

**ALCOFREIN PROGRAM**  
**FACILITATOR'S GUIDE**

**NOVEMBER 2019**

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# PRESENTATION OF THE ALCOFREIN PROGRAM

## WHAT IS THE *FACILITATOR’S GUIDE TO THE ALCOFREIN PROGRAM*?

The facilitator’s guide is designed to assist the facilitators in their work leading sessions and to ensure there is uniformity from one session to another throughout the regions served.

It is also intended for all those involved in the management of the Alcofrein program, to allow them to better understand the program’s guiding principles, objectives and content, as well as the framework for leading a session.

The guide is divided into two parts. The first part presents the organization of a typical session and the second sets forth the content of the sessions, structured into eight topics:

1. Impaired driving in Québec;
2. Myths and beliefs;
3. Alcohol, drugs, medication and driving a road vehicle;
4. Legal consequences of impaired driving;
5. Social, financial and personal consequences of impaired driving;
6. Another look at myths and beliefs;
7. Alternative solutions and individual and collective responsibility;
8. Evaluation of the Alcofrein session.

## WHAT IS THE PURPOSE OF THE PROGRAM?

Alcofrein is an education program that aims to prevent repeat offences and increase participants’ awareness about the effects of alcohol, drugs and medication on one’s ability to drive.

## WHAT IS THE RATIONALE FOR THE PROGRAM?

In accordance with section 76.1.2 of the *Highway Safety Code*, **any person found guilty of a first-time alcohol- or drug-impaired driving offence must, in order to obtain a new licence, establish that his or her relationship with alcohol or drugs does not compromise the safe operation of a motor vehicle corresponding to the class of licence applied for.** The person must therefore satisfy the requirements set forth by the Société de l’assurance automobile du Québec (SAAQ) to this end, which include participation in the Alcofrein program.

The program is the result of an agreement between the SAAQ, the Ministère de l’Éducation et de l’Enseignement supérieur (MEES) and participating school boards. Management of the program falls under the SAAQ’s responsibility.

## FOR WHOM IS THE PROGRAM INTENDED?

Under the *Highway Safety Code* (section 76.1.2.):

**"A person who passes a summary assessment must, after paying the Société the related fees, successfully complete an education program accredited by the Minister of Transport that is designed to raise driver awareness about alcohol- and drug-related problems."**

# PART ONE: ORGANIZATION OF A SESSION

## PROGRAM OVERVIEW

### GOALS OF THE PROGRAM

The goals of the Alcofrein program are to:

<ul style="list-style-type: none"> <li>✓ <b>Inform</b></li> <li>✓ <b>Educate</b></li> <li>✓ <b>Raise awareness among</b></li> <li>✓ <b>Instill a greater sense of responsibility among</b></li> </ul>	<p>participants regarding how the use of alcohol, drugs and medication affects the operation of a road vehicle.</p>
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### SOME DEFINITIONS TO BETTER IDENTIFY PROGRAM GOALS

- **Inform:** Make someone aware of...
- **Educate:** Impart up-to-date knowledge...
- **Raise awareness:** Focus on specific situations and realities in order to understand their nature and scope...
- **Instill a greater sense of responsibility:** Make the link between identifying, understanding and assuming responsibility for obligations and actions.

### OBJECTIVES OF A SESSION

The purpose of an Alcofrein session is to prevent repeat offences and develop responsible behaviour at the wheel. In addition, the Alcofrein program helps participants:

- Understand the effects of alcohol, drugs and medication on one’s ability to drive.
- Demystify certain beliefs regarding the effects of alcohol, drugs and medication on the operation of a road vehicle.
- Recognize the personal, social, financial and legal consequences of alcohol-, drug- or medication-impaired driving.
- Consider alternative solutions to impaired driving.

**These objectives aim to bring about lasting changes in behaviour during and after the training session.**

The program offers participants educational content which will help them make informed, responsible choices in order to avoid endangering their lives as well as the lives of other road users.

The program content gives a clear and honest picture of the serious social, personal, legal and financial consequences associated with one or more convictions for impaired driving and proposes alternative solutions in order to prevent subsequent offences.

It is important to specify that it is not the facilitators’ role to evaluate the alcohol, drug, or medication consumption habits of the participants.

**The Alcofrein session, which lasts three hours, provides the impetus for participants to make changes within, as well as in their relationships with others.** Participants will be encouraged to draw conclusions and establish cause and effect relationships within the context of their own situations and to apply the knowledge obtained during the training session to real life situations they are likely to encounter. This is how the desired changes will successfully be achieved.

## OUTLINE OF A SESSION

### **Length: 3 hours (180 minutes)**

• Welcome and introduction.....	15 minutes
• Impaired driving in Québec.....	10 minutes
• Myths and beliefs.....	10 minutes
• Alcohol, drugs, medication and driving a road vehicle.....	40 minutes
• Legal consequences of impaired driving.....	30 minutes
• Social, financial and personal consequences of impaired driving.....	40 minutes
• Another look at myths and beliefs.....	15 minutes
• Alternative solutions and individual and collective responsibility.....	10 minutes
• Evaluation of the Alcofrein session.....	10 minutes
<b>Total.....</b>	<b>180 minutes</b>

***The break is not included in the above schedule. It is optional and is part of the time management of the session, which is the responsibility of the facilitator. The length of the break will be determined by the facilitator.***

## ROLE AND RESPONSIBILITIES OF FACILITATORS

Alcofrein program facilitators are responsible for ensuring that each session runs smoothly.

To this end, three rules govern the training provided to facilitators:

- **Respect** for each individual;
- **Confidentiality**;
- **Adherence** to program guidelines.

**Respect for each individual** is manifested by treating participants as responsible individuals, capable of dealing with mistakes and facing challenges in order to learn from their experiences.

**The confidentiality rule** ensures that personal information to which the facilitators have access throughout the session remains confidential.

**Adherence to program guidelines** mandates that each session follow the pre-determined schedule and deliver the prescribed content, while respecting the overall guidelines for leading a session as well as those specific to each topic.

These rules exist to **ensure uniformity** from one session to another and from one region to another.

In addition, the role of the facilitators is to **lead** and **guide** the participants during the session. To effectively carry out this role, they must:

- **Make the knowledge gained during the session meaningful**, thereby encouraging an increased awareness among the participants of the consequences associated with impaired driving so they can make more enlightened choices in the future.
- **Establish an atmosphere of trust** to encourage positive, constructive dialogue. The success of the program relies partially on the participants’ ability to see themselves as drivers that need to make behavioural changes. The more comfortable the participants feel, the better they can envision the necessary changes as being meaningful, useful, achievable and positive for them as well as for the general population.
- **Increase each participant’s sense of responsibility** by encouraging him or her to develop preventive and safe driving habits for his or her own good and the good of others.

It is important the session be seen in a positive light. If the knowledge gained during the session is not seen as meaningful, or if it is perceived as a threat to one’s self-image and self-esteem, the participant will reject it.

The facilitators **are not substance use specialists or legal experts**. Their role is to offer participants a quality educational program which will allow them to make better decisions as drivers in the future.

