SPECIAL COMMITTEE ON TRAFFIC SAFETY

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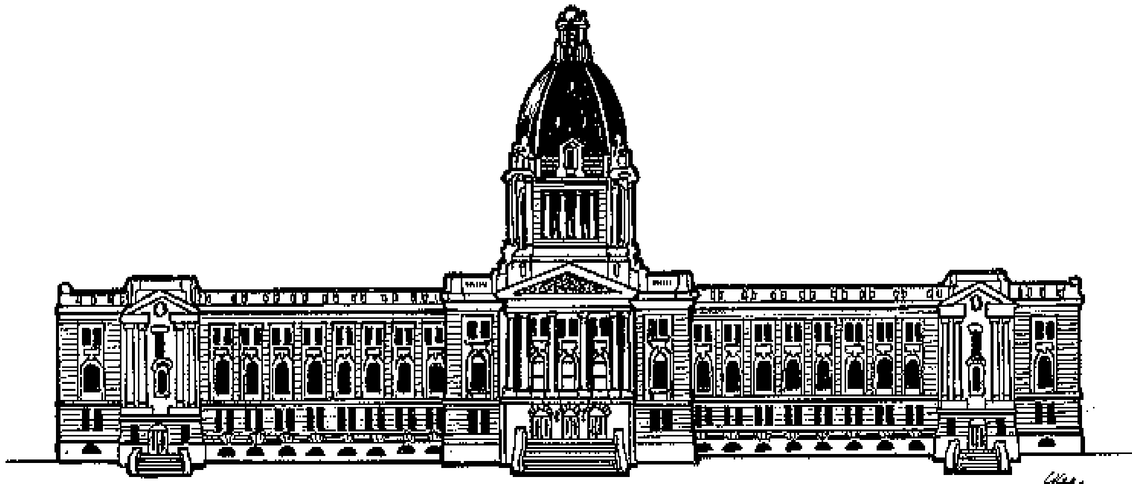

Legislative Assembly of Saskatchewan

Twenty-Seventh Legislature

SPECIAL COMMITTEE ON TRAFFIC SAFETY

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[The committee met at 09:03.]

The Chair: — Morning, everybody, and welcome to the next set of hearings. We're in Saskatoon today for the all-party Traffic Safety Committee.

Before I begin though, I think we're all very much aware that over the weekend we had a series of tragedies. Four people lost their lives through traffic accidents and it's of a very strong belief that every single one of those accidents was attributed to alcohol usage. So as we begin today and as we still proceed with these meetings, let's keep that in mind. We did hear recently that there was a reduction, year to year, in traffic fatalities from last year to this year, but what happened this weekend is a very stark reminder that this committee has a very important job to do.

And I look forward to hearing from Mr. Beirness today as we proceed, and as one of our foundational witnesses I might add as well, as we looked at SGI [Saskatchewan Government Insurance] to begin with and the Ministry of Policing.

So before I begin and introduce Mr. Beirness, we'll have to table four documents: TSC 2/27(25), TSC 32/27(13), TSC 32/27(14), and TSC 38/27. So that's tabled now for the public to view if they wish.

I just want to advise the witness the process of presentations. So before you begin we'll ask you to introduce yourself, sir, for Hansard, and the position you hold within an organization you're here to represent today. If you have a written submission, we'd like you to advise us if you want that tabled for our use and for the public's viewing as well. And once it is tabled, then of course it will become another foundational piece for this committee to look at when they make final recommendations.

Once your presentation's completed . . . In this case, we have three hours scheduled today, so I understand it'll be a very fruitful day. We're going to take about an hour and a half, take a break, another hour and a half roughly to get all the information. But before the break, we'll have . . . After your first presentation and second presentation, we'll have questions and answers. The committee members won't enter in debate with you, nor will you be able to ask us questions. But it's been a good process so far, so I can't foresee any controversy or problems happening. So on that note, Mr. Beirness, please begin.

Presenter: Canadian Centre on Substance Abuse

Mr. Beirness: — Thank you, Mr. Chairman. I come to you today from Ottawa. I represent the Canadian Centre on Substance Abuse, which is a non-governmental organization whose mandate requires us to advise parliament on matters of substance abuse. We report to parliament directly through the Minister of Health. We are an arm's-length organization so we are not government — we like to make that very clear — which allows us a little bit more latitude then in saying some of the things that we can say, that government just has trouble doing sometimes because they're controversial.

We work on a number of different priority areas and one of the priority areas that we have, and have had over the past several years, is impaired driving. That's my area of focus. That's why I'm here today.

I have been involved in road safety research, primarily impaired driving, for 30 years now. I studied alcohol and drug abuse at university. My mother just loves to hear me say that, but I remind her that I did graduate with a degree in it. So it wasn't all fun; there was some pretty serious stuff there, too. And it continues. There's a lot of work for us to do yet, as you shall see during the presentation.

As mentioned, I'm going to divide the presentation into two pieces. I want to address two main issues. One is alcohol-impaired driving; the other is drug-impaired driving. If I impress upon you one thing today, it's that these two issues are related, but they're very different and we need to look at them differently and deal with them differently. Simply because we've had so much experience in the alcohol-impaired driving area, that helps. It really helps to focus and to guide us into what we do in the drug-impaired driving area, but it really is a different problem.

So having said that, the two topics, as I mentioned, are alcohol-impaired driving and drug-impaired driving. I want to begin with some context. I want to talk about major issues within each of these two areas, and certainly I'm sure what you're interested in is the opportunities for changing the situation.

For each of the things that I want to talk about, the opportunities, I want to present some evidence or at least some rationale that would support making some changes. And I'm going to be so bold as to provide you with some recommendations, particularly in the alcohol area. And those recommendations are more formulated in terms of suggestions when it comes to the drug-impaired driving area, and that's largely because the evidence that's available on the drug side isn't quite to the same degree as it is on the alcohol side.

So when it comes to alcohol-impaired driving, I'm going to give you a little background and context and talk about what works. I'm going to talk about four things: high-visibility enforcement, administrative sanctions, alcohol ignition interlocks, and assessment and rehabilitation programs. In the drug-impaired driving area, we're going to do essentially the same thing: talk about background and context, some areas and issues, and these include surveillance, enforcement, administrative sanctions, again assessment and rehabilitation, and I want to have a couple of words about prevention activities as well.

So to begin with, let's just put this in some context. I don't need to tell you people much about the Criminal Code, but I want to do this because I think it does set the context.

We deal with impaired driving with two different sets of legislation in this country. There's federal legislation and then there's provincial legislation. The Criminal Code is that overarching piece of legislation that deals with the entire country, and there are three offences: there's impaired driving;

there's having a blood alcohol level over 80; and refusing to comply with a police officer's demand for any one of those various things that are listed there. So there's three offences.

What's unique to the alcohol part is that over-80 offence. We do not have a comparable per se law for drugs. We simply do not have it, and there's some very good reasons why we don't have it.

Then we have the provincial legislation. Every province has the ability to work within their highway traffic Act or its equivalent to deal with impaired drivers as well. And for drivers who blow over 80, there's an immediate 24-hour suspension in Saskatchewan followed by a 90-day administrative suspension as well. Saskatchewan has the lowest BAC [blood alcohol concentration] level for roadside suspensions, which is 40 milligrams per 100 millilitres of blood, and that will give you a 24-hour suspension on the spot. Also new drivers who have any alcohol present are subject to a 30-day suspension. These are sometimes called zero tolerance laws. You may be aware that in the province of Ontario anyway, drivers who are under 22 years of age — don't know why it's 22; they picked 22 — drivers under 22 are not allowed to drive with any alcohol present as well.

In Saskatchewan as well as a few other provinces, failing or refusing to perform the standardized field sobriety test, usually done with reference to drug-impaired driving, will lead to a 24-hour suspension as well. So we have these two pieces.

I'm going to leave the Criminal Code to the feds. That's their purview to deal with changes there, and I understand that they are looking at various things that could possibly change. It's within the context of the provincial legislation that you have the opportunity to make some changes.

A few numbers. I'm a researcher; numbers are what I deal with. You're going to see lots of numbers here today. For the 11 years from 2000 to 2010, which is the most recent year for which we have data, over 9,000 people have died in this country — 9,000 people — on Canadian roadways involving a drinking driver. Over 32,000 were injured. The cost? $11 billion a year. $11 billion. I can't even think of that amount of money. We're looking in terms of the size of the national debt — $11 billion.

So how do we know how big the problem is? There are several windows on the problem that we can use to give us an idea of what's going on out there. We have self-report surveys. The one I'm going to tell you a little bit about is the Canadian alcohol and drug use monitoring survey which is done by Health Canada. It's now an annual survey. It will become a two-year survey in the next few years.

We have roadside surveys, which is something I'm going to tell you a little bit more about as we go along too, a unique method that is used to collect objective information on alcohol and drug use by drivers. We can look at police charge information as well. It tells us the extent to which they're out there enforcing the law and finding drivers who have been in violation. And we can also look at crash-involved drivers, and the ones we know the most about are the ones that die. That's unfortunate, but they're the ones that don't object to you taking a sample of their blood and having it tested.

And I have to say that here in Saskatchewan you do a very good job. Your coroner service is fantastic in terms of making sure the blood samples are submitted and tested for both alcohol and drugs whenever possible. You have very good testing rates in the province of Saskatchewan. That is not the case everywhere.

So the self-report surveys — this is just quickly, over the last four years here that we have data for — between 7 and 8 per cent of drivers indicate, they will tell you that they occasionally will drive a motor vehicle after consuming alcohol. Back in the early 1980s, when I first started working professionally in this area, Transport Canada did a survey and asked a similar question, and we had 24 per cent of drivers who would indicate that they would drive after drinking. That's a huge change in 30 years, a huge change. That's a good change. What we need to know though is whether that change is just people being willing to report versus them actually reporting a behaviour change. I suspect there's some of both going on.

Roadside surveys. We've been doing roadside surveys in this country since 1974 when the national roadside survey was done. The purpose is to collect breath test information from drivers. You get them over on the side of the road and you ask them to voluntarily provide a sample of breath so that we can have a look at how much alcohol you have on board.

The one question that people always ask me is, why would anybody in their right mind provide you with a sample of their breath if they've been drinking? Because they've never done it before, they have no idea what their blood alcohol level is. No idea whatsoever. Here's a voluntary opportunity for us to give you feedback about how much alcohol you've had in terms of your blood alcohol concentration, and if you've had too much we'd give you a ride home, no consequences. That's it. It's perfect. We get response rates for alcohol about 90 per cent.

[09:15]

If you do a telephone survey — you know, the polling that happens every day in this country — if you're getting 20 per cent of people responding to a poll these days you're doing really, really well. We're getting 90 per cent response rate when it comes to breath tests at the side of the road. Absolutely phenomenal.

Recently we've been doing oral fluid testing as well. I'll tell you a little bit more about that later when we get to the drug portion of things, but we still get response rates of over 70 per cent.

So how do we do this? Well we typically do this Wednesday through Saturday nights. This is a model that goes back to the early 1970s when Transport Canada, along with the international partners, decided that this was a methodology that they would adopt so it would be consistent. I think the only place that's really being consistent now is here in Canada because everybody does it a little bit different. But we use Wednesday through Saturday night, and we work from 9 p.m. through to 3 o'clock in the morning. You meet some interesting people at 3 o'clock in the morning. This is the time when, back in the '70s, we believed that we would find the highest proportion of drinking drivers. That still holds, and I'll show you a little bit of that data. The model doesn't hold for drugs.

We'll talk about that in the second half as well.

We work at four different sites a night, spend 90 minutes at each site. We move around. The reason we move around because, especially in the days of cellphone and Twitter and Facebook and all those sorts of things, people find you and they can avoid you.

The other problem that we're having if we, particularly in the last few surveys, we were handing out $10 gas certificates so that you get an incentive to participate. Because primarily for collecting oral fluid it takes a few minutes, and so for your time we'll give you 10 bucks worth of gas. Well instead of avoiding us, we're having people driving around the block, switching drivers and coming back in to get $10 worth. So it can work both ways. It's not all negative and it's certainly not all positive.

We work in a parking lot off the side of the road. We do not work on the road, and we have a police officer there to help with traffic. They are not stopping vehicles. They're directing traffic. And as I mentioned, response rates are really, really high. And this is what we find: over there on the far left, we've grouped all alcohol-positive drivers together. We're getting about 10 per cent of drivers who are positive for alcohol.

I don't know if you've ever looked at or if you report the statistics from police road checks that they do on weekends or whatever. They say, well we stopped, you know, 800 vehicles and charged two drivers. That's a pretty low alcohol-positive rate. We find 10 per cent are positive — 10 per cent.

When you break that down, according to blood alcohol concentration, most of those drivers have a blood alcohol level below 50. So we're not too worried about those people. But you'll see we have 1.4 per cent in the 50 to 80 range and 2.2 per cent over 80, still much higher than what the police detect when they do their checkpoints.

Okay, we turn our attention now to impaired driving charges. These are the numbers; there's a lot of numbers there. You don't really need to pay attention to the details there. I think the main thing is that the pattern has been pretty consistent over the past several years. If anything, it's gone up a little bit. In 2011, 90,000 persons were charged with an impaired driving offence in this country. This red line represents the rate per 100,000 population. Overall in Canada, the rate is 265 drivers per 100,000 population are charged with an impaired driving offence in a year. In Saskatchewan, it's over 600.

Now different people have interpreted that different ways. As long as I can remember, it's always been that way. In Saskatchewan there's a very high charge rate, which can mean you have a lot of impaired drivers on the road or the police are very good at catching them. Back East when we look at that, we joke to ourselves and say it's because out in Saskatchewan you can see them 10 miles away. Whether that's the case or not, the police are catching a lot of impaired drivers here in Saskatchewan, relative to the size of the population. And the problem's not getting any better.

Now when we look at fatally injured drivers, these are the people who die in crashes and are tested for alcohol. Again we haven't seen much change over the last several years. Beginning in the 1980s when we first started looking at these data, over 60 per cent of fatally injured drivers tested positive for alcohol, over 60 per cent. We're down to 37 per cent now. That's a huge change. That's an absolutely phenomenal change.

But in the last 11 years, it hasn't changed very much at all. We're at the same level; we're not making progress. In Saskatchewan, I just put the little note there that it's 41.7 per cent. So you're a little higher than the national average.

When we talk about drinking and driving, we often want to focus on youth. And it's always tragic when a young person dies in any kind of crash and the involvement of alcohol is substantial. It's almost 40 per cent of 16- to 19-year-olds test positive for alcohol, but it's that 20 to 24 and 25 to 34 age group that seems to be the biggest problem that we have in terms of impaired driving deaths on the road. And that decreases dramatically with age so that when you get to, you know, the 75 and over, believe it or not there are people who become involved in crashes at that age who have been drinking as well. It's that group right there, the circled group, that's causing the problem.

If you look at it by blood alcohol concentration — let me just step you through this — the pie, the circle on the left part there, we're looking at 15,000 cases in total that were tested over that period of time with 61 per cent negative for alcohol and 38 per cent were positive for alcohol. And when you break those out according to the blood alcohol concentration, the thing that stands out most of all is that bottom red bar there. These are drivers who had a blood alcohol concentration of 160 milligrams and over, and they represent over half of all fatally injured drivers.

These are not people who've had a couple of drinks after work and died in a crash on the way home. These are people who have had a substantial amount of alcohol. And I would defy any person in this room to reach a BAC of 160 and not either pass out or throw up or both. That's a very high level of alcohol. There is no question about it. If you look at the database and look at the actual blood alcohol levels, you will often see drivers in there who are over 300, over 400 milligrams, which for most people is a level associated with death. These people are not your average social drinker who've had a couple of drinks at a party.

I was able to look at the data for Saskatchewan. I did the same thing, looked at the alcohol-positive and the alcohol-negative group, looked at the positive group by blood alcohol concentration. I'm just going to do a quick flip back to the previous one. You'll notice there's 56 per cent over 160 in Canada as a whole and 64 per cent over 160 in Saskatchewan. The numbers are a little bit smaller overall, but the proportion over 160 is pretty substantial. We're dealing with a population of people who really do have an alcohol problem. You don't get to 160 without having practised numerous times. That in and of itself is an indicator of an alcohol problem. So that's all the background, the context.

I want to talk about four things that we know work. I want to talk about administrative sanctions, interlocks, high intensity enforcement, and assessment rehabilitation. So as I mentioned before, you already have administrative sanctions here in

Saskatchewan: 24-hour suspension at 40 milligrams, 24 hours followed by 90 day for being over 80. Can you do better? Can we make it more effective? I think you can, and I'm going to give you an example of how to do that.

First of all the Canadian Council of Motor Transport Administrators, known as CCMTA, prepared a model law for low BAC drivers that they put together in 2005. This model calls for an immediate 7- to 14-day suspension for drivers over 50. Take the licence and require a reinstatement fee. They do it again, sanctions get more severe. And you couple that with ongoing public awareness as well as enforcement.

You're caught drinking, you're over 50, you get your licence taken away on the spot for a period longer than 24 hours. And if you think about it for a minute, 24 hours isn't all that long. In fact if you go out on a Saturday night and you're out with the boys and you get stopped and you get your licence taken away, you might have your car impounded, you might not, depends on the situation or it can be parked somewhere. You go home the next day, you don't even have to tell your wife, doesn't even have to know. You just go back and get your car and your licence the next day and you're fine to go. Nobody needs to know.

You increase that to even three days, now it's not a weekend anymore. How are you going to get to work on Monday? What if your car's impounded? Your wife can't even take the car or your husband. It works both ways. Now you've got a severe sanction, and that's the whole idea of these short-term suspensions. They're based on the key components of deterrents. It's swift, it's certain, and it's severe. It happens right away. The police are going to do it because they like to do it. It's easy. They know they're getting the person off the road. And it's relatively severe; you can't get away without telling somebody.

So back in September 2010, British Columbia introduced what they called immediate roadside prohibitions. Now, they had a 24-hour prohibition for many, many years, and they decided that they would enhance that a little bit. So if you blew in the warn range, that is between 50 and 80, you'd get an automatic three-day licence suspension. They would also take your vehicle for three days. So it's not just, we're taking your licence; we're taking your vehicle. People don't like you to take their vehicles. They're very possessive of their vehicles. They don't like it being taken away.

There is an administrative penalty. There is some legal thing that they can't call it fine. It's an administrative penalty. There is a reinstatement fee to get that licence back. It's going to cost you 250 bucks. Towing and storage of your vehicle is going to cost you 150 or more depending on how far they have to take it. In total it's going to cost you about $600, and you're going to be without a vehicle for three days. It's going to be recorded on your driver's licence as well. The sanctions get more severe as you accumulate more than one of these.

They also introduced administrative prohibitions for those who are over 80. There would be a 90-day licence suspension that takes effect immediately, a 30-day impoundment, administrative penalty, a reinstatement fee. You've got to pay towing and storage. You must participate in the responsible driver program which, as you can see, is not trivial. You must participate in the interlock program. It's going to cost you an awful lot of money for this. And you could still be subject to criminal charges as well.

This becomes immediate. It's incredibly severe when you look at it in relation to a 24-hour suspension. And it's pretty certain that you're going to suffer these consequences. So the key question is, does it work? Well we did roadside surveys. We were asked to come out in June of 2010 prior to the new law and again in 2012, two years later, and do a follow-up to see if things had changed. We also had, you know, data going back to 1995, so we could look at that as well. The province themselves looked at their alcohol-involved fatalities before and after the implementation of their new roadside prohibitions. So they have some pretty strong data that can be used to evaluate this law.

So in 2010 that's what we saw. I actually showed you that chart a few minutes ago to indicate the roadside data. Two years later, big changes. The world changed in British Columbia. Overall we're down 35 per cent in terms of drinking drivers. Look at that over-80 group there on the far right — 59 per cent reduction in drivers at that level during the roadside survey period. There is no question that something happened over that period of time that changed drinking and driving in British Columbia.

[09:30]

We noticed it the very first night we were out on the road. We did not find one driver that first night who had been drinking. Not one. Saturday nights were usually so busy giving people rides home that we can't keep up. It was a piece of cake this time. There were very few drivers that we had to give rides home to.

A couple of other things we noticed during the roadside survey in 2012 as well. We found several vehicles come through the roadside survey that actually had an ignition interlock in them. Never seen that before in a roadside survey. So it didn't stop these people from driving or going out, but they weren't drinking. They'd give us a breath test and then they'd blow into their own interlock and get their vehicle going again.

We also found designated driver services. And whether you have Operation Red Nose out here where at Christmastime volunteers drive people home and their vehicle, well there are businesses around in British Columbia — they're growing and they seem to be doing well — where they will take you and your vehicle home for a fee. It costs more than a cab but you'll get your vehicle home. They're doing very well. We found people coming through the roadside survey using those services. They were the designated driver service. They had the drunk in beside them, but they were driving the person home.

Now those are big changes just in the overall context of drinking and driving that we'd never seen before, and we've been doing this for over 20 years now.

