed, partial, and shifting nature of client definitions of alcohol and drug-related problems (Paton-Simpson 1999).

This is an area which needs to be improved. There are numerous rehabilitation, education and treatment programs available, however the co-ordination and the follow-up of these through the court system would improve the outcomes for offenders. Treatment for alcohol-dependent drivers is effective in reducing road traffic offences (Gomez-Talegon and Alvarez 2005).

A number of examples of treatment programs were examined during the Fellowship.

The use of screening and brief interventions for alcohol problems in emergency departments has been shown to be effective in the US (Hungerford et al 2002). This intervention has a high level of informed consent, acceptance of counseling and further treatment. It is not used exclusively for drink drivers but includes all those attending emergency departments for alcohol-related problems (usually resulting in some form of intentional or accidental injury). In addition, the training of physicians to detect and counsel patients who drink heavily will further increase the reach of these interventions at the community level (Rivara et al 2000).

Supervised rehabilitation services which may include treatment for alcohol abuse and alcoholism, DUI driver education, vocational training and individual counseling should be used for drink driving offenders (NHTSA 1996). Participation in self-help groups such as AA, attendance at outpatient counseling sessions and long-term inpatient residential programs should also be considered.

The Peachford Private Facility in Atlanta Georgia is a residential treatment facility for alcohol and drug dependent people and appeared to be typical of the treatment facilities. This facility offers a range of treatments depending upon the needs of the clients. Their data shows that eighty five per cent of the addicted population will relapse, with or without treatment. The longer the residency, the greater the chance of success. Older men with alcohol related dementia are a significant issue for the Facility as they are difficult to treat. As well as detox, a treatment program is developed for each client and will include attendance at two addiction groups, attendance at two psycho-educational groups and activity group therapy. The use of self help groups such as AA is also prescribed. Family involvement is also necessary with each family member being required to write a letter to the patient telling them how their drinking has affected their lives. After care groups are also an important feature of the program.
A 10 year study conducted by the Karolinska Institute in Sweden found that the majority of male drink drivers showed signs of alcohol dependency even at the lowest BAC of 0.02 (McDonald et al 2002). Using the AUDIT screening instrument, 50% showed signs of dependency at 0.02 and 69% showed dependency at 0.1 and above. This indicates that treatment should be included in all sentences given for drink driving.

Sweden has moved to include medical examination requirements in re-licensing approvals. If a driver is caught with a BAL of 0.1 or above, a medical certificate has to certify that the driver is not dependent on alcohol or other drugs. This regime is very stringent, with the offender tested for biological markers of dependency (enzyme levels must be normal) three times over the six months prior to re-licensing. If an offender qualifies for the renewal of his or her licence, there is a follow-up period of 18 months to ensure that the offender remains non dependent. This option could be investigated for the ACT.

In England, drink driver rehabilitation courses are discretionary by the courts and are generally voluntary rather than mandatory. They are however imposed by the prison service for those in prison for drink driving.

OTHER ISSUES

National Strategies

The New Zealand National Alcohol Strategy 2000-2003, like the National Drug Policy is based on an overall approach of supply control, demand reduction and problem limitation. The strategy does not call for a decrease in the blood alcohol limit from 0.08 to 0.05 to reduce the harm associated with drink driving but rather suggests the continued monitoring of international evidence on different legal limits and to access the relevance of such evidence for New Zealand. The international evidence for a lower limit is conclusive, however the New Zealand Parliament has recently rejected the lowering of the limit to 0.05.

The US Health People 2010 strategy has a target for alcohol-related motor vehicle fatalities of 4 per 100,000 population (US Department of Health and Human Services 2000 cited in Shults et al 2001). To achieve this reduction, will require a further decrease of 31% in the current rate.

The British road safety strategy is called ‘Tomorrow’s Roads: safer for everyone. The Government’s road safety strategy and casualty reduction targets for 2010’ (DTLR 2000). The strategy acknowledges the advisability of moving towards a 0.05 BAL rather than the current 0.08 limit. This has been deferred in order to harmonise with other member countries of the European Union.

---

6 This corresponds to the Australian National Drug Strategic Framework pillars of supply reduction, demand reduction and harm reduction.
7 Personal communication – Mr Bill Frith, Land Transport Safety Authority, February 2004.
Media Campaigns and Advocacy

The CDC and the Task Force on Community Preventive Services gave a strong recommendation for mass media campaigns which target drink driving (CDC 2003 draft and American Journal of Preventive Medicine 2001). The systematic review was largely based on Australian and New Zealand experience and concludes that such campaigns should be carefully planned, well executed, attain adequate audience exposure and be implemented in conjunction with other ongoing alcohol-impaired driving prevention activities.