In addition, participants undergo an evaluation (a summary assessment) of their alcohol, drug and medication consumption habits at an alcohol and drug rehabilitation centre.<sup>1</sup> Such an assessment is not, therefore, one of the objectives of the Alcofrein program.

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<sup>1</sup> Centres intégrés de santé et de services sociaux (CISSS), centres intégrés universitaires de santé et de services sociaux (CIUSSS) and centre régional de santé et de services sociaux (CRSSS) that carry out alcohol and drug rehabilitation services

## GENERAL FRAMEWORK FOR LEADING A SESSION

To ensure consistency in the presentation of the Alcofrein program in all service outlets, here are the main instructions to follow when leading a session as well as examples of attitudes to adopt and specific directives to ensure the session runs smoothly.

### Main Instructions for Facilitators

- Verify participants’ identities.<sup>2</sup>
- Welcome participants in such a way as to put them at ease and lower resistance.
- Speak in simple and direct sentences using easy-to-understand vocabulary.
- Clearly and simply present the documents and their content.
- Remind participants of the goals of the session.
- Employ appropriate humour.
- Build the participants’ confidence and progressively involve them more in the discussions.
- Use imagery to stimulate the imagination.
- Be specific when talking about attitudes and behaviours (avoid judging or interpreting certain behaviours).
- Ensure that there are no forms or expressions of prejudice.
- Provide examples to make the content of the session relevant and easy to understand.
- Support statements with facts.
- Fully understand the meaning of the interventions.
- Regularly summarize the main ideas being discussed.
- Give clear instructions when assigning exercises.
- Allow everyone an equal opportunity to speak.
- Admit when you have made a mistake in your role as facilitator.
- Focus on facilitating and guiding the discussion; avoid becoming a “know-it-all”.

### Examples of Attitudes

Below are some attitudes that serve to create an atmosphere of trust, which is essential if the sessions are to run smoothly:

Rigor	Respect	Resourcefulness
Leadership	Attentiveness	Patience
Pleasant disposition	Understanding nature	Dynamism
Calmness	Approachability	Flexibility

<sup>2</sup> If a participating driver shows signs of intoxication, the facilitator can refuse to let him or her participate in the session and recommend that he or she participate instead in an upcoming session. *If need be, the facilitator must ensure that the person is able to leave safely.*

**FACT SHEET (EXAMPLE)**

There is a **fact sheet** for each topic containing the following:

**Goals of topic discussion**

**Summary of content**

**Presentation of content**

**Most frequently asked questions**

**Helpful details for leading the topic discussion**

**Facilitation tools**

<b>TOPIC</b>	
<b>Goals of topic discussion</b>	<b>Time allotted: __ minutes</b>
The primary educational objectives of the discussion are presented as they relate to the content of the training and the overall objectives of the session.	
<b>Summary of content</b>	
The summary of the educational content lists the sub-topics to be discussed.	
<b>Presentation of content</b>	
The manner in which the content should be presented (vocabulary, tone) and ways to ensure a smooth progression through the content are described.	
<b>Most frequently asked questions</b>	
The most frequently asked questions (or comments made) reflect participants’ primary concerns with respect to the topic being discussed.	
<b>Helpful details for leading the topic discussion</b>	
Helpful details include useful information and/or certain instructions for maintaining an atmosphere conducive to the smooth progression of the session.	
<b>Facilitation tools</b>	
The material that has been prepared to help lead the discussion of this topic is presented.	

## AUTHORIZED MATERIALS

The following materials are authorized for use during the facilitation of an Alcofrein session:

- *Facilitator’s Guide to the Alcofrein Program*;
- “Impaired Driving” PowerPoint presentation;
- Alcofrein participation notebook;
- Brochures or pamphlets published by the SAAQ;
- Video of interview with Ms. Boulanger from Sherbrooke;
- MADD (Mothers Against Drunk Driving) video, *Too Close to Home*.

***Any other materials used by the facilitators (brochures, PowerPoint presentations, charts or graphs, videos, etc.) must first be approved by the SAAQ.***

## WELCOMING THE PARTICIPANTS

- Greet all participants upon arrival.
- Introduce yourself and speak about your role as the session facilitator.
- Give pertinent logistical information (bathrooms, restaurants, etc.).
- Present the content of the session as well as the schedule you will follow.
- Invite questions and/or comments.
- Set guidelines to ensure everyone has an opportunity to speak and to limit interruptions.
- Prioritize a safe, open environment in which the session can take place.
- Go through the participation notebook and explain its usefulness.
- Make it clear that no one will be evaluated at the end of the session.
- Specify at what time the session will end and whether there will be a break.
- Inform participants that attendance is mandatory for the entirety of the session (3 hours).
- Explain that a certificate will be given at the end of the session. Participants must then bring this certificate to the SAAQ in order to reobtain their licence.

***A proper welcome sets the tone for the remainder of the session. Participants will quickly react to and behave in accordance with their impressions of the facilitator’s style of leadership.***

*Have a good session!*

## PART TWO: SESSION CONTENT

**TOPIC 1: IMPAIRED DRIVING IN QUÉBEC****1.0 FACT SHEET**

<b>IMPAIRED DRIVING IN QUÉBEC</b>	
<b>Goal of topic discussion</b>	<b>Time allotted: 10 minutes</b>
<ul style="list-style-type: none"> <li>• To present data on drinking, drugs, medication and driving.</li> </ul>	
<b>Summary of content</b>	
<ul style="list-style-type: none"> <li>• Present statistics from the province of Québec.</li> </ul>	
<b>Presentation of content</b>	
<ul style="list-style-type: none"> <li>• Discuss the problem.</li> <li>• Stress the fact that there is no substitute for responsible behaviour on the part of the driver. Impaired driving tragedies—whether caused by alcohol, drugs or medication—can be avoided!</li> </ul>	
<b>Most frequently asked questions</b>	
<ul style="list-style-type: none"> <li>• Specify that the figures presented pertain only to the province of Québec.</li> </ul>	
<b>Helpful details for leading the topic discussion</b>	
<ul style="list-style-type: none"> <li>• Highlight the number of deaths and injuries seen on our roads; the numbers remain too high.</li> </ul>	
<b>Facilitation tools</b>	
<ul style="list-style-type: none"> <li>• PowerPoint presentation;</li> <li>• Participation notebook;</li> <li>• Brochures or pamphlets.</li> </ul>	

❖ **Refer to slide numbers 7 to 9 of the Alcofrein program’s PowerPoint presentation.**

## 1.1 SOME STATISTICS

ALCOHOL IS ONE OF THE LEADING CAUSES OF TRAFFIC ACCIDENT-RELATED DEATHS OR INJURIES IN QUÉBEC.

Each year on average, from 2013 to 2017, accidents related to drinking and driving resulted in:

- 100 deaths (28%);
- 220 seriously injured victims (14%);
- 1,800 slightly injured victims (5%).

