

Prominence of Alcohol in Germany

- 2005: Death toll: 12.233 men and 4.096 women (2 % of all deaths); 9.250 persons died because of cirrhosis
- 2006: Hospital stay: 299.000 persons due to mental and/or behavioral dysfunction caused by alcohol
- 2007: Taxes: 4.2 bn revenue
- 2008: Accidents: 48.226; Killed: 523 (12 % of all persons killed in traffic)

Repeated Drink & Drive Offences

... according to the German Driving Licence Decree (§13 FeV)

... two or more offences

... BAC-limit: 0.05 % or more (each offence)

Interacting law

1. Criminal Law

2. Administrative Law

Example:

Incident : Accident with BAC 0,11 %

... Police informs Prosecution, the Central Traffic Registry and local driving licence authorities about incident

... Driver has to face the loss of licence, a fine (e.g. 1000 EUR), and a driving ban (e.g. 6 months)

2. Framework: The Legal Course

Example:

At end of driving ban, the driver meets the local driving licence authorities to regain his licence ...

... The local driving licence authorities check driver`s file and contact the Central Traffic Registry

Result: another offence 1,5 years ago (BAC 0,08)

Consequence: doubts about the driver`s ability
Medical-Psychological Assessment

3. Focus: Driver Aptitude and Drink & Drive Offences

Driving Aptitude

... indefinite legal term

... embraces the physical, mental and character-related ability to participate in traffic by vehicle

... § 2 StVG (Road Traffic Act):

A person is apt to drive a vehicle, when he/she fulfills the necessary mental and physical requirements and does not considerably or repeatedly infringe traffic regulations or criminal law

Doubts about a driver`s aptitude

... are given, if an individual shows a physical and / or mental status that – in the case that the individual participates in traffic - leads to the anticipation that he/she evokes dangers

Specifications:

1. Unstable performance level
2. Sudden loss of performance / ability
3. Inappropriate attitudes, missing insights or inadequate behaviour

Doubts about a driver`s aptitude

... because of drink & drive offences arise, if

... BAC is 0.16 % or higher (first time offenders)

... the offence has been repeated

Result: Medical-Psychological Assessment

Medical-Psychological Assessments

- Medical examination
- Psychological examination
 - Exploration
 - Ability Testing
 - seldom: Monitoring of driving behaviour during real drive

Medical-Psychological Assessments 2008

- Total: 103.137
- Alcohol / Total: 57.931
- Alcohol / First-Time: 32.610 (32%; 49% - 15% - 36%)
- Alcohol / Repeated: 18.095 (18%; 42% - 13% - 45%)

Underlying beliefs

- General hypothesis:
Behaviour in traffic is influenced by individual psychological conditions
- Psychological conditions are not necessarily stable, but can be modified
- Specificity of psychological conditions can be detected (diagnostics)

Scientific Basis for Assessments

1. Evaluation Guidelines
2. Assessment Criteria

Evaluation Guidelines

A compilation of physical and / or mental handicaps that limit the driving aptitude or make people unable to drive

- General section: basic evaluation instructions
- Special chapters: physical and / or mental handicaps (e.g. Hypertonia, Coronary Heart Disease, Epilepsy, Alcohol, Drugs)

Evaluation Guidelines (2)

- Compiled by Federal Highway Research Institute
- Each chapter is a product of the cooperation of scientists to ensure the current state-of-the-art

Assessment Criteria

- Practical guide to ensure the accomplishment of each assessment according to current scientific knowledge
- Use of Criteria should lead to objectivity
- Assessment Criteria to be used by doctor and psychologist

Assessment Criteria (2)

- Definition of requirement profiles for each type of offender
- Structure: Compilation of
 - diagnostical hypotheses,
 - relevant criteria
 - indicators and contra-indicator
- Developed and published by the MPA-conducting bodies

Basic MPA-principles

1. Cause-orientation ...

... leads to specific hypotheses about underlying deficits and prospective behaviour

2. Case-orientation ...

... requires the exploration of the individual beliefs, attitudes, motives and behaviour but only in relation to his participation in traffic

Repeated offences under influence of alcohol

Due to

1. misuse

2. addiction

Misuse according evaluation guidelines

... driver cannot divide drinking and driving, especially in case of

- Repeated offences
- Solitary drink & drive offence with high BAC and no signs of alcoholisation
- Loss of control in combination with traffic participation

Misuse (2)

... to regain the licence, driver must fulfill the following 5 requirements

1. Consumption pattern of alcoholic beverages has been changed into **controlled consumption** or **abstinence**
2. Change is stable and motivation of change is steady (Problem awareness, Stability **1 year**, at least 6 months)

Misuse (3)

3. No physical hints of misuse are left
4. No limitations of performance or function due to previous misuse
5. In case of further mental disorders (e.g. Schizophrenia) further special requirements have to be fulfilled

Addiction according evaluation guidelines

- ... according to ICD 10
- ... three or more of the following criteria are fulfilled simultaneously:
 1. strong desire to consume alcohol
 2. reduced ability to control beginning, end and amount of consumption
 3. Detoxification leads to specific symptoms