If we look at the long-term data dating back to 1995 — and we only have data from the Vancouver and the capital regions in British Columbia over that period of time, and you'll see that things fluctuate a little bit over that period of time — but if you

just look at the difference between 2010 and 2012, there's a 75 per cent reduction in drivers with a blood alcohol level over 80. That's phenomenal. In all the years that I've been doing road safety stuff, if you see a change of 10 per cent, you get real excited about it, real excited because change of that magnitude rarely happens. When you see a 75 per cent reduction in anything, you know there's something going on. In this case we believe it was the new law. It was in the news all the time. The measures were swift, they were certain, and they were severe.

When you look at the fatality data that the ministry put together for their own use in British Columbia, what they did was they looked at the period from October through to September and they had several years prior to the new law and then two years following, and they see a 30 per cent reduction in alcohol-related fatalities. Again that's a huge reduction. Something was going on. Something changed.

So the next area I want to talk about is alcohol ignition interlocks. Way back in 1970, a very young Bob Voas who, if you've read any of the literature on alcohol-impaired driving, you can't help but come across his name . . . He has done a lot of research. He's in his 80s now; he's still going very, very strong. One of the things that he said back in 1970 was that the solution to the alcohol problem was obvious — we just needed to create a car that drunks could not drive. It took 20 years. It took 20 years but we did it. It's called an alcohol ignition interlock. Every province in Canada has an alcohol ignition interlock program, and I believe there may be only one state in the US [United States] that does not have one. I will also say that not two of those programs are the same, not two.

So just quickly, what is it? Well quite simply, it's a breath test device that's linked to the ignition of the vehicle, that prevents it from starting by someone who's had too much to drink. You can vary that point from .02 to .04. You can put it wherever you like. Generally it's in the .02 to .04 range because what you want is to prevent someone who is impaired from driving that vehicle. In Alberta it's set at .04, so the person can have a drink possibly and still operate the vehicle. But really the idea is that they shouldn't have been drinking at all. The .02 is just to allow for some measurement error.

Well do interlocks work? This is really a two-part question. And the first question is, do interlock devices work? Does the technology do what it's supposed to do? And the answer to that is, it sure does. Breath test technology has come a long way in 50 years. From the old, wet chemical bath that we used to use from the Borkenstein Breathalyzer to integrated circuits, it's just unbelievable the change. It's a very small system now that works really, really well. In fact the technology is such that if you're over the set point of the interlock, it's going to prevent you from driving better than 90 per cent of the time. If you're way over, there's no chance that you're going to be able to operate that vehicle because it's going to lock you out.

There's also a whole variety of anti-circumvention features built into the device. And with experience over the years using these devices and various programs throughout North America and in Europe and Australia as well, people are very inventive in terms of how they can get around things, and they think of all kinds of ways to do it. So we've learned a lot from what they've tried to do, and they've built some features into the devices now that actually can prevent most of those from occurring. You're never going to prevent a truly dedicated person from getting around an interlock, but they're going to have to work at it very, very hard. The easiest thing to do is find another vehicle, and that's about the only way you're going to be able to do it.

In fact there's new technology out now that will actually take the driver's picture to make sure it's the driver that's blowing into it. Computers are great. They can do some marvellous things. It's scary sometimes. They can take your picture.

The other part of do interlocks work is, are they effective? There's been several studies done, mostly in North America, that show reduced recidivism among interlock participants relative to control groups. That is, when you've got this thing in your vehicle, you're not committing more offences. It's not happening. In fact in Alberta where we did an evaluation of their interlock program, we found a 90 per cent reduction in repeat offences among interlock participants. Again that's a huge difference. There is absolutely nothing else out there that will give you that kind of result.

And just to show you some of these data . . . This gets a little bit complicated. The red line there at the top is the group that has the interlock in their vehicle. And this is showing the proportion of drivers who do not commit another offence. So basically if you've got the interlock in your vehicle, you're not committing more offences. The green line there is our comparison group. These are people who are eligible for the interlock program but didn't get it installed. They're simply suspended. But oh look, they're committing further offences. So they're obviously driving. It's not preventing them from driving, and it's not preventing them from racking up further impaired driving offences.

The unexpected part here is that ineligible group. Here's a group of people who were deemed ineligible for the interlock because they were too bad. That is, they committed another offence before they were eligible for the interlock program. So they said, hey, you're committing more offences now; we don't want you on this program. You're not allowed to be on this program. And look what they do — they commit further offences, more than any other group. They're probably the ones you most want on the interlock program.

Now one of the criticisms of interlock programs has been that hey, you take it away and people go back to drinking and driving again. They get convicted again. Yes they do. An interlock can't work if it's not in the vehicle — can't. I don't know why we'd expect it to. Suspensions don't work when the person isn't suspended anymore. Jail doesn't work when the person's not in jail anymore. An interlock is effective so long as it's in the vehicle. Yes we'd like there be some carry-over effect if that's possible, and I think there are ways to do that. We just haven't done that yet. So after the interlock comes out, a number of them go back to drinking and driving again.

This is just more evidence, and you don't need to be concerned about this, the details of this. This shows a Cochrane review, which is a systematic review of all the studies that were available evaluating interlock programs at the time. The important thing is that if the results fall to the left of that red line, it's a positive result. If they fall to the right, it's a negative

result. You'll see that every one of those points falls to the left of the line. Some of them, the confidence error if you will, stretches over that red line, so it's not statistically significant. But all those results show a beneficial effect of interlock programs for both first offenders and repeat offenders.

A recent study published by the Centers for Disease Control in the US, published in the *American Journal of Preventive Medicine*, and I was pleased to have been a part of this study, we reviewed all the evidence that was available on interlocks up to the point. And in the CDC [Centers for Disease Control and Prevention] language, they determined that there was strong evidence that interlocks are effective in reducing reoffence rates. There's no question about it.

There is, however, limited evidence that interlocks reduce alcohol-related crashes. That's just because nobody's looked at it before. There's two or three studies out there that show reductions in alcohol-related crashes, but not reductions in other crashes. The difference? Well if you've got an interlock on your vehicle, you're driving, so you're exposed. You're out there, driving around. They're going to have crashes. People who are just suspended don't tend to have crashes. They do tend to drive, but they don't tend to crash as often.

We also concluded that there was potential for interlocks to have a significant impact on impaired driving, but it was limited by the small proportion of offenders who participated in the programs. I'm going to show you some numbers on that in just a second.

We also determined that the best way to extend the effect of interlocks was to link the interlock program with the rehabilitation program. One of the things that we tend to do everywhere when we look at what we do with impaired drivers is we put things in categories or silos, if you will: you must do this; you must do this; you must do this. And they're not linked in any systematic way. So you must participate in an interlock program; you must participate in rehabilitation. And those things aren't linked together at all. You just step through the hoops as you have to to get your licence back. And there's very little effort to link those things together.

In Saskatchewan you have a voluntary interlock program. You can reduce the period of suspension, of federal prohibition, from 12 months to 3 months for a first offence by participating in the interlock program. You currently have 497 interlocks in vehicles in this province. You do about 500 a year. That's 7 per cent of people who are convicted of an impaired driving offence in this province, 7 per cent. There's probably room for improvement there. There are ways to do that. If you want an impact of the interlock program, you've got to get more than 7 per cent of people using them.

So how do you do that? Well first of all there are a couple of documents that have been produced that outline best practices for interlock programs. Unfortunately there's not a whole lot of evidence supporting each of these. But they come from . . . It's called best practices because these are the things that we believe make them work. This appears to be the elements that are important in an interlock program to make it effective. And it starts with perspective. Now that's kind of a funny way to start, perhaps. But people look at interlocks differently.

Interlocks are not simply punishment. This is not just another way to punish impaired drivers. Yes there are punitive aspects to interlocks; there's no question about it. They're relatively expensive. It's embarrassing to have to use an interlock. It's inconvenient. Those are punitive aspects, and offenders will tell you that.

We also have to look at what we expect an interlock program to do: the purpose, the rationale, and the guiding principles that develop the program. First and foremost we have to look at it as a form of incapacitation and, as I mentioned, not punishment. It is not strictly punishment. The idea is to prevent a person who has been drinking from operating a vehicle. It's not just a device. It can't do more than it was made to do. It is part of a program. The interlock device itself is central to that program, but you need to build a program around it that includes education, rehabilitation, and focusing on behaviour change. And that behaviour change has to do with drinking behaviour, and drinking and driving behaviour. This can be made to work. It's just got to be integrated with a plan to do so.

[09:45]

There is no difference in terms of the effect of interlocks on first offenders or repeat offenders. In fact the one thing that first offenders and repeat offenders have in common is the fact that repeat offenders were once first offenders that we failed to do something effective with. If you look at the characteristics of first offenders and repeat offenders, you'll find that they do look alike. Repeat offenders often have more severe alcohol problems, but first offenders drink way more than the average population as well. They share many, many similar characteristics. Why would we restrict interlock programs to repeat offenders?

The minimum period of installation needs to be 12 months. This is not to say that when you've done your 12 months, we're going to take it out. Because it needs to be based on your behaviour. If you're still blowing fails on your interlock and your car is not starting because you're trying to drink and drive, we know that as soon as you take it out, you're going to come back into the criminal justice system with another charge. It's almost certain because we have the data to show it.

So what we would prefer is that the person proves to us that they don't need the interlock anymore to keep them from drinking and driving. And there are a couple of ways to do that. The interlock device records every breath test that's done. It records every vehicle start, every vehicle stop. It records everything. We can use those data to determine your pattern of behaviour over that 12 months that you've had it installed in your vehicle. And we can determine whether you're a low risk or a high risk for another offence. We should be using those data to determine how long you need that device in the vehicle.

As I mentioned before, we need to integrate the interlock program with the rehabilitation program. One of the things that we have learned through our work on interlock programs over the years is that people don't understand their drinking. They really don't. They have no idea how much they really drink and what their blood alcohol concentration is.

The first thing that we learned when we set up a

rehabilitation-type program in an interlock program in Alberta was that people would come in or they'd phone on Saturday morning and say to the interlock people, my car won't start. What's wrong? This device does not work. I have not been drinking. My vehicle will not start. Well you get talking to them and what you realize is that they were drinking the night before. They're still alcohol positive. They still have a relatively high blood alcohol level, and their car and the interlock are doing just exactly what it was intended to do. They're keeping that person from driving.

These offenders had no idea that they would still have alcohol in their system after they slept it off. Well if you drink until 2 o'clock in the morning and you're up at 8, that's only six hours. There can still be a lot of alcohol in your system. That's a teachable moment. That's a very teachable moment for someone who drinks a lot. We can take advantage of that if we have a person who's able to sit down with that person and start to explain and talk about drinking with that person. That's how you integrate an interlock program with a rehabilitation program. You link the data from the interlock program to the rehabilitation program to make sure that we're understanding what's going on with this person and use it to facilitate a program of rehabilitation for that person.

High-visibility intensive enforcement. Virtually every province does high-intensity enforcement at least during the Christmas holiday period, police checkpoints. They're known by various names throughout Canada. You get a bunch of police officers out there. You stop traffic. You check them for alcohol. We do it all the time, at least at Christmas, at least at Christmas.

Did you know that Christmas is probably the time that they're least effective? There are fewer alcohol-related crashes during that Christmas holiday period than there are at any other time of year, and it's not because we do this then. It's because it's always been that way. In this country, it's winter. People don't drive that much in winter. They drive more in the summer. They drink more in the summer. They drink and drive more in the summer. Alcohol-related crashes peak in July and August. People are on vacation. The drinking is different. It's party time. It's relaxation time. At Christmas, yes, there's a lot of drinking that goes on, but it's family-oriented. It's different. People don't tend to drink and drive that much at Christmas. Yes, they do, but not as much as in the summer. So if you want to do police checkpoints, don't restrict them to the Christmas period. Do them in the summer. Do them in the spring. Do them in the fall.

The overall purpose of these types of checkpoints is deterrence. Now I've been out on lots of these checkpoints in different provinces with the police, and sometimes there's a discrepancy between what the higher brass is telling you about what they're supposed to be doing and what the officers on the street are doing. A police officer tends to want to charge people. They want to find offenders and charge them, whereas the brass is saying the whole idea out here is deterrence — let the public know that you're out there and that there's a high probability of getting caught should you be engaging in this behaviour. That's where checkpoints have their effect.

You've got to tell the public that they're out there. You've got to show the public that they're out there. You have to increase, not only the perception, but the actual probability of getting caught. That's what deterrence is all about. That's why checkpoints work. You've got to create that real probability. You can't do it here and there. You can't only do it at Christmastime. And it requires that you have media on board as well because if you tell the public that the police are out there looking for you, chances are you'll have an impact. That doesn't say you don't charge violators — you do — but that's not your primary purpose for being there.

Is this approach effective? Sure is. In the US, studies show that you can get a 20 per cent reduction in fatal crashes associated with intensive enforcement activities that are combined with publicity. Now that's only for the time period that you're doing it. They tend to do these intensively for various periods of time because, let's face it, it's expensive to put a whole bunch of police officers on the road every night of the week to do this. You have to target.

The other interesting piece of those evaluation studies says that for every dollar you invest in intensive enforcement, you'll get anywhere from $3.40 to $6 back in terms of crash reduction costs. That's pretty effective on a cost-benefit scale. But you do have to have publicity, and the media I think is quite happy to publicize these things. The police say they're going to be out there. They're happy to be on board.

So a couple of words about screening assessment and rehabilitation. Again, every province has something along this line. They're all a little bit different. But if we go back to some of the earlier data I showed, the blood alcohol concentrations of people who are involved in fatal crashes, they're very high. Alcohol abuse is a major contributing factor to the alcohol crash problem.

We need to break this cycle somehow, and that requires treatment — in many cases, intensive alcohol treatment. Treatment programs tend not to want impaired driving offenders because they're not the typical alcohol dependent person that they're dealing with. They don't want a whole influx of new cases. And we may not need that intensive treatment for these people. A lot of these people are alcohol abusers and meet the definition of a clinical diagnosis of alcohol abuse — not necessarily dependence, but abuse. We can do things with those people without putting them in a 28-day in-patient kind of dependence program.

When we look at overall results of rehabilitation programs of any kind, whether it's simply educational programs through to the in-patient treatment, we see an overall 8 per cent benefit. That's more in line with typical traffic safety kind of benefits, 8 per cent. But if you break those results down a little bit, what you find is that the more comprehensive the program is, the better your results. The more you do, the better you do it, the better your results are going to be.

So if nothing else, there is a need to review what we're currently doing to see if it can be improved. Are there things that we can do that are not simply stepping through the process but actually making it a little bit different, a little bit better to see if we can get better results?

So here's my list of recommendations if you will. Strengthening

administrative sanctions I think is something that can be done relatively easily, and it has big impacts. If you look at the BC [British Columbia] model, they're showing it. There's no question about it. Alberta has recently gone a similar sort of route. They will be I hope evaluating that program in the next couple of years as well. They seem to think it's having an impact already. It's kind of hard to tell. It's too soon.

An interlock program that is mandatory for all offenders will undoubtedly buy you significant gains in terms of reoffences. That includes first offenders. It includes repeat offenders. You can even include in that mandatory program people who have more than one administrative suspension. Somebody's done this more than once, putting them on an interlock program is probably not a bad thing. I haven't seen any evaluations of that yet, but it's probably not a bad thing. One of the things that we do know is that people who get short-term administrative sanctions, the 24-hour thing, they tend to show up in the criminal population sooner or later.

You need to integrate the interlock program with a rehabilitation program as well. They're not separate. They should be together. There's information that's recorded by the interlock that can be very, very useful for a rehabilitation counsellor to help that person understand their drinking and to deal with the issues that it's causing.

There's always an opportunity to enhance high-visibility enforcement. Letting the public know that there's a real probability of getting caught is a key element in deterrence. Stop it in the first place. Catch those who do it, but stop it in the first place.

Reviewing of current system of screening, assessment, and rehabilitation. Even if no changes are made, if you review what you're doing and trying to find out to what extent it's having an impact on the people who go through it, I think you'll be better off because you can make changes to it.

If nothing else, we need to identify high-BAC offenders —I don't care where you set that limit, but 160 seems to be a pretty good level — and ensure that they complete a rehabilitation program. Sending them through a 16-hour educational program probably isn't going to have a huge impact. They need more intensive rehabilitation programs. They may need more intensive treatment programs. But we need to make sure that the very least, they complete a rehabilitation program of some sort.

And that ends the alcohol portion. And the question mark is not because I have questions. It's because I'm sure you do.

The Chair: — We do. Thank you very much for that. I have the first question from Ms. Wilson.

Ms. Wilson: — Thank you, Mr. Chair. Well, Doug, that was a remarkable presentation and thank you for your recommendations. I know you've travelled quite a distance to be with us today, so thank you for coming.

[10:00]

You said over your 30-year career you have a lot of data to share with us regarding substance abuse and alcohol impairment and drug impairment. Now you've stated that 11 billion in social costs per year nationally, and that Saskatchewan is a little higher than average, unfortunately. Now in your studies, Doug, how long before education and enforcement shows dramatic positive results for us on the impact of substance abuse? Can you comment on that please? Thank you.

Mr. Beirness: — I would like to say it's immediate. I think that's not realistic. I think to see — it may have immediate effects on an individual — but to see it on a population base, you're looking at two, three years maybe because you really have to affect a wide portion of the people in order to have an impact on them. And you can't do that all at once; it takes time to generate those kinds of results. So you know, you're not going to see it right away, except maybe on an individual level. But within a few years, you should definitely see something. If it's going to have a positive impact, you're going to see it in a few years for sure.

Ms. Wilson: — Thank you very much, Mr. Chair, and thank you, Doug. I really enjoyed your presentation. There were a lot of statistics in there, and I'm hoping this will improve quality of life for us here. Thank you.

The Chair: — Ms. Chartier.

Ms. Chartier: — Thank you. Thank you again for being here today. I have several questions, but maybe I'll just ask one or two and then let other people in here too. You talked about the roadside test, and obviously BC has got some pretty good data. I'm wondering if you have any knowledge of Saskatchewan: if we've ever conducted roadside tests, and when was the last time we've done so.

Mr. Beirness: — 1986 and 1993 are the last ones you did.

Ms. Chartier: — So we don't have a good picture of . . . having, doing that baseline would probably be, would that be something that you would think would be a good thing for us to do?

Mr. Beirness: — I think that would be a fabulous thing to do. Not only will it give you a baseline, it'll give you a wealth of information about what's actually going on there out on the road.

Ms. Chartier: — Okay. Thank you. In terms of the costs of roadside tests, what are we looking at for a roadside test?

Mr. Beirness: — It varies. It depends how big you want it, how many communities there are involved, over what period of time. You're probably looking at something in the neighbourhood of $400,000.

Ms. Chartier: — Thank you for that. I have other questions, but I'll defer.

The Chair: — Okay. Ms. Wilson again. Then I have a question after that, actually.

Ms. Wilson: — Doug, you said you participated in a variety of experiments. Have any of them been in Saskatchewan, or is it

just all across the nation or specifically in Saskatchewan? Would you comment please?

Mr. Beirness: — We actually did a study here in Saskatchewan a few years looking at your .04 law. It was done for the American Automobile Association Foundation for Traffic Safety. It must have been at least eight years ago that we did that.

We also did a study here as part of another one that we were doing, on drugs and driving, where we went through the coroner's files trying to determine whether if the person did have drugs on board, whether there was any evidence to suggest that the drug may have contributed to the crash. So yes, we've done studies in Saskatchewan as well.

Ms. Wilson: — Thank you.

The Chair: — Thank you. Mr. Tochor, you have a question? No. Okay, I'll just ask a question then, if you don't mind.

Having read the studies — and thank you for that, we've had some time to look them over — one thing I was struck upon is that your survey that you collected is in a pretty concentrated urban area. I understand you went, there was Vancouver, Surrey, that area and lower mainland of BC, plus you used Saanich as well. Would or have you ever done the surveys to that effect in a rural area? Because in Saskatchewan, Saskatchewan Government Insurance has told us from their statistics year over year that the fatalities associated to impaired driving are mostly in rural settings. So have you done any surveys, and how would you conduct a survey in rural Saskatchewan knowing that we have a pretty expansive rural area?

Mr. Beirness: — First let me clarify. In BC we did Vancouver, Saanich, Abbotsford. But we also did Kelowna and Prince George in the two most recent surveys. So they're certainly urban communities, but they're different. They're outlying communities and you get a very different sense of what's going on when you get outside the major urban centres.

There was a roadside survey — I was not involved in it — in Alberta that strictly looked at rural settings a number of years ago. It's difficult to do these kinds of surveys in smaller communities. If the community's smaller than 30 or 40,000 people, it really is difficult to do because as soon as you set up the survey site, you've got everybody in town coming out to see what's going on, and that in itself is an intervention. So you don't get a real good picture of what's going on typically in a town. It can be done. You can't do 16 sites in one of those communities, you'd have to move around. We've looked at the model. We've looked at ways to do it. We helped with the survey in Alberta. We made some recommendations for them, but we weren't involved in the actual survey itself. It's an interesting thing to do, and I would love to do it, but again it has its challenges.