To be effective, the fight against impaired driving due to alcohol, drugs or medication is best undertaken within a framework that combines public awareness campaigns with strict laws and police operations (education, legislation, enforcement). But no measures can take the place of responsible behaviour on the part of the driver.

The tragedies that result from impaired driving are all avoidable. It is a matter of drivers adopting safe, responsible behaviour by choosing, most notably, not to drink or take drugs before getting behind the wheel.

There is a high risk of alcohol- or drug-impaired driving among Québec drivers.

For nearly 40 years, there was a remarkable decrease in the number of victims: from 1979 to 2017, the number of deaths attributed to drinking and driving dropped from 800 per year to 100. However, in recent years, continued progress has been increasingly difficult to achieve. Between 2013 and 2017, 22% of deceased drivers had a blood alcohol concentration above 80 mg of alcohol per 100 ml of blood, whereas this proportion had been around 30% in the early 2000s.

From 2013 to 2017, drivers killed in an accident had alcohol in their bloodstream<sup>3</sup>:

Age group	Proportion
16 to 24	43%
25 to 34	41%
35 to 44	47%
45 to 54	44%

Each year on average, from 2013 to 2017, 83% of impaired driving convictions, whether related to alcohol or drugs, were for a first offence. The repeat offence rate for such *Criminal Code* offences dropped from 17.9% in 2013 to 15.7% in 2017.

According to a survey conducted in 2019 by the SAAQ, 4% of surveyed drivers admitted to having driven a vehicle within 4 hours after taking cannabis during the past 12 months. With regards to other drugs (cocaine, amphetamines, etc.), the proportion was 2%.

<sup>3</sup> Among drivers killed in an accident for whom a blood alcohol test was conducted.

Cannabis is the drug most often mentioned by drivers who admit to driving while impaired by drugs. It is also the most frequently detected drug in deceased drivers.

Drivers fatally injured in a road accident in Québec	2006-2010	2013-2017
Drivers who had legal or illegal drugs in their bloodstream	30%	34%
Drivers who had cannabis in their bloodstream	14%	20%

From 2013 to 2017, cannabis was detected<sup>4</sup> in the bloodstream of 37% of drivers ages 16 to 24 killed in an accident.

This proportion was especially high among 16- to 19-year-olds, as cannabis was detected in 46% of them during the same period.

#### NOTE

These statistics do not indicate the percentage of drivers who were impaired by cannabis. Only the **presence** of drugs in the bloodstream was verified.

#### **Is it possible to ascertain the number of people who died or suffered bodily injury, whether serious or minor, due primarily to their consumption of drugs?**

Answer: Only data regarding deceased drivers is available.

The available data from the coroner’s office only indicates whether the deceased drivers had drugs in their systems. Contrary to the data regarding drinking and driving, which allows us to determine whether deceased drivers had a blood alcohol concentration over 80 mg of alcohol per 100 ml of blood (which suggests that their ability to drive was impaired by this amount of alcohol), data regarding the presence of drugs in deceased drivers does not indicate whether their ability to drive was impaired by drugs at the moment they were involved in a road accident.

We therefore cannot compare data regarding alcohol with data regarding drugs.

For more information regarding alcohol- and drug-impaired driving, please consult the SAAQ’s website: [saaq.gouv.qc.ca](http://saaq.gouv.qc.ca).

<sup>4</sup> Among drivers killed in an accident for whom a drug screening test was conducted.

**TOPIC 2: MYTHS AND BELIEFS****2.0 FACT SHEET**

<b>MYTHS AND BELIEFS</b>	
<b>Goal of topic discussion</b>	<b>Time allotted: 10 minutes</b>
<ul style="list-style-type: none"> <li>• Debunk certain beliefs regarding the effect of alcohol, drugs and medication on the operation of a road vehicle.</li> </ul>	
<b>Summary of content</b>	
<ul style="list-style-type: none"> <li>• Questionnaire regarding myths and beliefs (“Test Your Knowledge”).</li> </ul> <p>Note: The answers to the questionnaire will be given and commented upon at the end of the session, during a review activity.</p>	
<b>Presentation of content</b>	
<ul style="list-style-type: none"> <li>• Read aloud the directions for completing the questionnaire.</li> <li>• Proceed to read aloud the questions, one at a time, leaving enough time for the participants to answer.</li> <li>• Inform the participants that you will come back to the questionnaire at the end of the session and that the answers will be given at that time.</li> <li>• Stimulate curiosity; elicit a desire to learn and gain knowledge.</li> <li>• Make it clear that no one will be graded or evaluated on the results of this exercise.</li> </ul>	
<b>Helpful details for leading the topic discussion</b>	
<ul style="list-style-type: none"> <li>• Do not spend too much time discussing each question. Let the participants know that all of these topics will be elaborated upon during the session.</li> <li>• Inform participants that the answers to the questions will be provided at the end of the session.</li> </ul>	
<b>Facilitation tools:</b>	
<ul style="list-style-type: none"> <li>• PowerPoint presentation;</li> <li>• Participation notebook;</li> <li>• Brochures or pamphlets.</li> </ul>	

❖ **Refer to slide numbers 10 to 20 of the Alcofrein program’s PowerPoint presentation.**

## 2.1 QUESTIONNAIRE REGARDING MYTHS AND BELIEFS

### Test Your Knowledge

#### Pay attention!

The content of the session will deal with the topics covered by these questions.  
The answers will be given and commented upon at the end of the session, during a review activity.

**INSTRUCTIONS** for completing the questionnaire: Circle your answer(s) from among the choices given.

**NOTE:** *There is a PowerPoint page for each of these questions.*

1. **People have a lower risk of having an impaired ability to drive if they drink:**
  - a) Beer
  - b) Wine
  - c) Liquor
  - d) A “cooler” type beverage with low alcohol content
  - e) None of the above
  
2. **A good way to reduce the level of alcohol in the blood is to:**
  - a) Drink coffee
  - b) Eat a good meal
  - c) Wait for the liver to do its work
  - d) Take a cold shower
  - e) Dance, play sports, sweat
  
3. **The ability to drive can be impaired starting with a blood alcohol concentration of:**
  - a) 20 mg of alcohol per 100 ml of blood (0.02)
  - b) 50 mg of alcohol per 100 ml of blood (0.05)
  - c) 80 mg of alcohol per 100 ml of blood (0.08)
  
4. **Which of the following effects can be attributed to the consumption of cannabis?**
  - a) Difficulty concentrating and remaining attentive to the road environment
  - b) Slower reaction time and reflexes, and unsure driving
  - c) Difficulty keeping the vehicle on a straight path
  - d) High-risk behaviour such as speeding
  - e) Decreased ability to cope with the unexpected

#### TRUE OR FALSE?

5. **Police are unable to detect drivers who are impaired by drugs.**
  
6. **I can fool police officers’ tests if I am high.**
  
7. **I am a better driver after smoking a joint.**

- 8. How many deaths can be attributed to drinking and driving each year in Québec?**
- a) 50
  - b) 100
  - c) 400
- 9. What is the estimated minimum cost of a first impaired driving offence?**
- a) Approximately \$500
  - b) Approximately \$1,750
  - c) Approximately \$3,000
- 10. Under what circumstances can people be found guilty of an impaired driving offence?**
- a) When their blood alcohol concentration is equal to or over 80 mg of alcohol per 100 ml of blood (0.08)
  - b) When their blood drug concentration exceeds the level prescribed by federal law
  - c) When their ability to drive is impaired by alcohol, drugs or medication
  - d) If they fail or refuse to provide a breath sample to a police officer who has ordered them to do so
  - e) All of the above
- 11. What percentage of drivers convicted of impaired driving are repeat offenders?**
- a) 20%
  - b) 70%
  - c) 15%
- 12. List two alternative solutions to impaired driving.**
- 1) \_\_\_\_\_
  - 2) \_\_\_\_\_

The answers will be given and commented upon at the end of the session, during a review activity.