The use of victim support and advocacy groups is not common in Australia or most other countries. In the US, Mothers Against Drink Driving (MADD) has over 2 million members in 45 States with 600 chapters. MADD participates in large scale public education on under age drinking, safe living in high schools, ‘protecting me protecting you’ in primary schools, and pamphlet distribution at sobriety checkpoints. MADD (undated) has recently published a series of recommendations on minimum restrictions for higher risk drivers which include restrictions on driving, restitution sanctions, and recovery provisions. MADD supports the use of regular, highly publicised sobriety checkpoints to deter, identify and apprehend higher risk drivers.

Drug Recognition Experts

While the investigation of drug driving was not part of the aims of this Fellowship, increasingly, Australia will need to be aware of and have expertise in the recognition of drug driving. Drug Recognition Experts (DRE) are specialists who are able to provide an accurate assessment at the roadside on drug driving. This includes the type or types of drugs involved. Currently Victoria has several police who have been trained in the US. DRE check pulse, pupil size, blood pressure, needle track marks, and signs of ingestion. They are able to order that blood and urine samples be taken for screening. These are done by a medical officer.

Alcohol Availability

While Sweden has enjoyed an international reputation for its zero tolerance to drink driving, major problems have recently developed as a result of it joining the European Union (EU). Sweden has lost its retail and wholesale monopoly on alcohol products and the previously strict advertising code no longer exists. As a result, there are now no alcohol restrictions across the borders. The Government is faced with the need to lower taxes to ensure that its products are able to compete. Membership of the EU has resulted in the 25% total consumption per population per annum from eight litres to 10 litres. A one litre increase per head of population equates to an eight per cent increase in drink driving related fatalities. There is a strong relationship between alcohol consumption and drink driving behaviour. A one per cent increase in consumption equates to a seven per cent increase in drink driving.

8 See www.madd.org
CHAPTER 2 INNOVATIVE PROGRAMS

The following are examples of programs that appeared to be innovative and may be suitable for use in Australian jurisdictions.

**Operation Caspar - New Zealand Police**

Operation Casper commenced on 1 December 1995 using drink drivers who were convicted in October of that year. It focussed on convicted drinking drivers with three or more prior drink driving convictions and two or more prior convictions for driving while disqualified, the hardest core drinking drivers. Each convicted driver was randomly placed into one of three categories: target, letter and control. Active targeting finished after 17 months, in January 1997. Conviction data were collected, after the active targeting finished, to permit a follow-up period of subsequent drink driving convictions of three years from January 1997.

Each person identified was randomly placed into one of three categories:

- **Target** – this group received a letter that they were on the scheme and that they would be under active surveillance by local police.
- **Letter** – this group would receive a letter from the local police informing them that they were on the scheme.
- **Control** – this group would receive no attention at all. The local police did not know who these people were.

Those in the “Target” and “Letter” categories were offered help to regain their driver’s licence once their disqualification period had concluded. This was the carrot that went with the stick, the stick being arrest if caught re-offending; normally offenders are brought to Court by way of summons.

Unfortunately, owing to the restricted duration of the operation, the subsequent rates of drink driving convictions over the period of Operation Casper did not show a statistically significant affect on the differences in the rates of subsequent convictions in the three groups of hardest core recidivists. This may well have been due to a lack of adequate surveillance applied against the target group. Despite
this, the hypothesis on which it is based (that this method of deterrence would show a significant reduction in the drink driving behaviour of the target group) and the methodology used are of interest and could be replicated in the ACT.

Enhanced Alcohol Intelligence Project (EAIP)

New Zealand currently employs an intelligence gathering instrument known as the Last Drinks Survey (LDS). The LDS is used by Police in alcohol related incidents to identify where the offender last drank and his or her level of intoxication. This data is used to work proactively with identified ‘problem premises’ on management practices such as encouraging licensees to strengthen server intervention policies; to assist Police in targeted prevention activities such as compulsory breath testing (CBT) operations in the vicinity of particular licensed premises; and can be used by liquor licensing staff in applications to the Liquor Licensing Authority (LLA). This method of intelligence gathering is based on a model developed by Professor John Wiggers of the University of Newcastle in New South Wales. The Centre for Disease Control in Atlanta Georgia is also interested in the work of Professor Wiggers. It is recommended that this intervention be investigated further for possible adoption in the ACT.