The Chair: — Okay. Well thank you. Ms. Chartier, you can ask some more questions now.

Ms. Chartier: — Thank you. Obviously in Saskatchewan we have .04 for administrative sanctions which is, as you've pointed out, is the lowest in Canada. If we were looking and we are looking at reviewing all the things that we do, would you — obviously BC, around administrative sanctions and their impoundment and all their new changes, are still at .05 — would you recommend sticking with .04 and using the more severe consequences that BC has?

Mr. Beirness: — I don't know why you'd change them from .04. One of the problems you're going to have is the perception. If you went from .04 to .05, well we've raised the limit, and that's how the media's going to portray it on you. And you know, people will say, oh we've raised the limit, I can drink more now before I drive. You don't want that to happen. Point zero four is good. Leave it there.

Ms. Chartier: — Okay. Thank you for that. You had talked about too, every interlock program is different, that there's no two programs alike. And when you were giving your best practices, you had said that unfortunately there's not a whole . . . You were outlining the best practices, but I think your quote was, unfortunately there's not a whole lot of evidence supporting these best practices. So obviously we need to seriously look at our interlock program here.

You've given us best practices as guidelines, but is there somewhere that you would . . . Is there any one jurisdiction that you think is doing a great job? So I guess there's two pieces to that question. Is there any one jurisdiction that you think is one to emulate? And secondly, how come there isn't a lot of evidence supporting those best practices? Is it because there's just not been research done on that?

Mr. Beirness: — You've asked a whole host of questions here.

Ms. Chartier: — Yes, sorry.

Mr. Beirness: — Okay. There has not been a whole lot of research looking at individual components of an interlock program. So for example, we say 12 months is the recommended period. I don't know if three months is better than six months or if 24 months is better. The only thing we do know is that the longer it's in there, the more effect it's going to have. So that's what guides that kind of recommendation.

Some of the other features of interlock programs, they've just not been researched. So we don't have evidence to say that, you know, if you have three fails within the last two months, then maybe what we should do is extend it. Well that makes sense to do that from other research that we know, but there's no direct evidence that answers that question for us. So that's why I said, there's no evidence supporting those individual components.

Where the best practices come from is from looking at various interlock programs around the world and seeing just what they do and the overall impact of their program, where there's evidence to support that. And I think what's happened is jurisdictions have looked at the document on best practices — or program guidelines, we now call them —and pick and choose what makes sense to them. And I understand that rationale. This works in our jurisdiction, and this will work in our jurisdiction, and we have something that'll, you know, line up with that. And that's how interlock programs are developed.

As far as finding a jurisdiction that has the ideal interlock program, Quebec has a pretty good program. It's well operated. They have a lot of offenders on the program, and they're doing a reasonable job of integrating the rehabilitation component with it. There's a lot of reporting. There's a lot of monitoring, which we've said are important components in an interlock program as well. So if I had to pick one, I would say Quebec. Nova Scotia actually looked at the guidelines, the best practices, and developed their program based on those. So it looks like a pretty good program too. The key is to get people in the program. If you can't get people in the program, you can't have an impact.

Ms. Chartier: — And you had said not just for criminal convictions, but you think that there's benefit on multiple administrative offences as well.

Mr. Beirness: — You've got evidence, multiple administrative offences, chances are this person has driven at higher levels as well. And we know from looking at the data, actually from the Saskatchewan study we did, that a lot of these people end up in the criminal population, the criminal impaired driving population as well, sooner or later.

Ms. Chartier: — Thank you. I do have more questions, but I know I've got colleagues who've got questions too, so I'll not monopolize . . .

The Chair: — We'll come back to you, Ms. Chartier. I have Mr. Vermette and then Mr. Steinley.

Mr. Vermette: — Thank you again and thank you for all the data and, I guess, the different information you shared. I look at some of the information you shared, and I know you make recommendations. And just listening to the education you talked about, and I'm just going to make some opening comments about it because I'm curious to see where we'll go, because we have an area where truly we see is such a problem and trying to bring awareness, education, treatment, whether it's a first-time offender. And we've had other people present information and data, and we're looking at that. At the end of the day, we'll go.

When I look at some of the data here and some of your recommendations, and I look at, you talk about awareness and making individuals aware, whether it's treatment, looking at their options and making recommendations. And I guess when I look at a first-time offender . . . and I'm just going to give you a little information that was shared with us. And I'm just curious because I was looking at when you look at your numbers and you never reported on . . . Maybe you do. A first-time offender being charged with impaired driving may have driven up to 2,000 times. And then we looked at the second-time offender, if they're caught a second time, and we look at some of the large numbers that they might have driven another . . . it could be up to 2,000, I think it was 4,900. I don't have the numbers in front of me.

Looking at that stuff, then you talk about, I guess, whether we're doing a good job in Saskatchewan or not. And I'm just looking at the overall data. But I guess my main question, you made comments about when there is a fatality, Saskatchewan does a good job of looking at testing a person for . . . And you didn't say that every situation was covered and we look into it and testing was done, but you said we were doing a good job, compared to maybe other jurisdictions and stuff.

So should there be some type of a situation where we say it's mandatory that you'd automatically get drug and alcohol testing when we get . . . or in your recommendation does it have to be it's suspected, that they can smell alcohol, or is it just something that should be . . . When you said in that area, because I'm curious because that's what we're trying to deal with: fatalities and how do we lessen them. So I know I've put quite a bunch of stuff on the table here, but I guess I'll just go with that one area that you talked about when there'd actually . . . coordinators go ahead and test.

Mr. Beirness: — Okay. Fatally injured drivers are routinely tested for alcohol and drugs in Saskatchewan. In most provinces, alcohol testing among fatally injured drivers is pretty routine as well. Testing for drugs is less routine, but in Saskatchewan it's pretty good.

There are many situations where you will not get a blood sample from a fatally injured driver. They're too far away. They don't die right away. Something goes wrong in the process. The body is badly burned; you can't get a sample. There's a host of reasons why you can't get a test or that the test isn't valid that you do get. If somebody dies seven days after the crash, getting a blood test at that point isn't going to tell you anything. So there are good reasons why we don't test absolutely every fatally injured driver. Now we do a pretty good job in terms of most cases. Like we're talking over 90 per cent of cases are tested.

[10:15]

Where we don't have good information is on drivers who don't die. It may be a fatal crash. It may be an injury crash. We have really no way of testing those people unless there is suspicion of alcohol use or reasonable and probable grounds because then we have to get a warrant to get the blood from those people. Otherwise they can say no. So we don't know very much about drivers involved in injury crashes or even drivers involved in property damage crashes.

Now you're probably aware that there's been a lot of calls, a lot of talk about what they refer to as random alcohol testing, random breath testing. That's a federal responsibility, but it's been making headlines across the country because they do it in some places. It's not really random. It's mandatory. The alternative to that is to have mandatory testing for people who are involved in collisions — you've been involved in a collision; you must provide a blood sample because we need to know.

Mr. Vermette: — Okay. Thank you. Another area I just want to go, you talked about education and awareness, and I guess making sure people are aware, enforcement. And it's almost like making it clear that the public sees that our police officers . . . that of course do an excellent, you know, and with the resources they have, and we've heard that.

But you're also saying making the public aware of that they're out there and the chance of getting caught, whether it's your

advertising on radio ads, TV saying that, bringing awareness and making sure that people know that they're out there. Like do you have any ideas on how you would make recommendations that media . . . In what way would we use the media to bring awareness? I really didn't get that, and I'd be curious to see.

Mr. Beirness: — Around the Christmas period there is often a lot of media attention that starts the launch of the annual police enforcement program. That's typical. It doesn't matter where you go, that kind of thing happens. The media are tuned in for that 1st of December or thereabouts. They actually approach the police in many cases and say, well when are you going to start this so that we can tell people about it? That's the kind of thing that can be a part of that.

I think we can be a little more proactive and actually have media releases that say, starting tonight we're going to be out there every night for the next month or whatever the period is. You don't know where we are, but we're going to be there, and we're looking for you. So it's that kind of interplay between what the police are doing and the media telling the public what the police are doing. Because that's where you're getting that awareness of the perception of enforcement.

Mr. Vermette: — I guess my last swing . . . And I looked at this. You talked about I guess not realizing when somebody gets charged with impaired. Or if it's 24-hour suspension, the family or the person's vehicle they're using, the individual might not know that they were charged with anything because the vehicles . . . They get access to their vehicle. And you talked about impoundment. And that might be a way of bringing that awareness. The family knows now what's going on and you can't hide it as easy. We've had other people talk about that. I realize that's important.

But when you have individuals . . . And I don't know if it's possible, but see what your . . . Maybe you can make a recommendation or a suggestion on this. Public awareness . . . And sometimes it's interesting when you see in media or an area where people's names are actually publicly put there for a reason. Because we want to shed light on individuals. Is there any recommendation you can say, when you take an individual that's an offender or somebody that's been charged or 24-hour suspension, where you can publicly put their names so that, rather than them going to court? Is that ever something where you bring the . . . I guess you shed light on the individual and what they've done to the public. Is that a way of looking? Or is that not allowed? Or do you have any comments on that?

Mr. Beirness: — Yes. It's been done. There are particular areas in the States that have tried that. They publish a list of names of people who are arrested for impaired driving the night before. It appears in the paper. They generally don't have a big effect, but then again they've never been subject to a rigorous evaluation. And they generally discontinue that over a period of time. They never say, but in talking with people here and there over the last several years, somebody generally complains, and they stop doing it.

The Chair: — All right. Mr. Steinley. Thank you.

Mr. Steinley: — Thank you very much for your presentation. One graph caught my eye, which I found was very interesting, and that was the Canadian sampling of people that had alcohol in their blood system, and the fact that 16- to 19-year-olds were the fifth highest. Lots of times where we hear presentations and people speak to us, they talk about making sure the younger drivers are trained well, they respect the laws, they are driving, have good driving practices. So it was interesting to see because obviously the stigma out there is that young people do a lot of drinking and driving just because they're inexperienced and they, well they feel bulletproof really sometimes, right? So to see the Canadian graph that you put up, seeing that young people don't have a high level of blood alcohol content at that 16- to 19-year-old, why would there be a change after their good driving practices for that amount of time to the 20-to-24-year-old? And we talked about for — one second; sorry, one second — about Ontario having the random age of 22 for zero tolerance. So the effect out there is that 16- to 19-year-olds are drinking, and if they're drinking, they're not driving. So why would that . . . Is that a shift from what you used to see?

Mr. Beirness: — I think it is a shift and later on this morning I'll show you some data about cannabis, and we'll see a real shift. We've always been concerned about young people, and they are overrepresented in alcohol-related crashes relative to the representation in the driving population. They also tend to die in crashes at lower blood alcohol levels. So they don't have to be at 160 to die. They can die at 50. They can die at 80. So you see this lower alcohol level among younger people.

But what happens to young people when they get to, say, 20 or 21? A lot of things. They either go to university or they've been at university or graduate university in that early-20s period. They may get married. They may get a job. The responsibility changes. And why that results in greater drinking, I'm not sure. We can speculate. But there are a number of life changes that occur during that period of time. That carefree attitude seems to disappear somewhat. Particularly with men it seems to take a while for the frontal lobes to develop to their full maturity. So there's a lot of risk taking and poor decision making that go on in the early 20s anyway.

After that, when you start to get into the 30s, people have a history of drinking. Those who continue to drink often do so regularly and they do so at relatively high levels. And that's why you're seeing that spike in that age group. It's because they just become experienced drinkers and they just do this all the time. They've done it 1,000 times before, 2,000 times before — never had a problem.

Mr. Steinley: — To piggyback on it, I have a couple more questions. One is the BC in the warn range, from 50 to 80 per cent, which I find quite interesting because that would hit that people that are drinking a bit, not a lot, not near that 160 range. But in that range from the 20 to 24, 25 to 34, and is there data in BC? I know it's pretty recent but would that, do you think, have a great effect on the 20- to 30-year-olds, that warn range with there being more implications, not just a 24-hour suspension, having some implications? Like you said, the wife could find out about that after three days of your car not being impounded and you not having a licence for three days. In BC was that geared towards those age groups that are higher represented in the blood alcohol content range than the 16- to 19-year-olds?

Mr. Beirness: — It’s hard to say what their rationale was for doing a particular thing, and I’m not sure they had that in mind when they did it. I think it was more general than that. It wasn’t specific to a particular age group or gender group or anything. It was just any driver who’s in that range.

The Chair: — Thank you. Ms. Chartier, you have more questions or . . . Feel free.

Ms. Chartier: — Yes. With respect to Ontario and the zero tolerance blood alcohol content for those under 22, that’s been in place for about three or four years now?

Mr. Beirness: — Two or three anyway, yes.

Ms. Chartier: — Two or three. And I know you’d mentioned that there hasn’t been much evidence or that hasn’t been rigorously evaluated yet, but is there any bearing on like looking at fatality rates in that particular age group? Has there been any shift at all?

Mr. Beirness: — As I say, we have not looked at that real closely yet.

Ms. Chartier: — Yes.

Mr. Beirness: — So I really can’t answer that question.

Ms. Chartier: — Okay.

Mr. Beirness: — I don’t know.

Ms. Chartier: — Okay. Do you know . . . Obviously you’re very well connected in the traffic safety field. Do you know if Ontario or anybody’s looking at evaluating that? That’s an interesting idea, I think.

Mr. Beirness: — I haven’t heard. I suspect if it’s going to be done, I would know who would do it. It’s likely that at some point we will see an evaluation of that but I’m not aware of it being done yet.

Ms. Chartier: — Okay. Thank you. The one thing . . . You and I had had an occasion to chat a few months ago and the thing that struck me in our conversation and you mentioned it here today, but you’d said in your 30 years in traffic safety you’d never seen one particular measure have such strong impact, and that was the vehicle impoundment. You see the vehicle impoundment in BC in particular as the key? Obviously they’d changed many measures but I’m recalling from that conversation that you really had emphasized the impoundment piece.

Mr. Beirness: — I think that’s more my own personal interpretation of what makes this so severe, and it’s taking a person’s vehicle away. People just do not like you to touch their vehicles. When we at roadside want to park a person’s vehicle and drive them home or take them home in a cab or whatever, their biggest concern is leaving their vehicle somewhere. They don’t want it left. They would happily pay to have a tow truck tow it their house before they left their vehicle anywhere so long as they had their vehicle. In North America we’re very, very attached to our vehicles, and that just seems to be one of those things that hits people where it really hurts.

Ms. Chartier: — I think the interesting thing for me as a mother is you often hear, oh well we can’t take someone’s car to whom it doesn’t belong if the offender isn’t the one who owns the car. But that’s where the deterrence piece for me would come in very strongly. I’d be very unhappy with a child who had my car impounded. But I think that that’s where that deterrence really strikes me as being effective.

Mr. Beirness: — And here’s going back to something I said earlier was, if they just took the licence away and the car was in the driveway, you wouldn’t necessarily have to even know. But if the car’s not there. There’s got to be an explanation somewhere. They’ve got to tell you. That’s a deterrent in and of itself.

Ms. Chartier: — Another question around Ontario where you come from. We had an occasion actually, the Chair and I, to attend a traffic safety conference a few weeks ago and heard about the impaired driving court in Ontario. And you placed quite a bit of emphasis today on working with those offenders in the red who were very experienced drinkers. I’m just wondering, your perspective on impaired driving court in Ontario, how you’ve seen that work and if you think it’s an effective thing that other jurisdictions should be looking at.

Mr. Beirness: — I have not seen the Ontario court. I’ve seen them in action in other places. I find it a very interesting model. And I’ve seen evaluations of the DWI [driving while intoxicated] court model, and they seem to be pretty positive. It takes a very special judge to do that kind of thing. It takes a real commitment on the part of all the people concerned, but the thing that really is critical to those things is that integration of all the elements.

As I mentioned, we tend to just want people to jump through these various hoops before they get their licence back. The DWI court model puts them all together and makes the person accountable on a regular basis. They’re monitored constantly. That’s important. People have to be accountable for their behaviour. We can’t just let them, you know, go out there and serve their time doing whatever they’re supposed to be doing and expect them to change their behaviour because it doesn’t work very well.

[10:30]

Ms. Chartier: — Thank you for that. Just a couple of quick questions here. When we were talking about intensive enforcement, obviously you talked about the need for the media letting people know and not just doing it just a Christmastime but in some of those other peak times. I’m wondering if you’ve had any experience . . . Obviously social media in the last few years, probably last five years — Twitter, Facebook, all those things — have probably changed the way police services have done intensive enforcement. Has intensive enforcement become, in your opinion, less effective do you think because of social media?

Mr. Beirness: — I have mixed feelings about social media and its impact on behaviour because I think it can work both ways. When it comes to enforcement, yes the word can get around

very, very quickly about where the police are. We recently did a thing with the Ottawa police, and their idea originally was to go out to one place and sit there for four hours. And all of a sudden we weren't getting any cars coming through hardly, and they moved. I can't say for sure that was social media doing that, but something sure happened because people all of sudden knew that they were there. And so they changed what it was they had planned to do, to do something different. And I think we'll see more of that in the coming years. That they will have to change more frequently, simply to find people where they are.

We've often talked about social media being used in a prevention way too. People saying, well we could put messages on Twitter or Facebook or wherever, talking about drinking and driving or not using drugs and driving, you know, and have a positive impact that way. But it can work the other way too, just like we mentioned. The police are here. If you're doing this stuff, don't go there. So you're getting both effects.

Ms. Chartier: — Thank you. And just one last question here from me. You had chatted with my colleague. Mr. Vermette had some questions around blood testing. Are there jurisdictions that do mandatory tests if you're in a crash?

Mr. Beirness: — Yes.

Ms. Chartier: — Yes, and where?

Mr. Beirness: — Not in Canada.

Ms. Chartier: — Not in Canada. Whereabouts?

Mr. Beirness: — Australia. They do it, and there are places in New York that do it as well.

Ms. Chartier: — So if you're in an automobile accident, you will — the drivers, both parties — will have their blood tested?

Mr. Beirness: — Mandatory.

Ms. Chartier: — Okay. Thank you for that.

The Chair: — Mr. Vermette.

Mr. Vermette: — I guess my last area I want to go, just to see what you're saying, you talked about 160 and treatment for individuals because obviously that indicates that, you know, maybe there's more of a problem with I guess alcohol and driving under that rate.

But you also talked about .04 and that we know there's 24-hour suspension and what type of options there would be for those individuals if I may be a first-time offender. As a second-time offender, do you have any suggestions? Or .08, is it a, you know, is it a 90-day suspension? And do they go into some type of a treatment? Or a recommendation, whether it's two week . . . Is it, you know, outpatients that they do? Is there some type of suggestion you could have that would suggest or any indication that's out there in any other jurisdiction that's effective and working with educating those individuals? Is there anything you can talk about those three areas? And maybe part of it is, your presentation, is in there. But if you could just talk about that, it would be interesting to hear that.

Mr. Beirness: — Well the 04, 05 range, the low BAC people, we tend to look at those people as being your social drinkers. They've had a couple of drinks, whatever. We think that we can change their behaviour reasonably easily, and that usually comes in the form of an educational program of some kind. People who are over 80, say between 80 and 160, you're getting into higher blood alcohol levels, higher levels of drinking, more concentrated drinking. There's probably a history of drinking.

But what you need to do in that group is screen people out. So you need to screen them. You need to determine whether that person really did just go to a wedding and have a couple too many and make a bad decision and drive home or whether this is a pattern of behaviour that they're doing it on a regular basis and that it's only going to get worse before it gets better — be able to separate those people. And the ones that seem to be in the lower end of that spectrum of alcohol problems, maybe an educational counselling program, something like a brief intervention, which is a very popular model in the addictions community these days, particularly with alcohol.

And there's a new program out that the Canadian Medical Association has put together that CCSA [Canadian Centre on Substance Abuse] contributed to, dealing with brief interventions, and it's a regular, routine screening of alcohol use in patients. And you know, patients here can be offenders. We could use that model with the over-80 group and determine who can benefit from just that brief intervention and who needs something a little more intensive.

For the 160 group, yes you'll get people who'll argue with you that they're really not alcohol dependent, but again you can screen those people out. In my mind, anyone who gets to that level and does so on a regular basis is not a social drinker. They are a person who has a problem. They can drink to that level, and if they do so repeatedly, then they're not only causing problems for themselves. If you look deeper, you'll find there's problems with family, with their work, with their health even.

The Chair: — Thank you. Okay, we'll take a 15-minute break, and we'll reconvene at 10:45 for the drug-impaired presentation.

[The committee recessed for a period of time.]

The Chair: — Okay. I welcome everybody back. Sorry, a little bit longer than I anticipated. We'll continue on now, Mr. Beirness's second part of his presentation. Sir.

Mr. Beirness: — Okay. We've spent quite a while talking about alcohol impaired driving and I'd like to talk now about drug impaired driving. For many, many years when we talked about impaired driving, it was automatically alcohol. We actually believed that drugs were not a problem on the road. Occasionally you'd find somebody, but for the most part we didn't even really think about it.