Addiction (2)

4. Tolerance

5. Desire to drink dominates other activities

6. Continuing consumption although damages appear

... to regain the licence, driver must prove abstinence

... time frame: 12 months after detoxification and dehabituating

Background:

- already $BAC > 0.03$ diminish reaction and ability of critical thinking,
result: enhanced probability of risky behaviour
- $BAC > 0.15$ leads to assumption of chronic consumption with enhanced habituation and loss of ability of critical thinking
- habituation leads to enhanced danger of repeated offences (even if previous BAC's were lower)
- high danger of relapses due to high availability of alcohol

Operationalisation of the requirements of the guidelines

- Implementation of Assessment Criteria
- Case-by-case proceeding led by hypotheses
- 5 hypotheses to be proved in context of drink & drive offences

Hypothesis 0

The data collected during MPA can be used.

Criteria

- The client cooperated appropriately.
- The client answered openly, therefore the necessary background information could be acquired
- The information given by the client does not contradict laboratory values

...

Hypothesis 1

Addiction has been diagnosed.

Dishabituation led to stable abstinence.

Criteria

- Addiction according ICD 10
 - External diagnosis made by physician or in clinical context
 - External diagnosis made according ICD 10
 - One or more detoxifications
 - One or more dishabituations
 - Physician gave client special medicine to reduce need of alcohol (e.g. Disraneurin)

Criteria (1)

- Findings made during the interview lead to the assumption of addiction
 - Indicators according to ICD 10:
black out, strong desire to drink, detention due to acute drunkenness, craving for alcohol, delir, alcohol consumption to avoid effects of detoxification, drunk driving with BAC >0.030, two drunk driving offences with BAC > 0.025 % and with at least 5 km without accident, consumption per month: more than 150/120 ml pure alcohol (male: 3 l beer or 1.25 l strong wine; female 2.4 l beer or 1 l wine), problems at work, thefts to finance alcohol, hiding of bottles, medical hints like tremor due to alcohol

Criteria (2)

- Lasting abstinence
 - No consumption of alcohol, no consumption of beer, wine, sparkling wine without alcohol or sweets / cakes with alcohol
 - Abstinence is proved by biochemical marker (ethyl glucuronide, EtG; 6 urine checks / year)
 - Biochemical markers like Gamma-Gt are back to normal
 - ...

Criteria (3)

- The client has coped with the underlying causes of the addiction
 - Documented therapy, no hints of leaving therapy before its designed end, therapy has ended
 - Client reports contents of therapy
 - No signs of new addictions (e.g. turning from alcohol to drugs)

Criteria (4)

- The abstinence is stable and supported by activities which are designed to reduce relapses
 - Supporting activities like AA participation
 - Activities in professional and private life, that might lead to relapse, are known by client and he knows how to handle them
- **Contra-Indikator:**
Client continues to participate in activities designed to consume alcohol

Criteria (5)

- The client is highly motivated to keep abstinence
 - Client is able to describe why he made the decision to stop consumption and what sort of difficulties he had to cope with to become abstinent
 - Client describes how he deals with problems without using alcohol
 - Client reports honestly about his former life without trying to make it look better

Criteria (6)

- Although client experienced a relapse, he is abstinent again and highly motivated to keep abstinence
 - Client is able to describe insight he gained due to the relapse
 - Client acquired resources which help to avoid new relapses
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Hypothesis 2

Client is unable to control alcohol consumption.
Therefore he keeps stable and consequent abstinence.

Criteria

- Previous events show, that the client is unable to control alcohol consumption.
- The client is highly motivated to stay abstinent.
- The abstinence is stable and supported by activities which are designed to reduce relapses.

...

Hypothesis 3

Client shows enhanced habituation towards alcohol or episodes of uncontrolled drinking. Due to adequate problem awareness, the client has changed his drinking behaviour, therefore a stable controlled consumption of alcohol can be assumed.

Criteria

- Motives for consumption were merely personal, not due to social occasions.
- Tendency to use alcohol as a mean to gain relief.
- Conditions that led to previous consumption have changed.

...

Hypothesis 4

Client shows no uncontrolled bonding between certain occasions and driving any longer.

Criteria

- Client organizes occasions, in which he consumes alcohol, in a way, that he need not drive afterwards.
- Client has knowledge about alcohol therefore he is able to estimate the effect of consumed amounts of alcohol and the risks of participation in traffic.

...

Quality assurance

- Training of experts
- Accreditation according DIN EN ISO 17011 and DIN EN ISO 17024

Training of MPA-Experts

- Diploma or Master in Psychology
- 2 years of work
(clinical or organisational context)
- 1 year training in a MPA-Agency
- Monitoring of at least 100 written expertises

Accreditation

- ... according DIN EN ISO 17011 and
DIN EN ISO 17024
- ... by Federal Highway Research Institute
- ... Monitoring of quality management system
- ... On-site assessments
- ... Monitoring of the written expertises