**TOPIC 3: ALCOHOL, DRUGS, MEDICATION AND DRIVING A ROAD VEHICLE****3.0 FACT SHEET**

<b>ALCOHOL, DRUGS, MEDICATION AND DRIVING A ROAD VEHICLE</b>	
<b>Goal of topic discussion</b>	<b>Time allotted: 40 minutes</b>
<ul style="list-style-type: none"> <li>Gain a better understanding of the effects of alcohol, drugs and medication on one’s ability to drive a road vehicle.</li> </ul>	
<b>Summary of content</b>	
<ul style="list-style-type: none"> <li>Transformation of alcohol in the body;</li> <li>Effects of alcohol on the body;</li> <li>Effects of alcohol on the ability to drive a road vehicle;</li> <li>Drugs and the operation of a road vehicle;</li> <li>Effects of drugs on the body;</li> <li>Medication and the operation of a road vehicle.</li> </ul>	
<b>Presentation of content</b>	
<ul style="list-style-type: none"> <li>Establish connections between the effects of alcohol, drugs and medication, impaired driving and the risk of fatal traffic accidents.</li> <li>Use concrete examples and charts to illustrate the information in an easy-to-understand format.</li> <li>Given how much information needs to be covered, be sure to respect the time limits for discussion.</li> </ul>	
<b>Most frequently asked questions</b>	
<ul style="list-style-type: none"> <li>The most frequently asked questions have to do with the rate at which alcohol is consumed (the number of drinks per hour, for example), the time it takes for alcohol to be absorbed in the blood and the connection between a person’s blood alcohol concentration and his or her ability to drive.</li> </ul>	
<b>Helpful details for leading the topic discussion</b>	
<ul style="list-style-type: none"> <li>It is often at this point that awareness begins to increase among participants and they become more inclined to join the discussion. Even if the majority remain silent, however, they can still take the information presented and apply it to their personal circumstances.</li> <li>Keep in mind the message the SAAQ wants people to remember: <i>If you drink or take drugs, don’t drive!</i></li> </ul>	
<b>NOTE</b>	
If a participant makes jokes in a disruptive manner, this could be a means of avoiding the subject or rejecting the intended message. Re-establish order and remind the group of the goal of the discussion.	
<b>Facilitation tools</b>	
<ul style="list-style-type: none"> <li>PowerPoint presentation;</li> <li>Participant notebook;</li> <li>Brochures or pamphlets.</li> </ul>	

❖ **Refer to slide numbers 21 to 41 of the Alcofrein program’s PowerPoint presentation.**

### 3.1 THE TRANSFORMATION OF ALCOHOL IN THE BODY

The transformation of alcohol is a process that affects the human body in various ways. **The process is comprised of three steps:**

1. Absorption;
2. Diffusion;
3. Elimination.

#### 3.1.1 Absorption of alcohol

During this initial phase, **90%** of the alcohol is absorbed by the intestines. From there, it is absorbed into the bloodstream.

Different factors can affect absorption:

- **The quantity of alcohol consumed**

Spirits, wine and beer do not all have the same concentration of alcohol. The majority of beers contain 5% alcohol whereas wine contains around 12% and spirits 40%. You might think that this means that drinking a beer instead of some other alcoholic drink will have less of an effect on your behaviour. However, if we use the standard serving size of each type of drink for comparison’s sake, one beer is equivalent to a glass of wine, an aperitif or a drink with a shot of hard alcohol.

The number of drinks consumed matters more than the actual concentration of alcohol found in each drink, whether it be beer, wine or spirits.

#### ALCOHOL CONTENT IN STANDARD DRINKS

Type of alcohol	Average percentage of alcohol	Per serving
341 ml (12 oz) of alcoholic beer	5%	12 (oz) x 5 (%) = 60
142 ml (5 oz) of table wine	12%	5 (oz) x 12 (%) = 60
43 ml (1.5 oz) of spirits	40%	1.5 (oz) x 40 (%) = 60



## CAUTION!

- **The speed with which the alcohol is consumed**

Emptying your glass “in one shot” will have a greater effect on you than slowly sipping your beer! Ingesting alcohol quickly accelerates its absorption into the bloodstream. The quicker the alcohol is absorbed into the bloodstream, the quicker the blood alcohol concentration rises and the more drunk the person will be.

- **Whether or not you have eaten**

If you drink on an empty stomach, there are no barriers to the absorption of alcohol and its effects are felt quickly.

Eating after drinking alcohol does not change anything. It’s too late since the alcohol is already in your bloodstream. When you drink alcohol while eating, it takes longer for it to be absorbed by the intestines; it thus passes into the bloodstream more slowly. This does not, however, prevent intoxication; it merely slows the process.

- **Some biological considerations**

Certain diseases, including those affecting the liver, can amplify the effects of alcohol.

- **Psychological factors (stress, fatigue, etc.)**

The psychological state of a person can increase the effects of alcohol on the body. Indeed, the effects are likely to be amplified in a stressed, sad or tired individual even after that person has had only a single drink. Even when this person has not reached the legal limit, his or her ability to drive a vehicle can still be impaired. It is important that you recognize the signs that indicate a diminished ability to safely operate a vehicle.

### 3.1.2 Diffusion of alcohol

Once in the bloodstream, alcohol rapidly circulates throughout the body and is distributed to all of the organs. Once it reaches the brain, it acts on the central nervous system (responsible for decisions and coordination). This explains alcohol’s rapid effect on our behaviour.

Diffusion is influenced by various factors:

- **Blood alcohol concentration**

Alcohol is more soluble in water than in fat. Blood alcohol concentration is therefore strongly dependent on the quantity of water in the body.

- **Body weight and percentage of body fat**

The volume of blood in the human body varies from one person to the next. Heavier people have more water in their bodies and, as such, will have a lower blood alcohol concentration than those who weigh less for the same quantity of alcohol consumed. Furthermore, **adipose tissue** (fat) has low blood circulation. This means that, at an equal weight, an obese person will have a lower blood volume than one with a lot of muscle tissue and will therefore be more affected by the same quantity of alcohol.