A lot of that had to do with the fact that we didn't know what we were looking for and we couldn't test for it if we did find it. Now that we have better technologies and a greater interest and ability to do so, we find that drugs is a problem. And I'll run you through some of that here in the next little while.

So we're going to start with a little background context just like we did before, some of the issues and areas of concern — surveillance, policy and legislation, enforcement. And in particular we're going to talk about things like the drug evaluation and classification program, standard and field sobriety tests. I'm not going to say too much about ARIDE [advanced roadside impaired driving enforcement], which is a different, lower level kind of program that we don't really do here in Canada yet, but we could. Again assessment rehabilitation is going to be a big one too, and then we're going to talk about some prevention ideas.

So if I leave you with nothing else today, I leave you with this. Drug impaired driving is different than alcohol. It's very different. We have 60-plus years of research on alcohol and driving. We have very little, relatively speaking, research on drugs and driving. And in many ways alcohol was easy. It was easy because it was one substance. Whether you drank beer or wine or spirits or whatever, it was still the same drug. It was still ethyl alcohol. We only had to deal with one thing. And we learned that it was relatively easy to measure alcohol. Whether you're measuring it in blood or you're measuring it in a breath, it's still relatively easy to measure. In fact, it's one of the only things that you can measure in breath.

None of the drugs of interest have yet been able to be measured in breath. For a variety of physiological reasons, it's just not possible to measure any drug of interest in breath. We have to use something else, something a little more invasive. People don't like to give blood. They certainly don't want to pee in a bottle on the side of the road, although we've tried that too.

Oral fluid seems to be a medium that is becoming more and more common. It can test for a variety of different things. We have some challenges yet with oral fluid. It's one of the things that we're able to do at roadside, but we can't get a really good measure of drugs at roadside using oral fluid. We're working on it. It's coming.

[11:00]

But there's a whole series of complex issues dealing with drugs that we don't have with alcohol. And the extent of the information that we're dealing with on drugs really is so limited in comparison to what we know about alcohol, we're in a different situation altogether.

The first question we have to ask is, what is a drug? Now different people have different ideas of what a drug is, and you will find lots of people, particularly in Europe, who want to make a distinction between illicit drugs and pharmaceuticals. Why? Because illicit drugs are by definition illegal. They're bad drugs, and bad people use bad drugs. Right? But if it's a pharmaceutical, your health care provider — your physician, your dentist — they give them to you to make you better. So they are good things, and good people use pharmaceuticals. Right? Well if it was only so easy.

So what I've tried to do here is show you that it isn't all black and white. There's a lot of grey. For example, illicit drugs, that's easy — LSD [lysergic acid diethylamide], crack, ecstasy, heroin — those kind of things are clearly illegal. They, for the most part, don't seem to have any legitimate pharmaceutical value to them in terms of treating some disease condition.

On the right hand side, things like antidepressants and antipsychotics, for example, have true medicinal value and are not subject to any kind of abuse, at least they don't seem to be. Some of them aren't really nice drugs. You don't really want to take those unless you have a condition for which it's necessary to take it.

But there's a whole lot of grey in the middle. For example, where do we put cannabis in that scheme of things? Cannabis is illegal, right? Well we're using it for medicinal things now, and you can get a certificate that allows you an exemption to use cannabis for medicinal purposes. It's the only pharmaceutical drug that you actually use by smoking, but we don't go there right at this moment. There are other ways to get the cannabinoids into your system that seem to be beneficial without smoking it.

Ketamine is a pharmaceutical drug that's sometimes used, a very powerful drug, but not so much. Amphetamine, that's an illegal drug, right? No, it's not. It's a pharmaceutical. In fact the US Air Force was giving it to their pilots to help them get through long flights.

Methamphetamine, now there's a bad drug, right? Do you know that methamphetamine is a legitimate pharmaceutical in the United States? And you know who we give it to? Children. Hyperactivity disorder, ADHD [attention deficit hyperactivity disorder].

Dextromethorphan, you can buy that off the shelf. I mean, how can that be a bad drug? Dextromethorphan is a cough suppressant. Kids go into the drugstore and buy a bottle of some cough syrup that has DM [dextromethorphan] on it — clearly labelled DM on the box — and take the whole bottle. They get quite a kick out of it. It's a dissociative anesthetic, gives them a really nice high.

Then we have things like oxycodone, and the one that's come to prominence recently is fentanyl. These are prescription opiod drugs that are subject to a lot of abuse. So yes, they're pharmaceuticals and they have a legitimate pharmaceutical value, but they're subject to abuse. So they too are in that grey zone.

If a person is using one, you need to determine whether they're using it for legitimate health value and if they're using it properly. And quite frankly from where I sit, if the person coming down the road at 100 kilometres an hour or more is impaired, I really don't care whether they're using something their doctor gave them or something they bought on a street corner. Impairment is impairment. Distinguishing how you got that impairment makes no sense to me whatsoever, because if the person is impaired and should not be operating a vehicle, we need to get them off the road. And there are different ways to do that.

So this is the definition of a drug that is used by the drug evaluation and classification program: any substance which, taken into the human body, can impair the ability of the person to operate a vehicle safely. It's clear. It's simple. It includes things that are not generally meant to be consumed. Gasoline,

sniffing gas, tremendous impairment. They tend not to drive but there's a good reason for that. Other solvent-type things like that, the stuff you use to spray on your keyboard to blow all the dust away from it, just try breathing some of that for a while — definitely impairing, no question about it. It would not be considered a drug, but it's a substance that can impair your ability to operate a vehicle. So I like to use a very general definition of what constitutes a drug.

So just to get some background, I'm going to go through some of the same sorts of things that we looked at when we looked at alcohol. Self-report surveys. Charges, not so much, because we don't have a lot of information on that. There's only about 1,000 people charged with drug impaired driving, and the charge number is the same as alcohol impaired driving, so it's sometimes hard to distinguish what the person was charged for. We'll look at roadside surveys because they're always interesting, and we'll look at the crash involved drivers too.

So the self-report data. The blue bars I showed you before, that's driving after drinking. This is the Canadian alcohol and drug use monitoring survey. The red bars there are the proportion of people in the various years that report driving after using cannabis. You look at that and you say, wow, there's a whole lot more people driving after drinking than driving after cannabis. Yes, there seems to be, but what this doesn't show is that we also asked people how often they do this. And you look at the frequency with which they report doing it and you multiply it by the number of people and do some quick little algebra there, and you find that there's about 14 million trips of driving after drinking in Canada every year. That's a pretty big number. But even though there's a much lower proportion of people who report driving after using cannabis, they do it more often than driving after drinking so that you still get 14 million trips of driving after using cannabis. So is it a bigger problem or a smaller problem? It's about the same.

If we break that down by age, you'll notice that the blue bars show this decline in percentage of people who report driving after drinking. It goes down a little bit and spikes up there a little bit in the middle-aged groups, but the interesting part is cannabis use and driving peaks in that 15- to 24-year age group and is in fact higher than the proportion of people who report driving after drinking. Kids are sort of getting one message and substituting it with another.

If you talk to kids, it's kind of interesting because they do not believe that cannabis impairs their ability to operate a vehicle, not a bit. They also believe that the police can't do anything about it if they do happen to get stopped. Can't do it. Some of them think they're better drivers. Remember when we used to say that about alcohol? People would say, oh I drive better after a few drinks. Kids are saying that about cannabis now. I drive better after a few tokes. I don't think so.

The other thing that scares me the most is that kids think that cannabis is a natural product. It's green. You can grow it in your garden. It's not a bad thing at all. I'm thinking, where do you think that cocaine comes from? Wasn't that a plant once? And that heroin, yes, that was a plant once too. It was green. It just happens to be white now. They have a distorted perception of cannabis in particular, and they make a very strong distinction between cannabis and bad drugs, and driving after cannabis is not a bad thing.

The roadside surveys that we've been doing in British Columbia, in 2008, 2010, and 2012, we not only collected information on alcohol through breath samples, we collected oral fluid samples as well. I just happen to have these in my pocket because I carry them with me all the time. This is the oral fluid collection kit that we use, and we usually have them . . . Just a little cotton swab, stick it under your tongue for a couple of minutes. It collects a one millilitre sample of saliva basically. And when it's got a sufficient sample, it turns blue up here. You can sort of see that in the bottom picture there, how it turns blue when the sample . . . you've got enough.

So it's got a built-in measurement system in it. You stick it in this little buffer fluid here and send it to the lab. And we test for cannabis, cocaine, opiates, amphetamine, and benzodiazepines — not a comprehensive list of drugs by any means. But these are the most common drugs that we expect that we would find at the side of the road, and other studies have confirmed that as well.

So we have a limited panel of drugs that we're testing for. We don't get the results right away; it takes a few days to get them back. But we do get drug information, and what we get is, was it positive or was it negative. We can quantify the cannabis, but we don't quantify the others. So we don't know how much of the drug is there. We just know whether it's there or not. And when you do that, you get about 8 per cent positive. Now that's pretty comparable to the proportion of drivers we find positive for alcohol. It's not that far away. In fact in the most recent survey, we found more drugs than alcohol.

The most popular drugs, the most commonly found drugs? Cannabis, cocaine, and opiates. It is not uncommon to find cannabis and cocaine together — a very popular combination. It is not uncommon to find alcohol and cannabis. The one thing we know about alcohol and cannabis in combination is that it's not a simple matter of one plus one equals two so you get twice the impairment. No, they have a synergistic effect. That is, you get a bigger effect than either one alone.

Okay. Back to the fatally injured drivers. These are the people who have died in a crash. The coroner collects the blood and tests it. We talked about the alcohol earlier. When a lab gets a blood sample and somebody says, test it for drugs, that's a massive undertaking. There are over 2,000 substances that we know can alter a person's ability to operate a vehicle — 2,000. A lot of them are synthetic things that change a little bit here and there along the way. Drives a toxicologist crazy. We can't test for absolutely everything.

So different labs will test for different things. But mostly they'll test for the most common things unless they're told to do otherwise, which for the most part I think is pretty good. Unless you know that there's some evidence that the person's taken something really unusual, like one of the synthetic cannabinoids that's out there now, they won't test for it.

Some of the things they do test for include things that don't have an effect on a person's ability to drive. Things like Tylenol comes up often in a toxicology report, that the person's taken Tylenol. There's no reason to believe that would have an impact

on their driving. So what we were able to do, with the help of one of our colleagues who happens to be a pharmacist by training, was to group all the different drugs that come up into the categories, and the categories are used by the drug evaluation and classification program.

There are seven of them. CNS [central nervous system] depressants, things like the benzodiazepines, Valium-type drugs, sleeping aids, those kind of things. Alcohol would fit in that category, so it has similar effects to these drugs. We keep alcohol separate. The inhalants, the toluene, the nitrous oxide, anything that you can inhale that causes all kinds of interesting effects. Dissociative anaesthetics, the ketamine PCP [phencyclidine] is a dissociative anesthetic. Ketamine is actually used for certain surgeries, in children primarily, but it can be abused. And in fact, most of what kids are taking these days that they call ecstasy is either methamphetamine or ketamine or a combination of both. A lot of the . . . I wouldn't say a lot, but there are instances where heroin has been seized and when it's tested, it's not heroin at all; it's ketamine.

Cannabis is a category all to itself, but it would include all the synthetic cannabinoids as well. They're kind of interesting substances. They're very, very common. In some places they claim to be legal. It's questionable whether they are or not. They have effects that are comparable to cannabis. Some of them have hallucinogenic properties as well, so they're kind of interesting from that respect.

CNS stimulants. These are things like cocaine, amphetamines, methamphetamine, hallucinogens, LSD. Ecstasy is actually classed as a hallucinogen in terms of its effects from a drug evaluation and classification program perspective because what you see when you evaluate the person looks like a hallucinogen. But from a pharmacological point of view, it's more like a stimulant.

[11:15]

And then you have your narcotic analgesics. These are your opiate painkillers, codeine, OxyContin, those sorts of things.

So we simplify things. So instead of trying to report the 200 or so substances that actually come out, we've narrowed it down into seven, makes things a whole lot easier for us. And this is what we get. So the blue bars here are what I essentially showed you earlier, the proportion of drivers who test positive for alcohol in Canada. And then the red bars there are the proportion of drivers who test positive for one of those seven, at least one of those seven categories of drugs. Notice anything interesting there? They're almost the same level. They're not that far apart.

It wasn't until 2000 that we systematically collected data on drugs in Canada. Now that we have it, we realize there's a problem out there. It's almost as big as the alcohol crash problem. If we begin to look at fatally injured drivers by age, the blue bars there are alcohol. I want to make these alcohol-drug comparisons because I think they're important. You see the 19- to 24-year-olds are pretty high when it comes to alcohol, and it decreases steadily with age. But look at that, less than or equal to, 18-year group. They're more likely to test positive for drugs than alcohol. They were the group that was most likely to say that they would drive after using cannabis. When it comes to fatalities, the same thing shows up. So there's a consistency here. The other interesting thing here is the older age groups. The older age groups are more likely to test positive for drugs than alcohol.

There's also an overall pattern difference here. Whereas the alcohol peaks in that younger age groups, the 19- to 24-year-olds, and then decreases from there, you find almost the same proportion of drugs across ages. It does not change.

Another pattern difference. When we look at drivers who die according to the day of the week that they crash, you'll notice that the blue bar is showing alcohol peak on the weekends, the Friday, Saturday, Sunday. The Sunday crashes are, you know, really late Saturday night, but there's this weekend phenomena that goes on when it comes to alcohol. When it comes to drugs, you don't see that. It's almost the exact opposite. You see it every day of the week in almost the same proportion.

If you look at it by the time of the crash, alcohol peaks in the late night hours, just from 6 o'clock in the evening through to 6 o'clock in the morning. It just increases steadily. When it comes to drugs, you're more actually likely to find drugs during the daytime hours. So there's a very big difference between alcohol and drugs.

When we look at the types of drugs that are being used — if we look at the cases that we have for the past 11 years, just over 33 per cent are positive for drugs — over one-third of them, we got almost 37 per cent, are positive for cannabis. That's our number one drug right there, cannabis, in fatal crashes. Does cannabis impair driving? Yes, it does. Does it show up in fatally injured drivers? Sure does.

The second biggest group is what I've labelled polydrug. These are people who take more then one drug. Polydrug use is very, very common. Drug users get a little sophisticated over time, and they like to pick and choose various substances because they give them different effects. Sometimes it enhances a certain drug effect. Sometimes it moderates a drug effect. Using more than one drug is really, really common. In that polydrug group, you'll find that cannabis is quite common too. But you'll get things like depressants and stimulants together. You'll get all kinds of different things together.

The red group up there is depressants. These are the sleeping aids, the anti-anxiety agents. Stimulants are there. Most often it's cocaine or methamphetamine. Opiates make up a very small proportion of the drug categories that we get. And there's that little wee tiny bar up at the top there that you can hardly see. That's everything else. There's very few of those.

Here's what's really interesting. This is the type of drug used by age. There are some big differences here. And the green line there, which over on the left side peaks in the 16- to 19-year age group, those are our young people using cannabis. It decreases with age. And yes, there are 75-year-olds who test positive for cannabis. It happens. But overall the pattern is it decreases with age.

On the other hand, depressant-type drugs increase with age so that in your older age groups, that's the most common

substance that you find. The stimulants, cocaine sort of peaks in that middle age group. Well cocaine's kind of expensive, so you've got to have some money. So that's where you find that group.

The narcotics, the yellow line there, also increases with age. It's the older people that are taking the painkillers, and they're the ones that are dying on the roads as a result.

So there's some very, very different target groups out there in terms of not only age but substance. Keep that in mind for later on.

So what are our key action areas when it comes to drugs and driving? Well there's all kinds of things that we need to be looking at in terms of drugs and driving. Under the legislation policy thing, I think I'd be remiss if I didn't bring this to your attention, and I think that's we really need to understand and appreciate what it is we're trying to control when it comes to drugs and driving.

From my perspective, it's important that we focus on road safety. Road safety is the number one concern here. We already have lots of laws dealing with drug control. We don't need to use road safety law to prosecute drug users. We don't need to do it. We have laws to do that. There is a tremendous movement, particularly in the United States, to use road safety law to get at drug users. I just think that's wrong because we'll be doing the wrong things for the wrong reasons. We need to focus on road safety. The issue is impairment. We have other systems to deal with drug use.

The other piece that comes under legislation and policy are administrative sanctions. We talked about that a little earlier this morning. If you look at the systems that we have now, there's this disparity between alcohol and drugs when it comes to administrative sanctions.

Surveillance. We really need to understand more about what the nature and magnitude of this problem is. We have some information. The roadside surveys we've done really tell us a whole lot about not only the extent to which people are using drugs but who is using it, when they're using it, and how they're using it.

Enforcement. A number of years ago, the Criminal Code was amended to include the requirement for a person to participate in a drug influence evaluation conducted by a drug recognition expert under the drug evaluation and classification program. This is a lot of words that sound the same, but basically you have to participate in an evaluation by someone who is trained to do that kind of evaluation. There are some issues there that we can chat about as well.

And then prevention. There's been very little done in terms of drugs and driving prevention in this country, and I think there's a lot of reasons for that. And we're going to talk a little bit about target groups and focus of those kinds of messages. So I already mentioned keeping the focus on road safety. So we need to be clear on that.

We're not looking to find drug users, using road safety law. The Criminal Code amendments gave the police the powers and the tools to enforce drug-impaired driving. Before 2008 participation in a drug evaluation was voluntary. You didn't have to do it. If the officer wanted you to do some tests for him, well you could basically tell him where to go. You'd have to be polite about it, but you did not have to do it. Now you do, and we have the tools to allow the officer to do that. You must also, as part of that evaluation, provide a sample of blood, oral fluid, or urine to be tested in a lab. Failure to do so is a refusal, and you're charged with refusing.

The provincial sanctions certainly lag behind, creating this disparity between alcohol- and drug-impaired driving when it comes to the administrative part of things.

Saskatchewan does however include a 24-hour suspension for a person who fails the standardized field sobriety test. In essence what it is is they're saying the standardized field sobriety test is equivalent to the roadside breath screening device that the police have. You don't do well, we're taking your licence for 24 hours. It's primarily used for people who have been using drugs.

So in terms of surveillance, we need to know more about the problem. We need to monitor drug use among drivers involved in crashes, and we don't have real good ways of doing that now. Other than the coroner data that's tested by a toxicology lab, hospital data are hard to come by. There's been some special studies that have been done. Vancouver, Toronto, and Halifax have done some studies looking at people who are admitted to a trauma ward as a result of a motor vehicle crash and getting blood from those people to check it for drugs.

Police data, they'll tell you about the number of evaluations they do, the number of charges that are laid as a result. And we do have the roadside data from just BC. And the constant criticism we get is, well that's just BC; of course drug use is higher in BC than it is anywhere else in the country. I don't think that's the case. In fact if you look at the US national roadside survey which covered the whole of the United States, they found higher drug use on the East Coast than they did on the West Coast. So do I think that drug use is different in Halifax than it is in Vancouver? It may be a little bit different, but I bet you will find that it's approximately the same magnitude of a problem. You will get the same proportion of drivers using drugs in Halifax as in Vancouver.

Okay. The 2008 legislation, as I mentioned, gave police the authority to demand a driver to submit to a standardized field sobriety test and a drug influence evaluation by a drug recognition expert. The standardized field sobriety test . . . Again it used to be that if a police officer wanted you to walk a straight line or touch your finger to your nose, you didn't have to do that. There was no requirement to do that. Now they ask you to do this, you've got to do it, by an officer who's trained and certified to do so. Same with the DRE [drug recognition expert].

The latest information I have, Saskatchewan has 27 active drug recognition experts. Twenty-seven, that's not a whole lot. There's a lot of territory to cover in this province, as there is in most provinces. Twenty-seven is not a lot.

So what's the standardized field sobriety test? It consists of

three tests that were validated, developed in the United States. Horizontal gaze nystagmus: essentially what the officer does is he'll use a pen or his finger and move it across in front of your face and back. What he's looking for is involuntary jerking of the eyeballs as they reach the extreme, the outer extreme of your peripheral vision. It's an effect that is very, it's very prominent in people who have been drinking and using depressant-type drugs.

The one-leg stand: get the person to stand on one foot, the other one raised, and count to 30 while they're doing that. People will do a variety of different things on that one, including falling over. Walk and turn is the one that you'd typically see on TV or in the movies. You get a person to take nine steps down a line and back.

The important part of these tests is they are standardized and they're systematic. They have to be done the same way all the time with the same instructions. You can't just say to a person, yes walk down the line there and come back, because you don't know what you're looking for. There are specific clues that the officer has to record that'll give him or her an indication of the extent of the person's impairment. Validated repeatedly in United States, there's several studies that have done this. It's a pretty good test, but you've got to know what you're doing.