High Risk Offenders (HRO) Scheme

The HRO scheme in England applies to drink drivers who have a second conviction within a ten year period, those with a high BAC and those refusing to provide a breath sample. HRO are required to satisfy the Medical Advisor that they do not have a drink problem and are fit to drive before their licences are returned. This is similar to the medical requirements operating in parts of Canada and is worthy of further consideration.

Driving Under the Influence Courts

The US State of Georgia is trialing a DUI Court with intensive judicial oversight, at three locations, Athens, Gainsville and Savannah. The Governor’s Office of Highway Safety (2003) has identified that as a result of the lack of consistent sentencing and case management, completion of court sentences and conditions of probation is not consistent. As a result, there is an ‘alarming’ increase in the incidence of driving on suspended licences. Anecdotally, law enforcement officers report that offenders who attempt to avoid detection and engage in high speed chases are usually driving unlicensed. The DUI Courts will have a comprehensive case management / intensive supervision system which will be administered by the Judge and court officials. While the size of the ACT is unlikely to support a separate traffic court, the benefits of intensive supervision for drink driving offenders through the court system should be considered.

Community Based Initiatives

Community Based DUI Systems Improvement Initiative

The National Highway Traffic Safety Administration Region IV in Georgia has produced a Gold Standards Community Assessment Tool on DUI systems improvement. It provides best practice on data and evaluation of programs, action plans and advice on overcoming barriers to implementation of programs. The
program is detailed and includes performance indicators for program measurement. This program has not yet been evaluated in Georgia, but its application to the ACT could be considered.

**Skellfteå Program**
A relatively new program has been introduced in Sweden at the community level which specifically targets recidivists. The basis of this program is that once an offender is charged, the police take him or her directly to a local treatment facility. While the police do not have the statutory authority to take a person to a facility without their consent, the theory behind this is that, like brief interventions, there is a small window of opportunity where a person may be open to seeking treatment. The program does not require funding and is a co-operative venture between the police and community road safety groups. While there is little data on the efficacy of the program to date, more people are seeking treatment as a result. This program should be monitored with a view to assessing its suitability for Australian conditions.

**Inroads Program**
The province of Prince Edward Island (PEI) in Canada has a repeat impaired driver project which involves the co-ordination of a multi-faceted approach in the areas of enforcement, public information, legislation and treatment. This includes the use of compulsory diagnostic tools, an interagency case management model including follow up, ensuring offenders are accountable for their drink driving and increasing personal relationship skills of offenders. It is recommended that this type of integrated system and multi-faceted approach be examined for the ACT.

**Red Nose Month**
Montreal police have instituted an annual Red Nose Month which aims to reduce alcohol involved crashes by providing volunteers to drive home people who have been drinking. A local phone number is provided for the public to arrange a lift home. This is a highly publicised program with a range of sponsors who cover insurance for the volunteers and petrol. This program appears to reinforce the designated driver message while at the same time, providing alternate transportation for the drink drivers.

**Education Programs**
The Dare to Drive to Survive program is a school-based education program aimed at Years 11 – 13 students which operates in New Zealand. It focuses on information and attitude change in this age group. The results of an independent evaluation showed that the program significantly improved attitudes towards drinking and driving and knowledge about the issues involved. The content of this program may be useful in future revisions of the ACT school-based road safety programs.
Keep Upper Hutt Safe

Make it Click!
Policewomen are targeting...

DRINK DRIVING

New Zealand road sign
REFERENCES


Austrian Road Safety Board (2003), Preventative measures to prevent driving while under the influence of alcohol/drugs. Literature study for the Swedish National Road Administration.


Hungerford, Dan. (undated) What are Brief Interventions for Alcohol Problems? Centres for Disease Control and Prevention, Atlanta. Fact Sheet


Mothers Against Drink Driving (undated). A program for controlling the higher risk driver. www.madd.org