- **Sex**

For the same amount of alcohol consumed and at the same weight, **women** usually have a higher blood alcohol concentration than men. Women have, by nature, a lower blood volume (women are generally smaller than men) and a higher proportion of adipose tissue (body fat) than men; this translates to a higher blood alcohol concentration even if the two drink the same amount.

- **Age**

Based on the results of a study conducted by Mayhew,<sup>5</sup> the relative risk of a fatal traffic accident based on blood alcohol concentration is most pronounced among drivers in the 16-to-19 age group:

- 9 times greater when between 50 and 79 mg%;
- 40 times greater when between 80 and 99 mg%;
- 100 times greater when between 100 and 149 mg%;
- 400 times greater when at 150 mg% and +.

Young people are more vulnerable than older age groups when it comes to their reaction to alcohol, mainly because of their “inexperience” with drinking. In addition, a **lack of driving experience** as well as a **greater propensity for risk-taking behaviour** exposes young drivers to a greater possibility of a fatal road accident (See the chart entitled “Relative Risk of a Fatal Collision Based on Blood-Alcohol Content and Age”).

### 3.1.3 Elimination of alcohol

It takes a lot longer for the body to eliminate alcohol than it takes to absorb it.

- **The liver**

The liver alone eliminates 90% of the alcohol consumed. It carries out its job 24 hours a day at a fixed pace; regardless of the blood alcohol concentration, **the liver eliminates an average of 15 mg of alcohol per 100 ml of blood per hour**. This equates to one beer, one glass of wine or one glass of spirits. This metabolic process takes longer if the liver is in poor health.

- **Lungs, kidneys and perspiration**

Our bodies eliminate 10% of the alcohol consumed through the work of the lungs and kidneys and by perspiring.

- **Only time can lower your blood alcohol concentration**

There are no “tricks” to speed up the elimination of alcohol by your body, whether it be by exercising or other means. Only time works.

Alcohol begins to affect the body as of the first drink and its effects increase over time. In addition, various factors can come into play which, when combined with your blood alcohol concentration, can influence your behaviour and, by extension, your ability to safely operate a road vehicle.

#### 3.1.3.1 Alcohol tolerance

Not all people are affected by alcohol in the same way. Some seem to be less vulnerable to its effects than others; it takes more drinks before they manifest signs of inebriation. These people have developed a certain tolerance to alcohol and have learned how to fight its effects.

Even when these people have not reached the legal limit, their ability to drive a vehicle can still be impaired. It is important that you recognize the signs that indicate a diminished ability to safely operate a vehicle.

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<sup>5</sup> MAYHEW et al, *Youth, alcohol and relative risk of crash involvement*, Traffic Injury Research Foundation of Canada, 1986. Although this study is several years old, it remains valid.

### 3.1.3.2 How to recognize someone under the influence

Blood alcohol concentration can be measured, or quantified, but impairment cannot. Blood alcohol concentration is measured by using a calibrated breathalyzer, operated by an expert, to determine the number of milligrams of alcohol found in a certain quantity of blood. The ability to drive, on the other hand, is evaluated by looking for certain clues in the behaviour of someone who has had a few drinks. These clues are identified by observing an individual, rather than through tests.

The effects of alcohol, drugs and medication vary considerably from one person to the next. There are, however, certain physical signs that indicate a person’s ability to drive is likely impaired. A person may display all of these signs or just a few, to varying degrees, depending on his or her level of intoxication:

- Glassy/bloodshot eyes;
- Accelerated breathing;
- Excessive sweating;
- Talkativeness;
- Raised tone of voice;
- Slurred speech;
- Swaying or falling down;
- Difficulty walking straight;
- Staggering or tripping easily;
- Slowed movements;
- Distractedness;
- Slowness in responding to questions;
- Drowsiness;
- Becoming excessively sad;
- Becoming aggressive;
- Uncontrollable and exaggerated laughter.

### 3.1.3.3 Is it possible to accurately measure blood alcohol concentration with disposable or public breathalyzer tests?

Various devices are available on the market to test blood alcohol concentration: wall-mounted breathalyzer tests, portable breathalyzers, single-use breathalyzer tubes and saliva strip tests.

All of these tests offer consumers a way to measure blood alcohol concentration. The results obtained with these tests, however, do not guarantee that one is able to safely take the wheel. The ability to drive can be negatively affected by alcohol at concentrations below 80 mg of alcohol per 100 ml of blood, or even below 50 mg of alcohol per 100 ml of blood.

Furthermore, the use of drugs or certain medications, stress and fatigue are additional factors which, while having no direct effect on blood alcohol concentration, can influence your ability to drive and even intensify alcohol’s effects on the body.

**No chart or device can confirm if your ability to drive is impaired or not.** Furthermore, the degree of tolerance to alcohol and its effects can vary greatly from one person to the next depending on each person’s physical condition or psychological state of mind.

It is also important to realize that the concentration of alcohol in your blood reaches its maximum level one hour, on average, after the last drink. This means that when you get behind the wheel or in the middle of your drive home, your actual blood alcohol concentration may not always correspond to the reading obtained earlier; in fact, it may even have increased.

## 3.2 THE EFFECTS OF ALCOHOL ON DRIVING A ROAD VEHICLE

Most people are so used to driving that it has become an easy, almost automatic, task for them. However, operating a road vehicle is actually a complex task that requires a well-functioning central nervous system along with all of your sensory and motor functions.

Psychotropic substances (alcohol, drugs, medications) are among the leading causes of impaired driving. Their place as aggravating factors in accident risk is well-established.

### 3.2.1 Faculties required to operate a road vehicle

Operating a road vehicle is a complex task that calls upon the driver’s physical and mental faculties; this is true for beginners as well as for experienced drivers. The principal faculties are:

- sensory functions, such as vision or hearing (e.g. carrying out effective visual sweeps);
- maximum concentration on surroundings (e.g. reading all posted signs);
- good motor control (e.g. coordinating movements);
- vigilance (e.g. maintaining an adequate distance from other vehicles);
- quick detection of possible sources of danger (e.g. noticing a vehicle on the side of the road that may suddenly pull into traffic);
- ability to anticipate events (e.g. anticipating other drivers’ reactions);
- ability to make quick and appropriate decisions (e.g. slowing down when taking a curve);
- ability to react quickly and effectively to the unexpected (e.g. avoiding a pedestrian, a cyclist or an animal).

### 3.2.2 Driving involves constant decisions

Psychotropic substances affect people’s capacity to correctly read situations, their decision-making abilities and their muscular control. This can result in abrupt, random braking, jerking movements of the wheel, etc., all of which can lead to a loss of control of the vehicle.

Drivers of road vehicles operate in an ever-changing environment where they are continually called upon to make decisions based on:

- **Environmental factors:** rain, snow, sun, obstacles, wind, road conditions, road work, other passengers, etc.;
- **Other road users:** cyclists, motorcyclists, pedestrians, etc.;
- **Other vehicles:** vehicles they are overtaking, vehicles that are overtaking them, vehicles travelling in the opposite direction, vehicles behind and in front of their car, vehicles that are too close, vehicles that are bigger or smaller, etc.;
- **Themselves (the drivers):** their physical condition, perception and motor skills, preoccupations and, of course, numerous possible distractions.