[11:30]

The drug evaluation and classification program, it too is systematic and standardized. It's an assessment of drug influence. There's 12 steps. It involves essentially two types of tests. One are clinical indicators; you take blood pressure, temperature, pulse. One of the criticisms that's often raised is, why are you getting a cop to do that? They're not doctors. Well have you ever taken your kid's temperature? I mean, it's not rocket science. We can take temperature. It's pretty simple. You can teach an officer to take blood pressure too. It's not that difficult. They're just simple signs, clinical indicators of how the body is functioning because different drugs will do different things to those indicators.

The other part, a lot of it has to . . . includes the standardized field sobriety tests along with a couple of other things, including touch your finger to your nose, which has to be done a certain way. And it concludes with the officer demanding a sample for analysis.

Now you don't become a drug recognition expert overnight. It's a two-week training course. I had the opportunity to take the course a number of years ago. And I still hang around with those guys a fair bit and I talk to them, and there is not one of them that will tell you that it's an easy course. It's not like doing the radar course. It's not like doing the breath tech course. It's intensive. It's demanding. There's a lot of information that you need to know. You have to learn it, and you have to do it well. You have to get 80 per cent on all of the tests or you do not pass. After you've done that, then you must do 12 evaluations to be certified. It's very intensive. It's very demanding.

So it's not perfect. When this law came into effect, we already had some drug recognition experts in this country. And it became a national program, and there was a lot of training that needed to be done. It's lengthy: two weeks, plus certification. It's expensive. And you can't just let any officer take it. The guy's got to be interested in doing it. You just don't pick someone who's got nothing else to do and send them on a two-week training. If you're going to spend that kind of money, you want to make sure this person is going to come back and use this training.

In the near future, the training will become the responsibility of the provinces. Up until now, the RCMP did all the training from their national office. They arranged for all the courses. They paid for everything, including travel to the course. The only thing they didn't pay for was the officer's time to take the course. That's changing. The money isn't there anymore. The provinces are going to have to do this. The provinces, that means you guys. You're going to take responsibility for this. You're going to have to take steps to ensure that this continues to be a strong, sustainable program to create a core of DREs and instructors. You can bring instructors in from other departments in other provinces, but you'll pay for those.

The other piece that we have to look at is that DREs are a very specialized group. So if you've only got 27 here, you can't send them out on the street looking for drug-impaired drivers. There just isn't enough of them. You can't do it. Sure, they can help at times. You need to form this core of trained officers and use them and deploy them where they're going to be most effective. And they may have to travel here and there when there's a person that needs to be evaluated, across the city to do an evaluation. They might have to go out of town sometimes if they can get there on time.

But what that means is that the average officer on the street is out there looking for drug-impaired drivers so that they can find the signs and symptoms that this person's displaying that would lead them to believe that perhaps the person's been using drugs and is impaired by drugs. They don't do the evaluation. They just identify, they detect the drug-impaired driver and bring him in for more comprehensive evaluation.

That means they've got to know what they're looking for. And again, if there's one thing that I can impress upon you, drugs do not look like alcohol. There is a court case where the judge actually said — the person admitted to marijuana, the drug-recognition expert declared the person was impaired, the toxicology said they had cannabis present in their system — and the judge determined that the person was not deemed impaired in their eyes because the person was not slurring their speech.

Well if you're on cannabis, you won't slur your speech. That's not one of the effects that you look for. Did they have great big saucer pupils? That's an effect of cannabis that you can easily observe. Does every police officer know that? I don't think so. There's a whole host of signs and symptoms that they can look for when they stop a vehicle, whether it's in one of the intensive enforcement programs we're using or whether it's just a random traffic stop that, you know, stop somebody for speeding or whatever. They can do a quick evaluation of the person, looking for certain signs and symptoms that might give them an indication that they're using drugs and shouldn't be on the road.

The reason the DRE program got started in Los Angeles way

back in the 1970s was because officers were stopping people because they were weaving down the road or whatever. They'd stop them and there'd be no signs and symptoms of alcohol. But they knew something was wrong and they'd have to let them go because they had no alcohol on board. Well now we have a tool to do something about those people, but we have to be able to identify those people.

One of the things that always impresses me with police officers, it never ceases to amaze me that they are tremendous at evaluating human behaviour. They are great observers of everything. They can look into a crowd of people and spot something different, someone who's different from all the others. They're doing something that catches their eye. They do that out on the road all the time. There's a driver who's just not quite right here. When they stop a driver, if they don't know what they're looking for though, they're not going to pick up on it. I think there's opportunities here to train officers to recognize and document those signs and symptoms that would lead them to develop suspicion of drug use, which is sufficient to take them to the next level of evaluation. We don't as yet do that in this country.

Assessment rehabilitation. Well we have assessment rehabilitation programs for alcohol use. Drug use is different. I mean there's some commonalities in dependence and addiction, but drug users often differ from alcohol users. The driving without impairment course — 16 hours, costs 150 bucks — the focus is still on alcohol. Yes there's information in there about drugs, but the focus is alcohol. We could probably look at, this is a suggestion, the possibility of having a slightly different course that focuses on drug use because these people are different. They need different kinds of help.

In terms of treatment and rehabilitation, the same thing applies. In this respect, brief interventions might be a really good way to go. It's cheap, it's easy, and it shows good results.

Prevention. Yes, some of our prevention messages aren't exactly the kinds of things you want to see out there. The first thing that we have to keep in mind is it's not simply a matter of changing don't drink and drive to say don't use drugs and drive. That's too simple. For example, older people — and I give you my in-laws as an example — if they were told they shouldn't use drugs and drive, they wouldn't use their antibiotics. They wouldn't use their Tylenol. They wouldn't use their blood pressure medication. They wouldn't use anything if they were going to drive because we're told not to use drugs and drive. That's not the message we want to get across to those people. We need to be a little more specific. And given the information that I showed a little bit earlier about the different drugs and the different age groups of people, we can easily identify target groups for prevention messages.

Youth. Your message to youth obviously concerns cannabis. We don't have a zero tolerance for cannabis like we have a zero tolerance for alcohol within the graduated licensing programs usually. If they don't believe that cannabis is impairing their driving, they're not going to do anything about it. We need to get that message out to them.

Seniors. When it comes to seniors, they often take a lot of different things. Some of those things will have an influence on the way they drive, and some of them won't. That becomes a complicated message. That's where we need our health care providers. When they go to their physician, when you go to your physician and they hand you a prescription and say, take this for such and such three times a day, do they ever tell you not to drive? Sometimes. Most likely not.

We don't have a really good labelling system for pharmaceuticals in this country. Sometimes you'll get a prescription that has a little label on it that says, use caution if driving. What does that mean? I mean I don't use caution normally, but I should start? We need a better system.

In Europe they have a pictogram system which is essentially red, green, blue . . . sorry, red, green, and yellow — if it's green, it's okay to drive; if it's orange, then some caution is necessary; if it's red, don't drive after taking this drug — on their pharmaceuticals. We don't have anything like that here at all.

As a non-regulator, that's an easy fix. I realize there are complications in there, but that's a relatively easy fix. If we can get the health care providers on board and get them to at least talk about the medications that people are taking as well as the interactions, including alcohol, with patients at the time they give the prescription, or alternatively or in addition to the pharmacist, then I think we can pick off some low-hanging fruit. We can prevent a lot of these real tragedies that are occurring simply because people didn't know better.

There are also people who mix drugs and alcohol. Okay, you've got a prescription for Valium. It's an anxiety thing or you take a sleeping pill, you know, every now and then. The next morning you may have some effects that linger over from that. Or you take your sleeping pill three hours before you go to bed because you think it takes that long, and in between you have a cocktail of some kind and drive home. Many people never think that the medication they're taking interacts with alcohol, but virtually every drug does in some way. If it happens to be a psychoactive drug, you're going to get an even bigger effect if you take alcohol.

So there's lots of opportunities out there for prevention, and I don't think we've taken advantage of any of them. We don't have really any prevention messages on drugs and driving out there at all. There's the odd one here and there. Never been a major campaign.

So rather than recommendations, what I have chosen to do is give you suggestions as to where you can go with the drugs and driving thing. Administrative sanctions. Make sure that the sanctions, the administrative sanctions for drug-impaired offences are the same as those for alcohol. Don't make drug-impaired driving a lesser offence in any way, shape, or form. If you're going to change your administrative sanctions for alcohol, make sure that the ones for drug impairment match.

You need to be preparing a structure of some kind, and usually that involves money for a strong DRE program. I'm not quite sure how this is going to fall out just yet, but I know provinces are going to be responsible. And the way that it often works in the United States is that they create a position within one of the police departments for a DRE coordinator. Yes you have a

provincial coordinator now, but it's, you know, it's on the corner of his desk. He's a regular officer, and that's just one of the things he does when he has time. We need dedicated people to make sure this program is sustained and that it continues with the full impact that it's intended to have.

Again if you're doing a review of your assessment and treatment programs, let's open it up and look at what we're doing with drug-impaired drivers as well. It's not just about alcohol. Drugs are there too, and they're there almost with the same frequency as alcohol.

[11:45]

We can begin to work on prevention activities as well. Youth and cannabis is certainly one that we can deal with, elderly people and their prescription drugs — everybody and their prescription drugs but elderly people in particular because they tend to take more than everybody else. And within the area of surveillance, the roadside survey kind of approach is going to give you a pile of information that you just can't get any other way. And I believe that's all.

The Chair: — Great. Thank you very much for that second half of your presentation. The first question, Mr. Steinley, and then we'll go to Mr. Vermette.

Mr. Steinley: — Thank you very much. I appreciate it. Drugs and driving is something that — you're right — is overlooked quite often. And one question . . . We talked about the swabbing and the training that it takes for officers to be able to issue the drug test. Is there a cost? Like I don't know where the drug testing is happening most prevalently, but is there a cost attached to the training and the swabs and everything like that, and would you know what that would be?

Mr. Beirness: — The information that comes out of the national DRE program is that it costs approximately $17,000 to train an officer as a drug recognition expert. That's not trivial. What makes it worse is that these guys often go back to their departments and they get promoted. They get transferred. They're no longer doing evaluations. So you've spent that money training the person, and then they do evaluations for a little bit and they're gone. So that's one thing that needs to be dealt with.

The swabs themselves, the toxicology testing, yes there's a cost associated with it. There's not a hard cost in terms of there's no direct outlay of money for it. They send it to the lab. The lab is, you know . . . They work for the same people as the police do. The RCMP [Royal Canadian Mounted Police] has forensic labs across the country, fewer in the next few months than they've had before. Ontario and Quebec have their own toxicology labs. It's just part of their job.

Mr. Steinley: — Yes. And you made the point a couple times that this is going to be laid to the provinces sooner rather than later, the cost of training and so on and so forth. So I'm wondering, is there any provinces right now that had said they're prepared to take that training on — to the federal government — and they are in a process or have been paying for it themselves yet?

Mr. Beirness: — Well it's in transition at the moment. The RCMP is still paying for the instructors. So if for example Saskatchewan wanted to run a course, they could organize a course, and the RCMP would pay for the instructors. That's not the only cost of a course.

Ontario has held some of their own training programs. Alberta has done their own. I believe there's one in BC coming up. So you know, they're starting.

It doesn't mean that you have to do it all yourselves either. If you had five officers that you wanted to train, and they were, you know, dedicated and willing and wanted to do this and you're prepared to support them to do it, you can get spaces for them in a training program in say Alberta. They would accept that. It would be the same training. There's no difference. So you know, those kind of sharing models would work too and just share the cost of the training program.

The Chair: — One more?

Mr. Steinley: — No, I just wanted to say thank you very much. I really appreciated your submissions today, and it will go a long ways in helping us make our recommendations at the end of this process. And we appreciate you coming out today.

Mr. Beirness: — My pleasure.

The Chair: — Mr. Vermette.

Mr. Vermette: — Yes. Again just the information you've shared today, and I look at educating our young people. And whether they're taking driver ed, and we talk about . . . And I don't know how much emphasis is put on, by the instructors or who's ever doing that in-class hours that they have to do, how much they talk about zero tolerance to drugs versus alcohol and sharing that. And do you know any province that has a good program that is working?

Because I have to say, I've sat in restaurants. I've heard young people say, yes well drugs is not as bad as . . . I've heard that so many places, those comments, whether you're in a restaurant . . . So you've heard those comments by young people saying . . . And that's whether it's a myth, somebody's told them this, it's amazing to see how people think it's acceptable, like it's okay. It's almost like it's okay.

So I'm interested to see if there's any other provinces that have a good program when it comes to driver education with young people because obviously the numbers on the charts you showed, it's young people are just . . . The numbers just are so much stronger there. So I'll leave it at that point, and I've got another couple of questions.

Mr. Beirness: — The answer to your question is, I don't know. I'm not aware of any specific changes that have been made to driver education type programs that have specifically done anything different with regards to drugs in the last several years. Not that we couldn't do it relatively easily, but I don't think it's been done.

Mr. Vermette: — Because yes, in your presentation, one recommendation is prevention. And I would think maybe that's

a recommendation, you know, we'll have to look at, and suggestions. There's areas you can go, whether you train more individuals to identify that.

The other thing I was looking at, alcohol, you could smell. And I mean marijuana, cannabis has a smell to it. I've walked out of a place I've gone to, and I pick up a smell I know that's not normal to me. I know something's . . . But I mean just showing that smell, it has such an odour to it. But I've done that also with alcohol because I don't drink, so I mean obviously I can smell it, and I pick it up right away. But I see somebody who, to be honest with you, is moving a little funny, and I . . . Oh they've had a little bit — I've made my comment — a little bit too much to drink. But I can't say that I would have said that with somebody . . . Yet I might have smelled that stuff, but I wouldn't know who.

So at the end of the day when I look at it and they test somebody, and you have an officer pulling somebody over and they suspect that maybe they're under . . . They don't suspect impaired driving, but maybe there's something wrong. You said earlier there's something not right here, but we have to let them go. You're saying now there's ways of testing or screening to see if they're . . . How do they determine? Like with alcohol, I know there's a certain way and, you know, point four or .08, you can test, and there's certain things that tell them. How would you determine that somebody and how would the officer — whoever's trained in that — determine, and the courts and everything . . . I'm just curious to see that yes, definitely that person has used cannabis or something, and they are impaired. That's the part I really have trouble with. When I look at alcohol, to me it sounds simple, but when you talk about the other stuff, it's almost like it's harder. So if you could explain a little bit of that to me, it would be helpful.

Mr. Beirness: — It is harder. It's a stepwise process that we use. The first criteria is suspicion, even with alcohol. The smell of alcohol, that's the suspicion that the person has been drinking. That's all the officer needs to take them to the next step, which is often a roadside screening device which will tell them whether they're in that warn range, the 40 to 80 range, or above that. Based on that, they can take . . . That's a reasonable and probable grounds to take them to the next step if they happen to fail that.

The same would be true in the drug situation. We stop a driver. All we need is suspicion of drug use to take them to the next step, whether that's the cloud of smoke comes out of the car when they roll down the window or the person has these great big huge pupils or these little wee tiny, tiny pinprick pupils — or they call the officer dude, which by the way is very common. Officers in the US will tell you that it's an offence in their state to call the officer dude, because you're going downtown. But things like that. All you need is suspicion to take them to the next step, and the next step at this point is a standardized field sobriety test. We don't have the equivalent of a roadside screener yet for drugs. It's coming. We'll see it in the next, let's say, five years. We'll see a roadside screener for drugs — not all drugs, but some drugs. On the basis of that, you take somebody downtown for a drug evaluation. So there's a systematic, stepwise process that you need to follow in order to get the person, to get the evidence you need to lay charges.

Mr. Vermette: — Okay. My last thing, and you might not be able to and I understand you're trying to say it's . . . So if somebody's had, I don't know, four drinks, five drinks, and they decide to go and drive home and then I guess that's a way of testing that, and it comes out. You can test that. But I guess if somebody's having . . . smoking cannabis and four hours before and they go drive, is it the same kind of comparison like trying to find out a number or a way? Or there just is no way of determining that, whether it was four days ago that they . . . I'm just trying to . . .

Mr. Beirness: — Well I think what we have to remember is that the law is focused on impairment. It's not about a number of cannabis. It's really not about a number in alcohol either except we've made it that way as a convenience to shortcut. It's about impairment. The officer is really looking for impairment. Whether it's impairment by alcohol or drugs just determines whether you go this way or that way in terms of the test that you want to do and the procedures that you follow to get the evidence that you need. It's all about the impairment.

So if they smoked some cannabis four days ago, it's unlikely they're going to be impaired. You will find no evidence of suspicion to take that person to the next step.

Mr. Vermette: — Okay. Thank you.

The Chair: — Thank you. Just for the committee members' awareness, it's about 10 to 12. We'll go a little bit over noon if we have to but we should also be cognizant we have a 1 o'clock presentation. We have a tight time frame for lunch for all the officials that are with us from legislative services as well. So, Ms. Wilson and Ms. Chartier.

Ms. Wilson: — Thank you, Mr. Chair. Thank you, Doug, for your presentation and sharing this information with us today. You've stated we have road safety laws and the issue is impairment. However, can you clarify? Are you suggesting we need to study and focus more on drug-impaired driving as an understanding for traffic safety? Could you comment on that please?

Mr. Beirness: — I think the point I'm trying to get across is that we don't want to use the powers and the investigative methods for investigating impaired driving to identify drug users so that we can go down a whole other path and prosecute them for using drugs or for possessing drugs. It may fall out of what you do in terms of your investigation, but that's not the primary purpose of what we're doing. What we're trying to do is keep impaired drivers off the road.

So your investigation starts with impairment. Determining the cause of that impairment is subsequent rather than we're out there looking for drug users who are driving around. I mean, that's kind of a subtle difference, but I think it really makes a difference in how it's going to be perceived by the public, particularly people who use drugs. And that's not just illegal drugs. It's pharmaceutical drugs.

And in the case of Washington, as you know, which has recently decriminalized or legalized — whatever phrase you want to use — cannabis, part of that agreement was that the drug-user group said, we'll allow, in fact we'll encourage you

to put in a per se limit for cannabis so that, you know, we won't just have people driving around after smoking cannabis. There'll be a law against that. So they understand that. They don't want the police arresting them for drug use. If they're impaired, they're impaired. That's a whole other ball game.

Ms. Wilson: — Thank you. I appreciate your comments. It's been very valuable to us. I appreciate it.

The Chair: — Ms. Chartier.

Ms. Chartier: — Thank you. You had mentioned there are 27 DREs in Saskatchewan was the number. I'm just looking at a similar geographic- and population-wise province in terms of Manitoba. Do you have any sense where they're at?

Mr. Beirness: — Not off the top of my head, no.

Ms. Chartier: — No. Where would one find that information to do a comparative analysis?

Mr. Beirness: — Probably up in my briefcase.

Ms. Chartier: — Okay.

Mr. Beirness: — I have a report. I'm not sure if I have it with me. It was the most recent one done. Every year the RCMP, the national coordinator produces a report indicating the number of DREs and the number of evaluations that have been done by the province.

Ms. Chartier: — Would that be worthwhile to table perhaps? For information . . .

Mr. Beirness: — It might be worthwhile. You'd have to ask the national coordinator of the DRE program. I don't think it's appropriate for me to table that.

Ms. Chartier: — Okay, sounds good. With respect to . . . You've made some suggestions on what we can do here in Saskatchewan. Has there been any province or territory in Canada that has done some positive things around drugs and driving?

Mr. Beirness: — I know the province of Alberta is working towards a centralized DRE program. They're taking hold of this one by the reins and going forward, which seems to be a positive thing.

As far as the other things, I'm not sure there's any province that stands out as having done anything remarkable or . . . I mean, we're still really struggling with the . . . understanding what it is we're dealing with. And for a province to take action to do certain things is kind of seat-of-the-pants right at this point. There's not enough evidence, for them anyway, to be able to do specific things. And that's true in the prevention area particularly. We don't know what messages we should be giving people.

Ms. Chartier: — So someone has to start trying . . .

Mr. Beirness: — [Inaudible] . . . start trying.

Ms. Chartier: — Someone has to start trying something, because this is clearly a big issue.

Mr. Beirness: — There have been some ads out there. There's one out now. I hesitate to tell you what group it is because I'd get it wrong. At least in my part of the world I've seen it on TV. But very little.

Ms. Chartier: — Just in terms of thinking . . . Obviously this is a federal issue, but in Australia they do the roadside drug tests and have the federal legislation to allow them to do both the drugs and the drinking. And the drugs again I know are very different, and it's a more expensive test, but they've started to do that. Do you see the roadside testing at some point in time coming here? Or obviously we're still at the federal level working on the alcohol piece.

Mr. Beirness: — We're talking about mandatory testing now?

Ms. Chartier: — Yes. Yes.

Mr. Beirness: — We're still thinking in terms of alcohol. For one, it's easy to do and it's reasonably quick. When you start to do the drug testing, all of a sudden you've detained the person for a longer period of time to get that sample because it's going to take at least three minutes to get the sample. And then, it's going to take another five minutes to test the sample on site using one of the devices. So now you're encroaching on a period of time when the person may demand to talk to their lawyer, then you've got a real problem. So you don't have that problem in Australia.