# Appendix 1  Program

<table>
<thead>
<tr>
<th>Travel dates</th>
<th>Destination</th>
<th>Organisation</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 August - 6</td>
<td>Wellington, New</td>
<td>Land Transport Safety Authority</td>
<td><a href="mailto:Andrew.hearn@ltsa.govt.nz">Andrew.hearn@ltsa.govt.nz</a> – Andrew Hearn</td>
</tr>
<tr>
<td>September</td>
<td>Zealand</td>
<td></td>
<td><a href="mailto:WFF@ltsa.govt.nz">WFF@ltsa.govt.nz</a> – Bill Frith</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:SFL@ltsa.govt.nz">SFL@ltsa.govt.nz</a> – Susan and Linda</td>
</tr>
<tr>
<td>NZ Police</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:Allan.boreham@police.govt.nz">Allan.boreham@police.govt.nz</a> - Inspector</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>– <a href="mailto:Steve.fitzgerald@police.govt.nz">Steve.fitzgerald@police.govt.nz</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>– <a href="mailto:dave.parsons@police.govt.nz">dave.parsons@police.govt.nz</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sgt Andrea Johnston</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inspector John W Kelly</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Compulsory Breath testing operations:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sgt Bud Butler</td>
<td></td>
</tr>
<tr>
<td>Dept of Health</td>
<td></td>
<td>Mr Chris Laureson</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Team Leader, National Drug Policy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:Chris.laureson@moh.govt.nz">Chris.laureson@moh.govt.nz</a></td>
<td></td>
</tr>
<tr>
<td>Alcohol Advisory</td>
<td></td>
<td>Mr Mike McAvoy</td>
<td></td>
</tr>
<tr>
<td>Council of New</td>
<td></td>
<td>CEO</td>
<td></td>
</tr>
<tr>
<td>Zealand (ALAC)</td>
<td></td>
<td>PH: 472 0997</td>
<td></td>
</tr>
<tr>
<td>6 – 13 September</td>
<td>USA, Atlanta</td>
<td>Centre for Disease Control</td>
<td><a href="mailto:ras1@cdc.gov">ras1@cdc.gov</a> – Dr Ruth Shults</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:dds6@cdc.gov">dds6@cdc.gov</a> – Professor David Sleet</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Georgia Police</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sgt Roy Smith</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gwinnett County Police</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:Smithro@co.gwinnett.ga.us">Smithro@co.gwinnett.ga.us</a></td>
<td></td>
</tr>
<tr>
<td>Governor’s Office</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>of Highway Safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Location</td>
<td>Organization</td>
<td>Contact Person</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------</td>
<td>---------------------------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:Amy.berning@nhtsa.dot.au">Amy.berning@nhtsa.dot.au</a></td>
</tr>
<tr>
<td></td>
<td>Other organisations</td>
<td>Pacific Institute for Research and Evaluation</td>
<td><a href="mailto:Jmoulden@trafficsafety.org">Jmoulden@trafficsafety.org</a></td>
</tr>
</tbody>
</table>
|                |                   | Mothers Against Drink Driving                    | Dr Bob Voas
|                |                   |                                                   | Voas@pire.org                       |
|                |                   | National Institute on Alcohol and Alcohol Abuse (Department of Health) | Nick Ellinger
|                |                   |                                                   | Ellinger@madd.org                   |
|                |                   |                                                   | Ms Cathy Salaita                    |
| 27 September – 3 October | Montreal, Canada Ottowa, Canada | Transport Canada | Mr Paul Boas
|                |                   |                                                   | Boase@tc.gc.ca                      |
|                | Other organisations | Traffic Injury Research Centre                   | Mr Dan Mayhew and Mr Doug Bierness |
|                |                   | City of Montreal Police                          | Sgt Guy Joanis
<p>|                |                   |                                                   | Sgt Louise Bonneau                  |
|                |                   |                                                   | <a href="mailto:Louise.bonneau@spym.qc.ca">Louise.bonneau@spym.qc.ca</a>           |
|                |                   | Health Canada                                    | Ms Harlie Outhwaite                 |
|                |                   |                                                   | Office of Demand Reduction          |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Department/Agency</th>
<th>Contact Person</th>
<th>Email/Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 – 8 October</td>
<td>PEI, Canada</td>
<td>Dept of Transport</td>
<td>Mr Graham Miner</td>
<td><a href="mailto:Glminere@gov.pe.ca">Glminere@gov.pe.ca</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Royal Canadian Mounted Police</td>
<td>Sgt Don MacGregor</td>
<td><a href="mailto:Donald.MacGregor@rcmp-grc.gc.ca">Donald.MacGregor@rcmp-grc.gc.ca</a></td>
</tr>
<tr>
<td>11 – 18 October</td>
<td>London, England</td>
<td>Dept of Transport</td>
<td>Mr Chris Gazzard</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mr Roger Turner</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:Chris.gazzard@dft.gsi.uk">Chris.gazzard@dft.gsi.uk</a></td>
<td></td>
</tr>
<tr>
<td>18 – 25 October</td>
<td>Stockholm / Linkoping, Sweden</td>
<td>Swedish National Road Administraton</td>
<td>Dr Hans Laurell</td>
<td><a href="mailto:hans.laurell@vv.se">hans.laurell@vv.se</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>