The decisions required to safely operate a road vehicle are not made while on “auto-pilot”; drivers are actually involved in a continuous process of decision making, even when it comes to a very simple decision, such as to stop at a red light. Furthermore, within this process, there are delays between the first and last steps, that is, the time between reaction and execution.

<b>Reaction and Execution Times Under Normal Conditions and Under the Influence of Alcohol<sup>6</sup></b>		
Under normal conditions, the average time it takes to react to a situation is approximately 1 second. Under the influence of alcohol, the reaction time becomes approximately 1.5 seconds.		
<b>Normal Situation</b> <i>Reaction time: 1 second</i>	<b>Under the Influence of Alcohol</b> <i>Reaction time: 1.5 seconds</i>	<b>The Difference Can Destroy a Person’s Life</b>
A vehicle travelling at 90 km/h covers approximately 25 metres (82 feet)	A vehicle travelling at 90 km/h covers approximately 37 metres (121 feet)	12 metres (39 feet)
A vehicle travelling at 50 km/h covers approximately 14 metres (46 feet)	A vehicle travelling at 50 km/h covers approximately 21 metres (70 feet)	7 metres (23 feet)

### 3.2.3 The effects of alcohol on the operation of a road vehicle based on blood alcohol concentration

The effects of alcohol are gradual and are felt as of the first drink. With a blood alcohol concentration of only 20 mg of alcohol per 100 ml of blood (0.02), behaviour begins to change and at 50 mg of alcohol per 100 ml of blood (0.05), the ability to operate a road vehicle is already seriously compromised. Each blood alcohol concentration has a typical effect on the human body and on the ability to drive.

### 3.2.4 Alcohol as a factor in the risk of fatal traffic accidents

The risk of a fatal traffic accident increases as blood alcohol concentration increases. The relative risk is different, however, based on each age group. The younger the driver, the greater the risk of a fatal accident. This is attributed to a lack of driving experience as well as inexperience with drinking.

Explanation of results for the 16-19 age-group:

At a blood alcohol concentration of 80 mg% (horizontal axis), a driver in the 16-19 age group (red line) has a 20 times greater relative risk of a fatal collision (vertical axis) than a person in the same age group who has not consumed alcohol.

❖ **Refer to slide 33 of the Alcofrein program’s PowerPoint presentation.**

## 3.3 DRUGS AND THE OPERATION OF A ROAD VEHICLE

Impaired driving is primarily associated with alcohol use, but other substances can also cause impairment, such as medications and certain illegal drugs.

- According to a study conducted by the SAAQ in 2017, 11% of surveyed drivers said that they had consumed drugs such as cannabis, cocaine and amphetamines at least once during the previous twelve months. Among those respondents, 36% admitted to driving a vehicle after they had taken those drugs.
- Driving under the influence of cannabis is a phenomenon more commonly seen among young drivers. In fact, drivers aged 16-19 drive under the influence of cannabis more often than under the influence of alcohol.

<sup>6</sup> [www.securite-routiere.gouv.fr/conseils-pour-une-route-plus-sure/conseils-pratiques/ma-conduite/l-alcool-et-la-conduite](http://www.securite-routiere.gouv.fr/conseils-pour-une-route-plus-sure/conseils-pratiques/ma-conduite/l-alcool-et-la-conduite)

- Drug-impaired driving occurs more often at night and is more common among men and young people.
- The *Criminal Code* of Canada prohibits the operation of a vehicle while impaired by alcohol or drugs (including certain medications) and Québec’s *Highway Safety Code* provides for measures and penalties for individuals found guilty of this offence. In fact, a driver convicted of drug-impaired driving is subject to similar criminal and administrative penalties as those established for driving with a blood alcohol concentration equal to or above 80 mg of alcohol per 100 ml of blood (criminal record, loss of driver’s licence, substance use disorder assessment, etc.).

### 3.3.1 Principal effects of drugs on the operation of a road vehicle

The effects of drug use on driving can vary from drowsiness to increased risk-taking behaviours, such as speeding and recklessness, depending on the type of drug consumed.

All drugs act on the brain and cause side effects that can be incompatible with driving an automobile.

Very often, drivers who have taken drugs are unaware that their faculties are impaired. Yet, the fact remains that the drugs used do affect their ability to drive; this is true even when they may feel the effects have worn off or, conversely, that the drugs have made them more alert or prudent.

Beware: medications are also drugs! Some medications can affect your ability to operate a road vehicle. It is important to read warnings and comply with them, especially if you are mixing medications with alcohol—even a single drink!

The effects of cannabis, for example, vary greatly from one user to another, depending on the amount consumed, the method of administration, the history of consumption, the user’s physical and mental state, as well as the social context of use. It is very difficult to predict the effects of a drug on an individual.

**Combining drugs and alcohol before taking the wheel greatly increases the risk of being involved in a fatal traffic accident.**

Possible questions:

**We know that certain drugs remain in the body longer than alcohol. Can a person be charged even if they consumed the drug several days beforehand?**

A driver can be placed under arrest if the police officer has reasonable grounds to believe that the driver’s ability to drive is impaired by drugs. The effects of the consumption of drugs on the driver’s ability to drive are sufficient evidence to arrest the driver.

Under the *Criminal Code* and the *Highway Safety Code*, police officers cannot arrest drivers who show no sign of being impaired by drugs. They must have reasonable grounds to investigate.

#### **NOTE**

As of December 18, 2018, the *Criminal Code* allows police officers to order drivers to blow into an alcohol screening device, whether or not they suspect impaired driving. The *Criminal Code* has been amended with regard to alcohol, but suspicions remain necessary in order to verify the presence of drugs. Under the *Highway Safety Code*, suspicions are necessary to test for both alcohol- and drug-impaired driving.

**After using cannabis, how long do I have to wait before driving?**

It is difficult to establish a universal time frame after which it is safe to drive, as the effects of cannabis can vary greatly from one user to another, depending on the person’s metabolism, his or her physical and mental state, the amount consumed, the method of consumption (smoking, ingestion), the use of medications or alcohol, etc. Certain actors in the scientific community suggest that, on average, the effects of cannabis can last for a minimum of 4 to 8 hours and decrease in intensity with time.

The Institut national de santé publique du Québec (INSPQ) produced a review of the literature on this subject:

[www.inspq.qc.ca/pdf/publications/2044\\_effets\\_cannabis\\_conduite\\_automobile.pdf](http://www.inspq.qc.ca/pdf/publications/2044_effets_cannabis_conduite_automobile.pdf) (p.18) (in French only)

The minimum time frames suggested in scientific literature provide some indicators, but they are in no way representative of your individual capacities. In short, to avoid unfortunate or tragic consequences, if you drink or take drugs, don’t drive!