Ms. Chartier: — Okay. Well thank you. I think that the big message that I'm hearing from you, that drugs and alcohol are very different and they need different . . . And I think because alcohol perhaps has been that low-hanging fruit, that that one's the easy one to work on. But that doesn't mean we should ignore this, drugs.

Mr. Beirness: — And I think there's some low-hanging fruit here too.

Ms. Chartier: — Yes. But thank you for that. That was very interesting and informative and appreciated.

The Chair: — Right. Thank you. On the note of the letter to the national coordinator for the DRE of the RCMP, that'll come under my signature. We'll do that once we get back to Regina. So we'll ask to see if we can get that data.

I want to thank you, Mr. Beirness. You have not only been helpful for myself or to the committee members but I think for those watching, understanding a better correlation between what's happening across Canada and within our own province, not just in regards to alcohol but drugs as well.

If we have any further comments or questions to you, we will definitely be submitting those to your office and asking for those for clarification. But today was very much a foundational presentation like I wanted the committee members to have. I am a police officer so everything you said today I understand. I get that. There's a lot of things we're going to have to ask for the federal government to look at doing as well. But it's definitely

been helpful today to hear from your perspective and your organization.

We will take a recess and reconvene at 1 o'clock with the committee. Thank you.

[The committee recessed from 12:03 until 13:01.]

The Chair: — Welcome back, everybody, and good afternoon for the second half of our day for the presentations. We have a new presenter now of course, and just for the witness's information, we'll ask you that you introduce yourself and your organization you're with. And then also if you have a written submission, if you'd like us to have that tabled, let us know as well, please, and it'll become public knowledge. So I see you have something here for us, so thank you very much.

Your presentation, you have an hour to present and have questions and answers. So if you take 10 to 15 minutes or longer, that's fine. You can't ask us questions. We'll definitely ask you questions, and the committee members will not enter into debate with the witness. So that hasn't been a problem yet, so we should be fine.

Okay. So I guess on that note, Doctor, we'll have you start your presentation. Thank you.

Presenter: Canadian Paediatric Society

Ms. Martin: — Well good afternoon and thank you very much for allowing me the opportunity to speak here today. My name is Susanna Martin. I'm a Saskatoon pediatrician, and I'm the provincial representative to the Canadian Paediatric Society. The CPS is a national organization comprised of over 3,000 pediatricians and other health care workers involved in child health, working together to optimize the health of Canada's children and youth.

I speak to you today as a parent, as a pediatrician caring for children in the province — sometimes as a result of injuries sustained on our roads — as a CPS representative, and finally on behalf of the children of the province. I'd like to focus my comments on two issues pertaining to road safety and children and youth. These comments are in support of legislation requiring booster seat use in children until 145 centimetres and 36 kilos, and that requiring helmet use, making it mandatory for all cyclists.

So first of all I'll address booster seats. Booster seats are proven to significantly reduce serious injury and death in children from five to eight years of age, but our province has not yet enacted legislation requiring their use.

It may surprise you to hear that among Canadian children over four years of age, both in Canada and the US, the leading cause of death is motor vehicle collisions. And if you pause a moment and look back historically, seat belt laws enacted in the '70s and '80s, coupled with better vehicle design, obviously led to a dramatic decrease in motor vehicle fatalities. It was however recognized that this failed to protect infants and young children. Studies showed that in comparison to seat belts, child safety seats designed to restrain those from birth to up to about four years of age decreased the rate of injury in motor vehicle collisions by 70 to 80 per cent and the rate of death by 28 per cent.

This realization led to the passage of car seat legislation throughout Canada and much of the world, which, coupled with safer vehicle design, led again to a significant decrease in morbidity and mortality in the infant and young child population. Currently in Saskatchewan that law covers children up to 18 kilos, which is obtained on average at about five years of age.

Subsequently data began to accumulate about the increased vulnerability of a new population, those 5 to 8 or 9 years of age, too old for child car seats but not yet old enough for adult seat belts. Children this age suffer injuries almost twice the rate of younger infants and older children because of inappropriate restraints. Adult seat belts fit poorly, with the shoulder strap passing often around the neck rather than the shoulder. This results in the child being at risk of rolling out of the seat belt, particularly if it's a collision involving the opposite side. Sometimes the portion isn't even worn. They'll slip their arm up over the top because of comfort and wear it behind themselves. And I'm sure you've seen that.

Also because of the child's small size, the lap belt portion fits around the abdomen which is soft, which is vulnerable to injury, as opposed to the hips which are where it's designed to fit. This can lead to the child actually folding around the seat belt and they sustain a specific pattern of injuries known as lap belt syndrome. This includes a spectrum of injuries to the bowel, including some injuries that are almost virtually seen in no other circumstance, the abdominal organs, and the lower spine, which can in fact lead to paraplegia. They are also four times more likely to suffer head injuries.

Studies have shown that children restrained in booster seats suffer less than half, about 41 per cent to 49 per cent, of the injuries of those of similar age who are inappropriately restrained with adult seat belts. As this became apparent, many jurisdictions subsequently moved to protect this population, including at least 47 of the United States. And in Canada all but two provinces have since passed legislation mandating booster seat use, the exceptions being Saskatchewan and Alberta.

Booster seats, you may or may not be aware, they come in two general types. There's the convertible one which uses the child safety seat that they were using from 2 to 4 years of age but, instead of using the integral harness, they switched to using the adult seat belt with the same seat.

And the other is a simple belt positioning booster which is just a seat that is designed to elevate them 12 to 15 centimetres, putting them in a position where the adult seat belt is more likely to fit appropriately, where it's going to fit over the shoulder and it's going to fit over the hips. This type of booster costs about 30 to $40. It's relatively cheap and it's actually . . . And a lot of cars are now putting it as part of the car design. A lot of cars have built-in booster seats. They're also much simpler to use. They have a lower frequency of incorrect use because they don't need to be secured to the vehicle and they're just used with the regular adult seat belt. Additional advantages — personal experience — the child can actually see out of the window and get a visual as opposed to looking up at blue sky.

Published Saskatchewan data do not allow comparisons, but a study in Wisconsin revealed that over a four-year period there would have been 16 fewer deaths and 84 fewer injuries requiring admission to hospital simply by having booster seat use by all 4- to 7-year-olds. I don't know that we're that different from Wisconsin, and I think that just one death that could have been prevented by such legislation is one death too many.

Based on a review of the literature, the Canadian Paediatric Society's injury prevention committee recommends booster seat use until a height of 145 centimetres, which is roughly 4 foot 9. And at that time, that's when an adult seat belt is much more likely to appropriately fit. They also use age criteria, over eight years of age, and weight criteria, over 36 kilos or 80 pounds. Arguably though, as long as they fit within the weight guidelines for the specific seat, I would argue that height is the most important as it is that which best determines fit, where it's going to fit on the child. Personally my 10-year-olds are still using booster seats. And the average age of attaining a height of 145 centimetres is about 11 years. Additionally they should be seated in the rear seat because rear seats have 40 per cent less likelihood of injury than front seats. A lot of jurisdictions have mandated you have to be over 12 to sit . . . or 12 and over to sit in the front seat.

The American Academy of Pediatrics has similar recommendations. They're the sister organization of the CPS south of the border. Their only difference is they actually say 8 to 12 years rather than saying under 9. Pediatricians, family physicians, and other health care providers, we all do what we can. We recommend. We educate families about safe seat use, safe seat choice. But our efforts could be significantly aided by legislation. It has been shown that legislation is effective in inducing behaviour change. Studies conducted about booster seat in provinces with and without legislation have shown significant differences in use — presence of legislation almost doubling use and decreasing fatalities. In the United States, studies have actually shown that parents look to legislation as a source of information about restraint use. And they'll say for example we put her in a seat belt at five because that's what the law says.

Use, in these studies, is obviously still suboptimal as legislation alone cannot achieve 100 per cent compliance. But coupled with enforcement and with public education, it can go a long way. The proof is if we look at current adult seat belt data. It's upwards of 95 per cent in Canada, and in Saskatchewan it's 96.8 per cent. Saskatchewan youth 9 to 15 or 9 to 16 are even higher. This came about by a combination of legislation, enforcement, and education, as well as the passage of time which has just changed the societal norm. Now it's just automatic when you get in a car that you buckle up. It wasn't automatic in the '70s. You have a chance to begin that process now in our province with respect to booster seats. I urge you to establish legislation that will further protect the 5- to 8-year-old children in the province. Legislation, coupled with enforcement and education, can reduce the rate of injury and death by half.

The second topic that I'd like to address is that of bicycle helmets, which are again shown to decrease significantly the rate of serious injury and death among cyclists. I'm a great proponent of encouraging kids to bike. It's a great activity. It's environmentally friendly. It leads to decreased obesity. We should all be encouraging it. But they should be doing it in a safe way.

Studies have shown that an appropriately worn, appropriately fitting bicycle helmet can decrease the risk of serious head injury 85 to 88 per cent. Yet, again, Saskatchewan has not enacted legislation requiring helmet use, despite the fact that studies show about 80 per cent of parents support such legislation.

Education alone doesn't work. Youth 12 to 19 years old surveyed indicate that less than a third of them report always wearing a bicycle helmet when they're bicycling. I was in the park the other day. I watched five kids in a row bicycle by. The first two had a helmet. The third had a helmet unbuckled. The fourth one had a helmet. The fifth one had none.

And as discussed earlier, legislation is effective. Compared to jurisdictions without mandatory helmet laws, those with show significantly greater use and injury rates that are generally 25 per cent lower.

Consequences of lack of helmet use are clear. One 2004 report cites the direct and indirect costs of cycling injuries to be 443 million, half of which children and youth are responsible for. Cost-benefit analysis estimates that 29 to $30 in injury costs could be averted for every $1 spent in helmets. Apart from the monetary aspects, it has been calculated that about every year 20 children, 19 and under, die as a consequence of bicycle-related injuries, and another roughly 50 experience permanent disability.

The Canadian Paediatric Society in 2005 first issued a report calling for all provinces to enact legislation that would require everyone riding a bicycle to wear a CSA [Canadian Standards Association] approved helmet. If all provinces had done so at that time, coupled with appropriate education and enforcement, and we use a conservative estimate that 80 per cent of head injuries could have been prevented, you can calculate that there'd be 128 more children alive today and 320 less living with the consequences of severe brain injury. Some of those would have lived in Saskatchewan.

I don't want to see any more of Saskatchewan's children become needless statistics. I urge you to consider their future and act now to take a leadership role to enact legislation for both bicycle helmets and booster seats that is evidence based. Thank you very much for your time and I'd be happy to take any questions.

The Chair: — Thank you very much, Doctor. Mr. Steinley, you're first.

Mr. Steinley: — Thank you very much, Doctor. I appreciate your presentations, both very timely for I'm a new parent, so I have some special interest in these two topics. And I'm wondering, you said that only Alberta and Saskatchewan do not have legislation for the booster seats. You didn't say about the bicycle helmet. So I was wondering what provinces do and don't have bicycle helmet legislation mandated in the use of . . .

Ms. Martin: — It's roughly 50/50 to the best of my knowledge.

Ontario does. BC does. They were the first. They enacted it in '96, I believe. And the three Maritime provinces all do. I think Newfoundland is considering it. I'm not 100 per cent sure of some of the others. I know Quebec doesn't have it. Alberta does as well. Yes. So it's roughly half.

Mr. Steinley: — Half. Okay, thank you.

The Chair: — Ms. Wilson.

Ms. Wilson: — Thank you, Mr. Chair. And thank you, Dr. Martin. This was very timely as well because I'm expecting my sixth grandchild. So I'm always checking out everything. It's very good.

Ms. Martin: — Congratulations.

Ms. Wilson: — Now I'm curious, do you track statistics on file? Does every hospital have statistics on this topic you're presenting today?

Ms. Martin: — There is a database which is called the Canadian hospital injury prevention . . . CHIRPP [Canadian hospitals injury reporting and prevention program]. And I can't tell you what that acronym stands for. I believe not all hospitals, however, participate in that — and sometimes it's a parent survey where the parents are asked — for example, our hospital doesn't. The Royal University Hospital doesn't, and I don't have access to that data. Sorry.

Ms. Wilson: — Thank you very much, Doctor. I do appreciate what you have here today, and it's very important to our research. And I appreciate your coming. Thank you.

The Chair: — Ms. Chartier.

[13:15]

Ms. Chartier: — Thank you very much, Dr. Martin, for being here today. And I know we've had an occasion to chat in the past about this. One of the things that struck me in our previous conversation, obviously deaths are incredibly tragic but, as a pediatrician, the one thing that you have spoken about is the tragic consequences of lifelong or very severe injuries. I'm wondering if you could talk a little bit about your experience as a pediatrician dealing with a child who either hasn't worn a helmet and has now an acquired brain injury or a child who, with a booster seat, has some severe issues.

Ms. Martin: — Sure. It's somewhat difficult to talk about some of those because of confidentiality issues obviously, but I have been involved less often in the death because they don't come to us, you know. But with severe brain injuries, teenagers routinely transferred to my care from the ICU [intensive care unit] that will require lifelong care in an institution, that are no longer able to be cared for by themselves, who were previously well, healthy, functioning children.

I've had other children — again, less severe head injuries sustained in a motor vehicle accident — where they weren't in their booster seat. And the parents said, oh well, I don't bother because he keeps unbuckling himself. My answer to them was, well do you let him play with knives, because those things we know are dangerous and you say no all the time. If you know a booster seat belt is mandatory, you need to say no all the time, and they would continue to have themselves buckled in. We see it quite regularly, the severe consequences, but I can't give you stories because of the confidentiality issues. Sorry.

Ms. Chartier: — I think the other things, sort of anecdotally, that jumped out from our conversation as a parent, and I think you have twins . . .

Ms. Martin: — Yes, I do.

Ms. Chartier: — Yes. You had mentioned to me that, well, children in that age like to push back or they get out of the car seat or the booster seat at school and feel stigmatized. But if all the kids have to do it, it's way easier as a parent. This isn't about making parents' lives easier, but it definitely . . . As a parent myself I know when, you know, that your 8-year-old is getting out of the car and can't argue that all his friends or her friends aren't wearing their . . . aren't in their booster seats, it makes life way easier.

Ms. Martin: — Well, two things. One is that there's less stigma with the low ones because their friends don't really see it. They don't see them getting out of a car seat because it's just like a cushion sitting in the car. And the other is, my son accidentally didn't have a booster seat on a ride somewhere. We'd switched cars and it was in the shop, and my husband took him home from school without one. And he says, the next day he said, it was okay because I had my winter jacket on. So meaning he was uncomfortable because the seat belt was in the wrong place. It was better because he had his jacket with his hood so it didn't bother him as much as it would have in the summer with the thing. And this was him admitting this at 10 years of age.

And I see it all the time when, as you say, their friends are not in booster seats. Now some of their friends are 4 foot 9, but some of them aren't. And I think a lot of the times it's because their parents don't know, because when we've had conversations they said, I didn't realize that. It's like I'd mentioned in the United States study. People look at the law as telling them what's best for their kids. So we should do that. We recognize that the booster seats are better. Rather than just using education, we should move to legislation.

Ms. Chartier: — I think that in terms of . . . Thank you for that. So you're really emphasizing the height piece though. So if you picked a piece of legislation from the other provinces that have enacted legislation, is there one province that stands out as the most favourable?

Ms. Martin — I think Ontario is the one that is cited as having the best legislation. But to be honest, not being a politician, I haven't read the motor vehicle Acts of each of the provinces. So I honestly haven't read the details of each legislation. That has been cited as a model, but that's not my personal recitation. That's second-hand evidence.

Ms. Chartier: — Okay. Well thank you very much.

Ms. Martin — Thank you.

The Chair: — I can tell you, it's probably about as interesting as maybe an anatomy book for a guy like me. And I'm a policeman; like, law was okay for me, but medicine wouldn't be so much, probably. But it's riveting, to say the least. Mr. Vermette.

Mr. Vermette: — Thank you, Mr. Chair, and thanks for your presentation. You talked about, and I think you mentioned two provinces that did not in 2005 go ahead with implementing IS [infant seat] legislation that would make it mandatory for car seats and certain age and size, as far as weight and stuff like that. We have an opportunity now as traffic safety hearings go on, and I think it's timely that you bring this forward. And I think it's important. That gives us an opportunity as a committee to look at fatalities and injuries on our highways and our roads.

And I think it's timely, that it's good that you're bringing it forward because it does . . . Just in the brief time you've shared with me, I mean, as we all are parents and grandparents, and of course you want to take care. You see the way . . . And I've taken grandkids in my own vehicle and you drive with them and just the numbers here, I think, kind of open my eyes and make it apparent that yes, something needs to be done.

So from my side, you know, I just look at that and hopefully something can come and the recommendation can come. We can't say clearly what's going to happen, but we sure can make recommendations as a committee or as individuals and lobby in different ways.

So I just want to say thank you for shedding that information and truly some light on a situation I think we take for granted sometimes. We really do. So I thank you for your report.

Ms. Martin: — Thank you.

The Chair: — If I could ask a question on the bicycle helmet piece. I was a minister of Policing, also a minister of Municipal Affairs. It always came across my desk. The only problem we had, and there's still ongoing talks with municipalities, was how do you actually enforce it? Because anyone under the age of 12, truly is, it's hard to actually issue a ticket. They have no means to pay it. Even those up to the age of 19 have an issue; some of them can't pay a ticket. Also stopping them was a big issue. No one actually could figure out a way to actually prevent or stop a bicyclist from riding away from you because of course they can go to back alleys, they can go through all the little nooks and crannies and trails.

Has there been any talk or do you know of any talk around that? Because it's an ongoing situation in the province where around the table it's been very difficult with SUMA [Saskatchewan Urban Municipalities Association] and SARM [Saskatchewan Association of Rural Municipalities] and the ministers and policing community to figure out how to actually enforce this. Even using bylaws was talked about, but it's very difficult to actually stop the kids. It's like the same thing with skateboards. We had the same problem when skateboarding came in. So do you have any recommendations?

Ms. Martin: — Well, sure. You know, the larger municipalities have the bicycle police so you can engage in a chase obviously. But that may be further dangerous — right? — because then that makes the kid fall off his bike.

But analogous to seat belts though, I mean you don't fine the child. You fine the adult for having the child inappropriately restrained. Now you've still got to get a name and address out of the child and you still have to catch him. There's no easy solutions. But even the presence of legislation alone increases use.

And again, you know, analogous to the seat belts, that probably will change societal norms such that it's gradually the norm. As the grandparent picks up the child, as the carpool picks up the child, they all need to have car seats. As you go to your friend's with your bicycle, you need to bring your bicycle helmet. It just changes the societal norm. Even the legislation, there's only one piece but it still increases it a bit.

The Chair: — Great. Just a follow-up on that then. Two pieces, education and media presence, that kind of awareness would help as well, I think you're recommending along with legislation.

On the bicycle helmet piece, what other provinces legislate it right now? Do you know?

Ms. Martin: — I think the Maritimes, PEI [Prince Edward Island], Nova Scotia, New Brunswick, Ontario, Alberta, BC is my recollection. Now I could stand corrected, but that's my understanding.

The Chair: — Okay. Oh, that's them. Sorry, I missed that before. So, Ms. Chartier.

Ms. Chartier: — And you're recommending bike helmets for everyone, not just for children?

Ms. Martin: — Social modelling, right? You know, your kids do as they see. You know, it shouldn't be do as I say, not as I do. You know, I have, I will honestly admit, gotten on my bicycle and the kids will say, hang on, you haven't gotten your helmet. You know, that's good societal modelling but again, what message does it send if we don't protect adults? And there's been a number of high-profile deaths of adults recently, so we might as well protect the adults as well and certainly there's a trickle-down effect to kids.

Ms. Chartier: — Thanks. I just wanted to confirm that.

The Chair: — Do we have any more questions from members of the committee? Seeing none, thank you, Doctor. It was informative as well as from my perspective as a legislator, that the uphill battle I've had trying to talk about this across the province and the issues I've seen with it. So we'll take it in consideration when the committee meets the end of June to make our recommendations. So thank you very much.

Ms. Martin: — Thank you very much for allowing me to come. I appreciate it.

The Chair: — And the committee will now stand recessed till 2 o'clock, till our next presenters show up. So thank you very much.

[The committee recessed for a period of time.]

The Chair: — Welcome back, everybody, and thanks for coming back a little earlier than 2 o'clock. We'll hear from the next presenter. To the witness, if you weren't here for the last presenter, for the most part the first time you get to the mike, please tell us your name, where you're from, and then we'll get you talking to the committee from there.

We recognize you have submitted a written report for us to look at, and that will be tabled as well for the public's consumption as well. And I would imagine your presentation's centred around that report. It looks like about a 15-, 20-minute presentation, so that's fine. We slate an hour so there'll be questions and answers from the committee members to yourself. We can't and won't debate with you, and all we ask is you can't ask us any questions either. So it's been a pretty good process up to this point in time. We don't see any problems. So the floor is yours, sir.

Presenter: City of Martensville

Mr. Muench: — Thank you. Hi. My name is Kent Muench, the mayor of the city of Martensville, and I'm here just to talk about our traffic concerns around Highway 12 specifically and then in general Highway 11 and 12 in our area.

So I guess to give you a little bit of background for the city of Martensville, for those of you who aren't familiar with it, it's a very fast-growing city. It's the fastest growing city in Western Canada. It's about 7,700 people as of the census in 2011, and it's growing between 100 to 200 houses annually. And it's in a region that's also growing rapidly. The city of Warman is probably growing at a very similar pace. So you're looking at a regional population of around 20,000 people. It's located about 8 kilometres from the city of Saskatoon, the Saskatoon International Airport. So there's a very high traffic volume happening on highways 11 and 12.

Basically there are three points of entry into Martensville. Well there's four I guess currently. One is scheduled to close. So there's the Highway 12 and Lutheran Road, which is the furthest south. There's a south access road, which is the entrance that's scheduled to close. There's the Main Street access to Martensville, and that one has some improvements to the intersection. There's an off-ramp and acceleration lanes. And there's a northern access, the new 305. And from that point, you can actually turn back south and go to Martensville or you can connect to Warman. And 305 is currently in the process of being improved. I'm not sure if you're aware of that. And so right now it's sort of not a great highway, but it will be a high-speed connector when it's completed.

So it says in the report, under population and demographics, that basically about 86 per cent of our population of 7,700 people commute to another community for employment. The current demographics in Martensville consist of a younger population — 67 per cent under the age of 40. And with a large population commuting daily, there's also the increase for very young new drivers and inexperienced drivers accessing a major high-speed highway. And so the potential for collisions greatly increases.

In terms of our growth, we have a number of different growth projections. But within two years, both the city of Warman and the city of Martensville are likely . . . will be approaching 10,000 people each. And within 20 years, the region will probably be at 50,000. So it's growing very rapidly, all, the whole entire area. Saskatoon of course is growing north, and there's Osler and Dalmeny and then the communities north that are also feeding into our I guess our traffic situation on both Highway 11 and 12.

We completed a study recently with the province, the Highway 11 and 12 functional planning study. And Martensville has done a number of local improvements alongside that sort of project. So we have attached an average annual daily traffic diagram. We had an issue with our intersection at Main Street and Highway 12, and so we put some traffic signals in there. And you can see from that table there below, we sort of made a significant improvement in our access to that main intersection.

So we're really working hard to take care of our own internal problems, and I think we've sort of addressed that situation. But unfortunately as the residents of Martensville move out of the community, they reach Highway 12. And essentially there's only one safe entrance, and that's the Main Street access. The south access is very, very dangerous. The sightlines are at an angle. There's no acceleration lane. There's I think three stop signs kind of as you go to the point. There's long lines of impatient drivers. And that's the one that's scheduled to close, but it's still open. And then there's the further south one, the Lutheran Road one, which I'm not sure how that one will play out once everything is kind of realigned, the new 305.

There's a 3053 access road to the east of Martensville that's going to be going sort of around the southeast edge of Martensville, which will connect to Lutheran Road. And so that will change traffic patterns I think in Martensville, and some traffic might end up going that way. And Lutheran Road is scheduled to have . . . Or I guess the acceleration lane has already been completed on Highway 12, but the sort of the reorientation of the service road connecting to Highway 12 at Lutheran Road has not been moved, and so it's a very short 90-degree turn between the service road, Lutheran Road, and then Highway 12. So that also needs to be improved.

In terms of the actual traffic counts, basically outside of Regina and White City, this would be the highest amount of traffic in Saskatchewan. And you can see it has 13,000 vehicles and nearly a 63 per cent drop off in Martensville. So there's lots of movement happening at the intersections. And in the process, the 305 being improved to Warman, it will give residents of Warman a second access point to Saskatoon. So they'll be able to take either 11 or 12. So that will also have an impact on our highway that's not really accounted for.

So we look at safety and collision statistics. Basically the purpose of the Highway 11 and 12 planning study was a mitigation of safety issues and alleviating public concern being sort of essential. And because of the increase in population, a growing youthful demographic, an increase of traffic volume, it's very likely and expected that higher collision frequencies will occur. So in the table there, we just have the information from 2011 to 2012, and this is the responses of our local Martensville fire department. And they responded to six

accidents in 2011 and then 11 in 2012 that are directly related to our three access points, and then kind of a breakdown of what happened sort of at each one.

And so in those, those points, I guess 60 per cent of all the collisions they responded to were Martensville related. I guess we have four, so those four intersections. And in 2012, 11 of the 17 were those entrances, so that's 64 per cent. So of the two years, 50 per cent of the accidents that our fire department is responding to are happening right on the entrances to Martensville.

In the Highway 11 and 12 planning study, our intersections, specifically the main Martensville access, was given a service level of E and F. E is really bad and F is horrible. They don't even actually define how bad F is, and our intersection received an F.

The other part is that if an interchange is to be constructed at that area . . . And we've heard that a functional plan sort of for that main intersection has started. It's just in the interim sort of what are the plans for that intersection as we move forward? Because Martensville and Warman are growing. And having no plan . . . Just waiting for this — like the functional plan, then the detailed plan, and then budget for an interchange — I mean best case scenario, it's probably four or five years away. And we're both growing very rapidly, so it's very important that something be done in the interim.

In the Highway 11 and 12 planning study, there were actually no recommendations, no short-term recommendations for the Main Street and Highway 12 intersection because everything had been done that could be done other than an interchange. And this doesn't really account for the new 305, the traffic patterns that may change. It doesn't really account for the growth of the region. And so without a plan, an actual plan for when an interchange might be constructed, without any sort of plan for when interim or what sort of interim measures could be completed, it's leaving residents feeling very uneasy about the safety of Highway 12.

[14:00]

So I guess under the conclusion and recommendations, there are sort of two key recommendations there at the bottom. And so one short-term recommendation that we'd like to see and we've proposed before is to install some sort of traffic control signals on the highway that are linked with our traffic control signals in Martensville, sort of to help I guess. We think it would make it a little safer on the highway, although there would be a change in speed.

And we've heard about why maybe that's not the best option, but without an interchange being constructed or planned for in the foreseeable future, I just don't know what would be better. I mean it seems to make sense. There are traffic signals on other highways. And because of the large amount of traffic that drops off in Martensville, it seems like it would be something that seems reasonable.

If that in fact isn't an option, the traffic signals are not an option, then I think expediting interchange functioning, then detailed design, and then actually execution of that plan — so acquiring the land and moving forward — is essential.

Martensville's feeling lots of pressure from developers to go across the highway. We have developers who own land on the other side of the highway. And once that happens, I mean if the province is interested in growing, those are all things that are real and they're happening now. And so if we spend our time doing another study about, you know, the growth of the region, it just adds more time to it. And so we'd really like to see that this interchange, and really the interchanges of the region, be sort of prioritized and kind of put high on the list of things to get done I guess. And I think that sort of summarizes our concerns as a city and as a region, just that the Highway 11 and 12 area needs to have a more focused look at the growth and the impacts that that growth is having on the safety of Highway 11 and 12.

The Chair: — Well thank you very much. I appreciate the presentation. You do know that — and I'll tell the representatives from Saskatoon and Warman as well — that it's difficult for us to make site-specific recommendations from this committee. We can make policy-wide provincial kind of a perspective, but having highways looking at increased traffic volumes based on population growth and dynamics is a very relevant recommendation, I would think.

I do have a question, though, before the committee members are considered. Any deaths, any statistics?

Mr. Muench: — There has not been any deaths.

The Chair: — Okay, that's a good thing. And the next question is, is this a high-speed corridor where these collisions are taking place? What is the speed limit there?

Mr. Muench: — Yes, so the speed limit is 110. And I should go back a bit. There has been deaths outside of our main access points. But just in those four, there hasn't.

The Chair: — Thank you. Any members have questions? Ms. Chartier.

Ms. Chartier: — With respect to, obviously even if you got your interchange, you mentioned the long term that's years away. In the short term, you're asking or would like to see traffic signals there. But have you heard from the ministry that it's not appropriate to have traffic signals there? That's who's said that it's not.

Mr. Muench: — Right. So it's more of, I guess we're here to this commission I guess in a sense to raise awareness for the area; 305 was put in I think without a lot of consultation. I mean maybe there was, but maybe it was the wrong people because 305 is now exiting into Highway 12, and Highway 12 is actually a single lane highway at that point.

So I mean it's really, it's making it worse very likely as Warman continues to grow and Martensville grows. And so it's just those decisions, we just need I guess a commitment that maybe the province is going to consider that growth is good, but there needs to be a plan for these high-growth areas. And it's a forward-thinking plan that sort of can help. I mean there's lots of potential if you have a plan. It doesn't mean it has to

happen necessarily because maybe, you know, things will change or something. But at least there's a plan. And right now it's very hard when you're going at the residents in terms of communicating a plan. We're really unsure what the plan is when, you know, you see these things happening.

Ms. Chartier: — When was this particular study done?

Mr. Muench: — I think it was completed in the fall of 2012.

Ms. Chartier: — 2012, okay. And just in terms of the, obviously the last several years, there's been growth. But has it been the last couple of years — you talk about Martensville being the fastest growing city in Western Canada — has it been the last couple of years that you've seen the huge surge or has it been over a length of time?

Mr. Muench: — Yes, it's been sustained over a length of time. And I think before that, Warman was the fastest growing city. So I mean they're both growing very quickly and it's sustained and we don't see it slowing down. We see lots of commercial and industrial development, and so you're going to see more than just vehicle traffic on that road too.

Ms. Chartier: — Thank you.

The Chair: — Mr. Forbes had his hand up.

Mr. Forbes: — David Forbes from Saskatoon Centre. Just curious, somewhat related to this though, but I'm wondering about public transit because I live just off Idylwyld, so I see a lot of these cars, vehicles going north or coming south every day. And so has there been any discussion around public transit out to Martensville? Because when you were talking about 86 per cent of the folks are commuting to another community, I think that other community largely is Saskatoon.

Mr. Muench: — It is largely, yes.

Mr. Forbes: — Yes.

Mr. Muench: — Yes, I mean we've thought about it and had those discussions. We've had it with private individuals and whatever. They've all kind of come to the plate and said that maybe . . . It just doesn't seem like it's viable at the moment in terms of the way transit, public transit is set up right now in terms of actual commitment, when you went out to the residents and asked them about public transit, if there's something they're considering.

But I know in studies that we're doing in our region with the city of Warman for sure, like looking at places like light rail transit and things like that in terms of future planning, we are considering that. But in terms of right now, transit, we have looked into it, and the providers have all said that it's just not economically viable right now.

Mr. Forbes: — So why is that? Is it because we have too many points in Saskatoon to drop off at? Or what would be the roadblocks for that?

Mr. Muench: — Yes, I mean I'm only sort of guessing at the moment, but I think it's very similar to the same reason Saskatoon has low ridership. I mean, it's a car-based city. I mean, we're a commuting community, so people have vehicles. And it's just I think that's just the mentality of the community we live in, that it's vehicle-based first.

Mr. Forbes: — Yes. Okay, thanks.

The Chair: — Thank you. I have another follow-up question. With this map that you've given to us on, let's see, page 4, it's not hard to see that you have a congested area with access points onto No. 12. But it's hard to tell how many access points actually hit that highway. Can you tell me and the committee how many points actually hit the highway based on this diagram here?

Mr. Muench: — Sure. So there are four. So we start in the northern part like kind of where the . . . Are you looking at that map with the little red . . .

The Chair: — Yes. This thing right here.

Mr. Muench: — Okay. So it's at the very northern part. That's where 305 will meet Highway 12. It's outside of the city of Martensville limits. And that's where the highway is actually single lane at that point.

Then there is the Main Street Martensville access which is right in the very middle of Martensville. And that's where most of the collisions are happening even though that is actually the intersection that is most improved, and that's the one that has no recommendations for improvement other than an interchange.

Further south is, right on the edge of our corporate limit, is called the south access and it's proposed to be closed as just like in a right-in right-out access point. So right now that one is just as the highway, you can see it, bends. That's actually where the intersection is, at the bend. So it makes it very unsafe in the morning. And then further south, which isn't even on the map, is the Lutheran Road. And that's the access point where the province is proposing . . .

The Chair: — So in my past life as minister of Municipal Affairs, this was within your municipal boundaries. Are they saying to you that highways, that all these improved intersection improvements are your responsibility? Are they trying to work with you to improve access at those points first? Because the functional plan, from what you said, might actually be in place for other work to be done, but this seems to be a priority for everybody right now, the access points. Right?

Mr. Muench: — Right. So the access points when you're actually out to 12, they're not within our corporate limits. The only one that's, I guess, close would be the Main Street one where we have our traffic signals on Main Street and Centennial. And then when you cross through those intersections you come, I guess, you're going into the province's land. So yes, I mean, I would think they're an important piece, an important component for the province. But they're not actually within our city and so I guess that was for traffic signals. That's why we can't put them on the highway, because they're not actually in . . . We haven't annexed that land.

The Chair: — Interesting point. I think that we learned from Estevan last week as well there's a lot of increased volumes of traffic. Just we'll have to digest this and think about how we can make a recommendation into safety in regards to traffic volume flows for dense population areas.

But I have no more questions. Anyone else have any more questions at all? Thank you so much. And I'm sure the individual from Warman tomorrow will be more enlightened as to statistics and diagrams as well, so thank you very much.

Mr. Muench: — Thank you.

The Chair: — We will take a brief recess. In fact if it's okay with the committee members, if the next presenter is here, we'll start at maybe 2:30. Thank you.

[The committee recessed for a period of time.]

The Chair: — Thank you for returning, committee members. We can start earlier because we have our next presenter here earlier than he's supposed to be. So thank you, sir.

Just to update the witness, when you first speak in the mike, sir, please tell us your name and, if you are from an organization, what the organization is. If not, that's fine, just your name. I see you have given us a document that we can table for public consumption, if it's okay with you.

Mr. Regier: — Yes.

The Chair: — Great. So the process is, you can present your information to us. After that time, we'll have some questions and answers for you possibly; maybe not, depending upon what you present. We won't debate you on matters that you present, and nor can you ask us questions in regards to our position or where we are right now within government or opposition. So on that note, sir, the floor is yours. Please proceed.

Presenter: Frank Regier

Mr. Regier: — Thank you, Mr. Chairman. My name is Frank Regier and I'm a proud Saskatchewan citizen. And I'm going to be speaking in two areas, one as a citizen myself, and as a blood donor. And I've been watching the news the last while and there's been a lot of accidents and critical accidents. And that brings me a concern, and the concern I'm having is drunk driving.

Drunk driving is a big concern with me because I've seen people, you know, get charged with impaired driving. They get a suspension, they drive while they're suspended. They get caught driving when suspended, they get a little fine, an extension on the suspension, and they're back on the road. And it's terrifying for me because I'm on the road, my family's on the road, and to have these people on the road, it's a huge concern.

The safety rating program is a good program. But at the same time there should be a cut-off on the safety rating when it hits negative. I know someone who has a very high negative safety rating. And he got a suspension, and he takes a safety course and he's back driving again. And that is wrong.

And the part is, I hear a lot of people say driving is a right. It's not a right; it's a privilege. And if you don't want to respect that privilege, it should be taken away. Like I know some people who have a minus-30 safety rating and they're still driving. That proves to me you're dangerous. Like I just can't understand why these people get on the road with that kind of safety rating.

You know, I'm proud to say I got a letter from SGI and I'm platinum status for safety rating. You know, like I'm being a responsible driver. I take it very seriously. You know, I don't want to hurt anybody. And I want the same respect back because I'm travelling on the road, I'm travelling out of town. I'm planning on going on holidays in July in Alberta and, you know, I want to ensure that I get home safe as well. And that's a huge concern.

Speeding. Speeding is another one. You know, when I've seen actually a very good police service because they do catch them. And I was watching the news one night and the city police pulled someone over going 133 in a 50 zone. And you know, I think, wow, he sure didn't respect anybody on that road. He got a fine, I think should have been a little bit heavier. But at least they caught him and he didn't get away with it. But the fines are so relaxed here. I find it's so relaxed. It's laughable, you know, sometimes that the fines are so low. And the damage to people and their families, it's enormous. It's enormous.

I know friends of mine that's lost relatives, and I've lost colleagues in high school with drunk driving. And I was proud to be a SADD [Students Against Drinking and Driving] member when I was in high school. And I take it that if you do one drink, game over, you don't drive — period, plain and simple. Point zero four, .08 — it doesn't matter. When you took that drink, you decided you didn't want to drive because you didn't consider that when you drank.

I know the graduated licence program, when you have a learner's licence you can't drink. You can't have one bit of alcohol. You're suspended. And I think for an experienced driver, it should be the same way — zero alcohol. Because it doesn't matter if you're experienced or you're a learner, it still impairs your decision making. And that's another concern I have.

Like I said, you know, I've been watching the news and watching a lot of city police officers getting hurt. An example is on 33rd and Idylwyld, where the police officer had the green light and a car ran through a red light and hit him. You know, the officer went to hospital but, you know, the guy was drunk. He was impaired. You know, like that's going to cost a lot of money, just not for taxpayers but for drivers themselves, because it impacts my licence plates with their insurance because SGI, you know, if it's too many accidents, it impacts all drivers. And that's a concern I'm having as well.

Like I said, the fines are so low. Like even for jaywalking, it's $20. Well you know, if a person hits them, well the pedestrian isn't wrong. It's still costing SGI money. Like if there's damage on that vehicle, well what are they going to do, sue the person? Well if that person has no money, can't get anything out of them. So again, it's the expense on drivers.

And it just about drives me insane watching stuff on TV because you see these people, just like on the weekend with the conservation officer, you know, that brought me to tears. And to know that, you know, the guy had a previous DUI [driving under the influence] in April, that was concerning. And he didn't stop. He just kept going. Now there should be zero tolerance on that. It should be. You know, it just brings me to tears to see that: you know, such a young person — young person — my age. You know, it's just too emotional. It is. It is.

The Chair: — Well thank you very much. Your words mean a lot to us. We all understand what happened this weekend. And it's a tragic situation that we're, very much why we're here, why the Premier put us together, and why I as the Chair I understand your pain. And I really appreciate that, and I feel for you. It hits home because, you know, drinking and driving can impact any one of us any time of the day or night without any notice. It just happens.

And so people are definitely selfish, and they have that mentality that they can still drink and drive. And it's one that we feel as a committee, I know I can speak on for all of us, that it's a major reason why we ask questions of the witnesses and why we research and why we study and why we work towards, I'm sure as a group, making some very solid recommendations to see what you're saying today has some bearing in our outcomes.

I know Ms. Wilson had a question first, and then we'll go to Mr. Vermette.

Ms. Wilson: — Thank you, Mr. Chair. Well thank you, sir, for your presentation and for sharing that with us, your story. And congratulations on your driving record. I don't know how many years you've been driving, but it's very impressive.

Mr. Regier: — I got it in high school, so that's a little while ago.

Ms. Wilson: — No, that is a very good driving record. But I'm curious as to what's on your mind. What kind of fine would you like to see? How much more? What amount for a penalty for drunk driving would you like to see? I'd like to hear your comments on that, please.

Mr. Regier: — Well I think it would be a lot higher than what it is now. Like I know with the construction zone, you've increased the fines, and that's a good start, you know. But like I said, the fines are just so low it's just . . . Like I've known people that's, like I said, that's got caught driving with a suspended licence. And you know, he just laughs about it. He says I get a $150 fine. I make that in a day, you know, kind of thing. So it's just no compassion at all.

Ms. Wilson: — All right. Thank you, Frank, for your comment.

The Chair: — Mr. Vermette.

Mr. Vermette: — Well actually that's kind of where I was looking at. Like you mentioned it a few times about you feel that the fines, the consequences for the actions of the individual making the choices, you don't think it's adequate. And whether it's, I guess, I have to be your own words. And I guess I'm looking to see what you're thinking, not only at price.

Is there other things that you're thinking as a consequence for someone's action? Do you have any ideas or any recommendations you'd like to make to this committee? Is there things differently we're doing now or things that you've heard or anything you've heard in other provinces, have you heard that is different that would help us making a decision that would really come up with a consequence facing the action of individuals?

Mr. Regier: — Well one thing I was saying is think about is the vehicle. They have a suspended licence, but they have a licensed vehicle. Well, like they should lose that, period, because if they have a suspended licence, they shouldn't have a licensed vehicle. They can't drive it, you know. You know, maybe impound the vehicles. Maybe the fines start at 1,000 instead of where it is now. You know, a little . . . Just make it so it's just a little bit more painful in the pocketbook — that's the thing to make you think twice. Hey it's going to cost me, you know, this amount of money. I'm going to think twice, just think twice before they do it.

Mr. Vermette: — I just want to thank you again for, you know, bringing the information forward and talking about it the way you have and shared, you know, your experiences, but also the frustration you're seeing as situations arise in our province and, you know, tragedies are happening.

But I just want to say to you, I guess we've had a number of different people actually talk about recommendations that they would like us to do, impounding vehicles for certain fines and certain reasons. And you just shared some more information with us that tells us that that's something that people are really considering or wanting the committee to consider looking at, impounding and making the consequences more severe, is what I'm hearing you saying.