For more information on the effects of cannabis, visit [encadrementcannabis.gouv.qc.ca/en/](http://encadrementcannabis.gouv.qc.ca/en/)

For more information regarding drugs and driving, visit the SAAQ’s website at [saaq.gouv.qc.ca/en/road-safety/behaviours/drugs-and-medication/effects-of-drugs-and-medication-on-driving/](http://saaq.gouv.qc.ca/en/road-safety/behaviours/drugs-and-medication/effects-of-drugs-and-medication-on-driving/).

❖ **Refer to slide numbers 34 to 39 of the Alcofrein program’s PowerPoint presentation.**

### 3.4 MEDICATION AND THE OPERATION OF A ROAD VEHICLE

**It is important to consult a health care professional** (doctor, pharmacist) to be informed about the potential effects a certain medication may have on your ability to drive. In addition, it is essential to carefully read all of the product information that comes with medications, both prescription and over the counter, as their use combined with the use of alcohol or illegal drugs can be dangerous to the operation of a motor vehicle. The combined effect of these substances can greatly impact a person’s faculties and hinder the ability to drive safely.

❖ **Refer to slide number 41 of the Alcofrein program’s PowerPoint presentation.**

**TOPIC 4: LEGAL CONSEQUENCES OF IMPAIRED DRIVING****4.0 FACT SHEET**

<b>LEGAL CONSEQUENCES OF IMPAIRED DRIVING</b>	
<b>Goal of topic discussion:</b>	<b>Time allotted: 30 minutes</b>
<ul style="list-style-type: none"> <li>• Review federal and provincial laws regarding impaired driving</li> <li>• Become aware of the legal consequences associated with operating a road vehicle while impaired by alcohol, drugs or medications.</li> </ul>	
<b>Summary of content:</b>	
<ul style="list-style-type: none"> <li>• The <i>Criminal Code</i>;</li> <li>• The <i>Highway Safety Code</i>;</li> <li>• Legal consequences;</li> <li>• Useful references.</li> </ul>	
<b>Presentation of content</b>	
<ul style="list-style-type: none"> <li>• Underscore the importance of taking responsibility by adopting preventive behaviours regarding the operation of a road vehicle.</li> <li>• Prioritize the prevention of repeat offences by highlighting the legal consequences of a second conviction for impaired driving.</li> <li>• Give general information; <b><u>do not spend too much time on particular cases or examples.</u></b></li> <li>• Make it clear that you are not an expert in legal matters.</li> <li>• Convey information in concrete, easy-to-understand terms.</li> <li>• Use humour to gently defuse any sarcastic or negative comments, avoiding direct confrontation. Do not encourage debate surrounding the application of the law or its provisions.</li> <li>• Encourage participants to become familiar with the document entitled “Useful References,” found in their participation notebook. There they will find contact information for organizations able to answer different questions relating to legal or administrative details (pardon applications, procedures, costs and consequences associated with reobtaining a driver’s licence, alcohol ignition interlock devices, criminal records, international travel, etc.).</li> <li>• Keep an eye on the time and keep the discussion moving. Participants will be tempted to discuss their own individual situations and if everyone shares his or her story, the session may not finish on time or you may be forced to cut out some content along the way. That would be unfortunate because this is an important topic and there is a lot of content to cover.</li> </ul>	
<b>Helpful details for leading the topic discussion</b>	
<ul style="list-style-type: none"> <li>• This topic can bring back certain memories or emotions for the participants, such as their arrest or the social and economic costs related to their conviction. In addition, the information regarding the laws and penalties associated with impaired driving is often unfamiliar to the participants. This</li> </ul>	

situation can antagonize them, create negative attitudes or render them sarcastic with respect to the application of said laws.

- Be very careful when dealing with legal questions from the participants. Certain situations are unique and may require the expertise of a lawyer or insurance companies, which have their own policies.

***Do not play the expert on legal questions!***

#### **Facilitation tools**

- PowerPoint presentation;
- Participation notebook;
- Brochures or pamphlets.

❖ **Refer to slide numbers 42 and 43 of the Alcofrein program’s PowerPoint presentation.**

The federal and provincial governments have adopted strict laws and vigorous measures with the aim of preventing impaired driving. Any person found guilty of impaired driving is subject to penalties under the *Criminal Code* as well as the *Highway Safety Code*.

## 4.1 THE *CRIMINAL CODE* (FEDERAL)

The *Criminal Code* is a federal law that applies in all Canadian provinces and territories. It sets out the rules and penalties that apply in the event of driving offences involving alcohol and drugs (including medications): prison time, fines, driving prohibition periods, etc.

### 4.1.1 Driving or having care or control of a road vehicle with a blood alcohol concentration equal to or over 80 mg of alcohol per 100 ml of blood

If a police officer suspects you have consumed alcohol, he or she can order you to blow into an alcohol screening device or have you undergo roadside physical coordination tests. Based on the results, the police officer may arrest you and take you to the police station in order to measure your blood alcohol concentration using a breathalyzer. If your blood alcohol concentration is equal to or over 80 mg of alcohol per 100 ml of blood (0.08), you could face *Criminal Code* charges.

### 4.1.2 Driving or having care or control of a road vehicle while impaired by alcohol, drugs or medication

If a police officer suspects that you have consumed alcohol, drugs or certain medications, you may be required to submit to [physical coordination tests](#), to blow into an alcohol screening device or to take a saliva test. These tests are enough for the police officer to place you under arrest and bring you to the police station in order to have you undergo another series of tests by an evaluating officer. The evaluating officer may measure your blood alcohol concentration using a breathalyzer, if you are suspected of having consumed alcohol. If the evaluating officer concludes that your ability to drive was impaired, you could face *Criminal Code* charges.

As of December 18, 2018, the *Criminal Code* specifies that an individual can be charged if he or she exceeds the legal limit within two hours of ceasing to operate a vehicle. The same applies to driving while impaired by drugs.

### 4.1.3 Getting pulled over or arrested with drugs (including certain medications) in the bloodstream

If a police officer suspects that you have consumed drugs or certain medications, you may be required to submit to physical coordination tests. These tests are enough for the police officer to place you under arrest and require that you provide a blood sample.

For example, if your blood sample contains a concentration of cannabis (THC) that is above the concentration prescribed by federal regulation, you could face *Criminal Code* charges. The prescribed blood drug concentrations for cannabis are as follows:

- 2 nanograms of THC per millilitre of blood (summary offence with fine only);
- 5 nanograms of THC per millilitre of blood (criminal offence with fine and prison sentence);
- 2.5 nanograms of THC per millilitre of blood, when combined with a blood alcohol concentration equal to or over 50 milligrams of alcohol per 100 millilitres of blood.

For all other federally controlled drugs, any detectable trace at all is enough to face charges, with the exception of GHB.

### 4.1.4 Failing or refusing to obey the orders of a peace officer

Failing or refusing to submit to the tests ordered by a police officer is a criminal offence that automatically results in the stiffest penalties.

### 4.1.5 Care or control of a vehicle

With regard to impairment, the law not only prohibits driving, but also having the care or control of a vehicle while impaired. Here are some situations that can have the same consequences as impaired driving:

- sitting in the driver’s seat, even if the vehicle is stopped or broken down;
- being in the vehicle (even asleep on the back seat) and having the possibility of starting the engine;
- being near the vehicle, for example to brush snow off the car or put things in the trunk.