So I guess I want to thank you for your information and coming here today. That's all I have, Mr. Chair.

The Chair: — Thank you very much. And you know what? I just want to close this by saying that some of the things you say here, Frank, make a lot of sense. I call them damn right ideas — right? — safety ratings, higher fines.

The committee will definitely make those . . . not make a recommendation right now, but will take consideration of those for sure. Because you're right, it's a privilege to drive. I've said it many times in my interviews already. And if you're going to be behind the wheel of a vehicle, then you have to suffer the consequences for your actions. And if it means hitting your pocketbook or if it means taking your vehicle away, that's something this committee will look at and consider for sure.

So thank you very much, sir, for your time. And we'll just take a brief recess, maybe 15 minutes. We'll come back at 3 o'clock for our next presenter. Thank you, sir.

Mr. Regier: — Okay.

[The committee recessed for a period of time.]

The Chair: — Thank you for returning, members. And our witness is ready to present, I understand.

So just again, I think the witness was in the audience when I mentioned it before, but your presentation, as you've given to us already, is okay to be tabled publicly, I understand. So that's good. Thank you for that. Take as long as you need to present. You're the last witness for the day and all we want to hear from you is your story and recommendations. Because you know what? We hear from lots of people already who have . . . from our stakeholder groups. We don't hear from too many individuals in the province and we all want to hear about your story. So when you first speak, tell us your name please, for Hansard, and then the floor is yours, ma'am.

Presenter: Lorraine Holowachuk

Ms. Holowachuk: — Okay. My name is Lorraine Holowachuk. I live in Saskatoon, and I'd just like to read this to you. I'm here making this presentation to the Special Committee on Traffic Safety because I feel it is such an important issue. There are far too many lives . . . Sorry, I'll just . . .

The Chair: — Take your time. No rush.

Ms. Holowachuk: — Affected by collisions, mine being one. My wonderful husband Alvin's life was taken by a very negligent driver. Our lives changed forever when a driver proceeded through an intersection, oblivious to many warnings to stop, to hit and kill him on a clear morning with absolutely no excuse for it to have happened. While speeding, this driver went over five sets of speed bumps, passed a warning of a major intersection, warning of a stop sign, a big stop sign on both sides of the highway, and a red flashing light. Her first question to the officer who attended as she walked away was, was I supposed to stop? She was simply charged with failing to stop at a stop sign and fined $100.

I remember reading, about that time, that in another province the fine for allowing your dog to ride in the back of your truck was $100. You did not need to be in a collision where the dog was harmed. I believe part of the problem is that many drivers are not made to pay a proper price for their offence. The appropriate charge for the person who killed my husband was dangerous driving causing death. In seeking an answer as to why this was not seen to be a serious offence and the person was not made to take responsibility for killing an innocent human being, I contacted the prosecutor, the regional Crown prosecutor, and the Justice minister's office.

I researched at the law library and found several case laws where the person was less negligent and found guilty of that very offence. The prosecutors refused to speak to me and I was told by the Justice minister's office, ma'am, you are just going to have to find a way to get over this; things like this happen to people every day in this province. The Justice minister did respond to a letter and told me than in order to be charged with a Criminal Code offence, there had to be intent. I certainly knew that was not true, as the Criminal Code book states you can be, whether you were aware or had intent or it happened because you did not give to your conduct the attention that is required by law, the prosecutors have a duty to press the evidence in support of guilt firmly and to its fullest legitimate strength.

So from this I could only assume they did not see such negligence and the taking of a life to be serious. As a result of my inquiries and after an invitation to the legislature where an MLA [Member of the Legislative Assembly] spoke on my concern, a change was made to *The Summary Offences Procedure Act*, making it mandatory for any driver responsible for the serious injury or death of a person in a motor vehicle collision to appear in court. I wasn't sure how that would help if the appropriate charge was not laid.

[15:00]

The laws are there to protect citizens, and the penalty most certainly sends a message as to how serious it is seen to be. There is only one message one could get from this decision. All of the 800 family and friends who attended my husband's funeral, who loved and cared about him and the many they know, all I am sure eventually learned that the justice system did not value his life. I can only imagine what went through the minds of the many friends of my young son who were about to start driving. There are harsh penalties for having one too many drinks and getting behind the wheel. However I see that as being no more irresponsible than driving down the roadway oblivious to many warnings to stop. I would like to see it be recognized as such.

Collisions take far too many lives and seriously injure many more. In doing some research, I also learned that the equivalent of two 747 crashes of people die every week on the roadways in North America. When there is a plane crash, it is investigated and talked about, sometimes for years. Each of those lives taken one, two, or more at a time in motor vehicle collisions are just as valuable, and much thought needs to go into what to do to prevent it from happening.

While some changes to the laws and penalties have been made in recent years, I feel more needs to be done. Drivers do not seem to be getting the message that they need to obey the rules of the road. Every day I encounter many drivers who speed up behind me and fly by when I am doing the speed limit, many who run red lights, and on highway trips have seen drivers fly by me and be out of sight in no time.

I have made many trips between cities and not seen one police car. Many are aware of this and drive as if they are free to do what they want. Recently I saw a driver on a busy street who had his cellphone to one ear and a cigarette in the other hand hanging out the driver's window. As of yesterday, I still see people driving and talking on their cellphones. Every driver has to know that is not allowed.

About a month ago as I was ready to proceed through a green light downtown, a truck that I spotted by being cautious ran through the red light. I do not want to think about what would've happened to me in my smaller car had I not seen him and slammed on my brakes. I followed and took his plate number down and reported him to the Saskatoon Police Service. I was discouraged from proceeding with having him charged, as I would have to be sure of his identify. In my opinion, if a person is not the one driving their own vehicle, they should know who is, unless of course it is stolen.

I only need to think of the four people who worked in a business my husband managed a few years ago to realize what a big problem motor vehicle collisions are and the pain they cause. All four have had their lives seriously affected by collisions. Many other friends have suffered the same. It is very sad.

Many complain about red light cameras, but in my opinion, we need a few more. If they do not like getting a large fine for running a light, they have a choice. I realize these cameras are expensive, however so is the cost when a life is taken. I do believe that most collisions occur at intersections, and it is very seldom I see a police car set up at one — I am sure because it is difficult to do so.

I also believe that action should be taken when a driver who has health issues is reported. I recently telephoned SGI, as I witnessed an elderly gentleman fall on his face in a restaurant and admitted to the waitress it had happened before. He proceeded to get behind the wheel of his vehicle and drive home. I reported this to SGI, giving them his vehicle description and plate number, and they informed me they could not infringe on his rights and would not do anything about it. I wonder what they thought about the rights of a potential victim should something like that happen while he was driving. I believe that any driver 70 years of age and over and anyone with health issues that could affect their driving should be tested at least every year before having their driver's licence renewed. Many changes take place at that age, and I have witnessed many elderly drivers who should absolutely not be behind the wheel. Many families will not report their aging parents as if they cannot drive, it is an added responsibility to others in the family to get them to appointments, etc. I realize this is an expense but it is important and could cost less than the cost of one serious collision.

When there is talk of educating drivers, I become frustrated as anyone who has a driver's licence already knows the rules to go by. The problem can be in the choice they make as to whether they go by those rules. I believe there needs to be a harsh reminder for anyone who breaks the rules of the road and endangers anyone's life. They do not have the right to do that. As television ads with sad stories of people dying needlessly can hit home with many, I personally believe people who are negligent should have to watch a video of what it does to people's lives should their actions cause a serious collision as part of their penalty. I personally know several people who could make the hardest of hearts stop and think.

I do feel that penalties for all driving offences need to be increased. We must remember that everyone has a choice as to whether they obey the rules and they most certainly need a harsh reminder if they do not. I believe that any reduction in numbers from one year to the next is more as a result of some drivers learning that they must drive more defensively. Also some weather conditions that are very severe have closed highways and probably saved some lives. These are my thoughts on what I feel the problem is and what some solutions could be to try to reduce the number of fatalities on our roadways.

I just want to add that I did put this together in a hurry this morning. So one thing that I forgot and I think is quite important is that I think cities, especially Saskatoon which I know best, need to think about reworking their lights. I know many drivers become frustrated when there's an arrow to turn. There can be traffic backed up for blocks and it will let three or four vehicles through and then it changes. And I think people get frustrated and run a light. That's part of why they do it. It's not okay but I think they become frustrated. And I see many, you know, you go a block and the light changes again when you have just proceeded through one. And I think for as much as the cities are growing, I think they need to rethink, you know, whether those lights are set properly.

So I want to thank you for listening to me. Sorry that I got emotional; I didn't think I would. But thank you very much.

The Chair: — No, thank you. And no need to be apologetic for that, ma'am. It's a personal story that we've . . . It's the first one we've heard so far in the committee if I recall so far. I was expecting many more. And it's a point that makes us realize that this isn't just about stakeholder groups and big organizations and about cold things like the law. It's about how it impacts people.

Mr. Steinley, you're first, and then Mr. Vermette.

Mr. Steinley: — Thank you very much for your story, Lorraine. It was a reminder of why we're all here and what we're trying to accomplish in going around the province and listening to people's stories.

You said a few things that really struck home with me. And one is that you must remember that everyone has a choice when they get behind a wheel and when they're driving. And when we look at that and we look at our recommendations, we can recommend a lot of different things, but it still comes down to that individual's choice. And I think the idea of having harsher penalties for people that make the wrong choice I think will set a bar where people realize that their actions have severe consequences. It's not just if you injured someone, but on the family of those people that are injured as well.

So I think going down the road we'll take your story, and it'll definitely help us when we make our recommendations. So thank you very much. We really appreciate it.

The Chair: — Mr. Vermette.

Mr. Vermette: — I definitely want to thank you for your story. And it's important to hear that.

You know, I had a chance to talk to a lady that her child was injured, three years old, and today is older, probably I think 21 she told me. And the damage that it caused in an accident, it was someone who should not have been driving, had a suspended licence, of course speeding in a residential street.

But listening to the story and listening to what she had to say to me, and I just want to compare because it's good to hear the stories and the families that are left behind and the friends. And you talk about that in your letter. Her frustration was, and I share this — and I know she was okay with me sharing this because I asked her if I could share this with the committee if it came up where we had an opportunity — and her frustration

was that this individual, they had to sit through the court and listen to his reasons, excuses why he did what he did. But when it was her time to talk about how it impacted and hurt her, he did not have to be in the court room. And that, she said, was so . . . She wanted him to hear what the family is going through and what they've gone through, and he didn't have to go through that. And that was one thing that she was very frustrated.

So people not realizing, like you talk about and you touched on, understanding the impact of the family left behind. And I hear you saying that and I was thinking about this when you said this. And whether . . . It's more for my own information. And I guess I was asking and I hope that . . . I mean no disrespect to you. When did this accident and the loss of your husband happen? Just some idea.

Ms. Holowachuk: — It happened in 1994. I didn't put that in here because, you know, because people think that after those years it's not a big deal anymore. But it is. It always will be.

Mr. Vermette: — No, I hear you. I think at any time it is. But I just want it for my own understanding. And my heart goes out to you.

Ms. Holowachuk: — Thank you.

Mr. Vermette: — I'm glad you are here today.

The Chair: — I think Ms. Wilson has a question or a statement she wants to make, so go ahead, Ms. Wilson.

Ms. Wilson: — Thank you, Mr. Chair. Lorraine, that was a very profound statement and story you shared with us, and I thank you for that. I know it must be very difficult for you, but we are here today, as you are, to help make the quality of life better for people, to try and alleviate some of these traffic collisions. So whether, as in your paragraph here, to educate people or close highways to reduce the impact of traffic collisions . . . That is your statement, I understand. And I thank you for this valuable, very valuable information you shared with us, and I'm sure it will help the province and what we're trying to achieve. So thank you very much for being here today.

Ms. Holowachuk: — You're welcome. I'm glad I could be here.

The Chair: — Maybe one more. Ms. Chartier wants to have something to say and then we'll . . .

Ms. Chartier: — Thank you very much for that. It's very hard I'm sure to come and share your story. There's no doubt about that. And we hear from all the technical people who provide us possibilities, but you really put well the meat on the bones of what we're doing. So thank you.

You've obviously thought a great deal about this, and in your story we hear about some of the flaws in the justice system. We've talked a bit more about higher fines. Is there anything from a personal perspective that you've heard that other provinces are doing or other places are doing that you think that would be a good idea?

Ms. Holowachuk: — No, not so much. We haven't really discussed it or know too much about how other provinces deal with these issues. But I think we just have to, you know, remember that the penalty, the amount of the penalty is the measure of how serious . . . That's what it's there for. How seriously do we take this? And you know, the punishment should be, you know, in balance with how serious the crime is. It really is a crime to kill.

I couldn't think of anything that I could do worse in my lifetime than kill an innocent human being. And I think, you know, we have to start thinking about how much it happens and do whatever it takes to reduce those numbers. One life is too much. There's no excuse ever for any one of them to happen. So whatever it takes. You know, I don't think that there's any limit to what the penalty should be as a fine for quite serious driving offences — and there are lots of them. I don't think people are punished enough.

And really they need to be put out to the public. Right now most people don't have a clue what fine they would get for doing so many kilometres over, you know, the speed limit. If you ask any . . . It's hard to even find out. I talked to the Saskatoon Police Service officer, and he was very reluctant to give me any information. They wouldn't give me accident statistics for the city. So I think when the fines are set, if some of them are increased — which I feel they should be — it needs to be made public, more public and, you know, maybe on the news or in the newspapers telling people what fine they will get for certain offences.

Ms. Chartier: — So that deterrent piece is really important to you, those . . . And it's not just about a punishment but the opportunity to dissuade or deter certain behaviours.

Ms. Holowachuk: — You know, it's all about preventing. And if that does it . . . But you know, if people don't know what the penalty will be, there are lots who will still take the chance of . . . I mean, even in the city you see, I mean on my way home I will see many drivers who . . . They don't care what the speed limit is. They're in a hurry, and the faster they can get from point A to point B is all that matters to them. You know, they don't think that somebody might have to stop quickly in front of them or . . . I see so much of it. It just makes me sick.

[15:15]

Ms. Chartier: — Thank you very much for your presentation today.

Ms. Holowachuk: — You're welcome. Thanks.

The Chair: — Mr. Vermette has another question. Mr. Vermette, one more point?

Ms. Holowachuk: — Sorry to keep . . . [inaudible].

The Chair: — No, don't be sorry.

Mr. Vermette: — In light of what's gone on, and I'm hearing what's being said, and you talk about the fines, raising the fine for the consequence. Prevention, you talk about it. I just want to see. Do you think it would be wise for us to consider, if we're

going to give somebody a fine, and if we look at their record, and should there be some type of system where an individual has maybe broken . . . Whether it's seat belt, fine for speeding, a number of different things, would there be something would you say worth looking at, saying they have to take a driver program or an education program on what they're doing? Would you think that would be something you would think would be good to look at some drivers to educate them in that sense?

Ms. Holowachuk: — I mean, it might be a punishment for them to have to sit through something and listen to what the rules are, but they already know. That's the thing. Actually makes me kind of angry when I hear that any driver needs to be educated. Why are they driving? Why do they have a driver's licence if they don't already know the rules? It's that they know them; they choose not to go by them. So I don't feel that that should be part, necessarily part of their punishment because it's something that they do already know. And if they don't, they shouldn't be driving.

You know, it is about the penalty that they pay that prevents so many drivers from you know, from breaking the rules. I really feel that it is in the punishment. The person who killed my husband . . . The case law that I had from Ontario, it happened about the same time. And the driver bent down to pick up a cigarette he dropped on his floor of his truck and wavered over to the side and hit a vehicle that was parked there and killed one of the people in the vehicle. And the charge was dangerous driving causing death, momentary lapse of concentration.

And here I was told you can't charge someone with a Criminal Code offence if it was momentary lapse of concentration. But I knew better because this offence, the person went to jail. Now that's a big penalty, but the judge said it doesn't matter if it was a split second. You have a responsibility when you are behind the wheel of a vehicle to keep your eyes on the road every second. So you know, if ever momentary lapse of concentration was an excuse — you know, reaching down and grabbing that cigarette and up — most people could probably get away with it and nothing happened. But the judge said that is not an excuse. You have a responsibility here. And the fellow went to jail.

So you know, compare that to our justice system's punishment for . . . There really wasn't one. She was charged. I know that. Personally I know — and I don't expect anyone to agree with me — but she was a young female, and I knew that they didn't want her to pay the price that goes with a Criminal Code offence. Because guess what? She could have gone to jail. So she got off. She was charged with a highway traffic Act offence because with that you don't pay for the consequences of your action. You pay only for what you did. And she did far more than running a stop sign. But there's something very wrong with the justice system who doesn't see that as being as serious as it was.

I mean she can't come around a curve. People would say, well maybe she fell asleep, but she had to go around a curve and then the five sets of speed bumps. I drove that way when I was able to be at that intersection and not, you know, have to stop driving. Five — you know what speed bumps do to your vehicle — five sets of them and many other warnings and the red flashing light in the centre of the intersection. How do you do that and then not . . . and then walk away? Walk away from the accident, but walk away from taking any responsibility. I just don't get that. And something needs to change.

And I've kept track of . . . I've been to trials of . . . Shortly after, a young man from the city was killed. And the same thing, the girl got off with nothing. She walked away. And she was drunk, and there were witnesses who said that she was. And on a roadway that's split — it was a northern lake — the highway split, and she went around the right side, but at the other side there was a hill. She was as far on the wrong side of the roadway as you could possibly get, and she hit a young man who had a wonderful future. He was the youngest dentist ever to graduate from the College of Dentistry here. A nice young man, and she killed him. And she walked away with nothing, not even a fine. There's something terribly wrong with our justice system.

So I know that there may be nothing that you can do about it. I sure fought them. They're not going to forget my name for a very long time. You know, you can be in their face all you want, but they can hide behind those walls, and they don't have to tell you a thing. And they gave me a really bad time as if, what are you bothering us about? So there's something sick about our justice system in many respects. Sometimes they get it right, but a lot of times they don't. And there's nothing okay about them not holding someone responsible who is as negligent as the person who killed my husband and many others that I know of — people that haven't had to pay a price at all. There's nothing right about that. So I see that as part of the problem, a big part of the problem.

But you know, when there are fines that are large, they don't ever end up going to court with a Criminal Code charge. But something needs to be done as you just see it way too much. There are way too many irresponsible drivers. And it's not getting better; it's getting worse. This city has grown so much, and there are so many people who just tear around this city in their big trucks and they just . . . It's like get out of my way. No matter, you know, you're doing the speed limit and they're right up behind your bumper and they just . . . by you and take off like the speed limit's for everyone else but them. And it's becoming a very serious problem. I know I've lived here for a long time, and I know lots of people who can barely stand driving at any time of the day in this city because of that. It's not fun.

And they don't have the right to do that, but who's going to stop them? If there's no policeman in sight, which there often isn't . . . I believe there's not enough enforcement. They have their little blitzes but, you know, the whole city is talking. They advertise it, so people avoid that area. Or if they do go through it, hopefully the police have six cars lined up and don't have time for them. And they go on, and 10 blocks later they're breaking the same rule. So enforcement is not nearly enough. I think, you know, it's a big part of what's wrong. And we have 500 police officers in this city, and I sometimes wonder, where are you all? There's just not enough enforcement.

And on a highway trip, I'll drive to Edmonton and not see one police car the whole way. Now I really believe that they're not doing their job in protecting us. You know, my last trip, a young fellow went — I was doing the speed limit — he went by

me, and I swear he was doing at least 150, and he was out of sight just like that. And I just hope he made it safely and nobody got in his way on the way to where he was going. But you see it a lot. And we're really lacking in enforcement. I think the police could be doing a much better job. So sorry to go on, but I have very strong feelings about this.

Mr. Vermette: — No. Thank you, and I'm glad you answered the question the way you did. Thank you. You've given me something to think and consider. Thank you.

The Chair: — Thank you. Well I can tell you we're not going to think much about that. We've had recommendations from our officers, and I can think the members of this committee will be looking at that very, very carefully and seriously along with various options.

You mentioned the level of fines as deterrent. And I was a police officer. I know exactly what you're talking about here. I know exactly when this change came in and what it was supposed to be used for. And I've talked to police officers — and so has the Deputy Chair — who have told us that we need to do a better job of making the laws tougher because it's not tough enough and the people don't look at it that way. A presenter before you said it's 150 bucks. The base is about that, plus so much per kilometre. So you make more than that in a day. So for them it's a mechanism of just a . . . It's a slap on the wrist.

So we've listened. We've heard your passion about this and your concern. So as the Chair, I will say to you that this report will stay very close to me. So thank you.

Ms. Holowachuk: — Thanks a lot for your time.

The Chair: — Take care. Committee is recessed if I can have a member to adjourn, please, until tomorrow at 9 o'clock. Mr. Steinley. All in favour? Agreed. So carried.

[The committee adjourned at 15:25.]