#### NOTE

These situations will be analyzed by the police officer, who will assess whether it was possible for the person to drive the vehicle and whether he or she intended to drive. When in doubt, **stay away from your vehicle.**

## 4.2 HIGHWAY SAFETY CODE (PROVINCIAL)

### 4.2.1 Administrative measures immediately following an offence

#### 4.2.1.1 Drivers under age 22, learner drivers and holders of a probationary licence

The zero-alcohol rule must be followed. If these people are found to have consumed alcohol, the following penalties apply:

- Immediate licence suspension for 90 days;
- 4 [demerit points](#);
- Fine of \$300 to \$600.

#### 4.2.1.2 Bus, minibus and taxi drivers

The zero-alcohol rule must be followed. If these people are found to have consumed alcohol, the following penalty applies:

- Prohibition from driving these kinds of vehicles for 24 hours.

#### 4.2.1.3 Heavy vehicle drivers

If a heavy vehicle driver’s blood alcohol concentration is equal to or over 50 mg of alcohol per 100 ml of blood, the following penalty applies:

- Prohibition from driving these kinds of vehicles for 24 hours.

#### NOTE

Applying these administrative penalties does not prevent a police officer from carrying out a criminal investigation. Therefore, it is possible for a driver to be subject to these administrative penalties and be charged under the *Criminal Code* for one or more of the offences listed above, in the *Criminal Code* section.

#### 4.2.1.4 All drivers

If the breathalyzer detects a blood alcohol concentration equal to or over 80 mg of alcohol per 100 ml of blood, the following penalties apply:

- Immediate licence suspension for 90 days;
- Immediate seizure and impoundment of the vehicle for 90 days, in the case of a repeat offence;
- Program to assess and reduce the risk of impaired driving (PERRCCA), depending on the case.

If the breathalyzer detects a blood alcohol concentration equal to or over 160 mg of alcohol per 100 ml of blood, or if the driver omits or refuses to obey the orders of a peace officer, the following penalties apply:

- Immediate licence suspension for 90 days;
- Immediate seizure and impoundment of the vehicle for 30 days, (90 days in the case of a repeat offence);
- PERRCCA assessment, depending on the case.

#### **NOTE**

Administrative penalties that are immediately applied are independent from criminal procedures.

### **4.2.2 Conditions for obtaining a licence after a conviction (repeat offence)**

#### **4.2.2.1 Absolute prohibition from driving**

As of December 18, 2018, the absolute prohibition periods provided for under the *Criminal Code* have been modified.

1st conviction	No minimum period
2nd conviction	Minimum 3-month period
3rd conviction	Minimum 6-month period

The prohibition period can be determined or extended if the court so decides. The SAAQ will apply this prohibition period.

During this period, driving a road vehicle is **PROHIBITED**.

#### **4.2.2.2 Prohibition from putting into operation, acquiring, renting, leasing, registering and putting into storage a road vehicle (ROA penalty)**

As of June 30, 2012, the *Highway Safety Code* prescribes a penalty that applies in the case of certain repeat offences involving alcohol-impaired driving or a failure to stop at the scene of an accident or while being pursued by police.

The penalty prohibits the putting into operation of all the offenders’ vehicles, excluding trailers. They are also prohibited from acquiring, renting, leasing, registering and putting into storage a road vehicle. In addition, if the offender commits an offence resulting in seizure and impoundment during the penalty period, or during the 10 years that follow the end of the penalty, the vehicle he or she was driving is automatically seized and impounded for 90 days.

The length of the ROA penalty is indeterminate; It ends when the offender obtains a driver’s licence or probationary licence that does not bear the condition that only authorizes that person to drive a vehicle equipped with an alcohol ignition interlock device. Depending on the driver’s file, this penalty may be imposed for life.

#### **SITUATION 1**

The offender was declared guilty of an alcohol-related offence and, within the last 10 years, was found guilty of:

- o two alcohol-related offences;
- OR
- o an offence related to having a high blood alcohol concentration (equal to or over 160 mg %);
- OR

- an offence involving a failure or a refusal to comply with an order given by a peace officer;
- OR
- an offence involving a failure to stop at the scene of an accident or while being pursued by police.

## **SITUATION 2**

The offender was declared guilty of an offence related to having a high blood alcohol concentration, or to a failure or refusal to comply with the order of a police officer, or to a failure to stop at the scene of an accident or while being pursued by the police, and, within the last 10 years, was found guilty of:

- an alcohol-related offence;
- OR
- an offence related to having a high blood alcohol concentration (equal to or over 160 mg %);
- OR
- an offence involving a failure or refusal to comply with an order given by a peace officer;
- OR
- an offence involving a failure to stop at the scene of an accident or while being pursued by the police.

### **4.2.2.3 PERRCCA assessment**

As of November 25, 2019, following a second conviction, the *Highway Safety Code* no longer prescribes a PERRCCA assessment for offences that were committed after that date.

### **4.2.2.4 Alcohol ignition interlock device for life**

From now on, the *Highway Safety Code* prescribes that any new licence or subsequent licence issued during the lifetime of a repeat offender (as of a second conviction) is subject to the condition of driving a road vehicle equipped with an alcohol ignition interlock device approved by the SAAQ.

The *Highway Safety Code* sets out that repeat offenders may, after a 10-year period during which they had an alcohol ignition interlock device, apply to the Court to have this condition lifted. They will be required to establish that their relationship with alcohol or drugs does not compromise the safe operation of a road vehicle.

However, repeat offenders with multiple convictions cannot have the condition lifted. As a result, following a third conviction, the condition of driving a road vehicle equipped with an alcohol ignition interlock device is imposed for life.

**TOPIC 5: SOCIAL, FINANCIAL AND PERSONAL CONSEQUENCES OF IMPAIRED DRIVING****5.0 FACT SHEET**

<b>SOCIAL, FINANCIAL AND PERSONAL CONSEQUENCES OF IMPAIRED DRIVING</b>	
<b>Goal of topic discussion</b>	<b>Time allotted: 40 minutes</b>
<ul style="list-style-type: none"> <li>• Recognize the financial consequences of impaired driving</li> <li>• Gain an awareness of the social and personal repercussions associated with an impaired ability to drive due to alcohol, drugs or medications.</li> </ul>	
<b>Summary of content</b>	
<ul style="list-style-type: none"> <li>• Financial consequences;</li> <li>• Societal consequences;</li> <li>• Consequences for the victims and their loved ones;</li> <li>• Consequences for the offender and his or her family.</li> </ul>	
<b>Presentation of content</b>	
<ul style="list-style-type: none"> <li>• Invite participants to share their thoughts regarding the social and personal consequences of impaired driving.</li> <li>• Demonstrate the scope of the consequences for society, the victims and their loved ones, as well as for the offender and his or her family.</li> <li>• Work in small groups, if possible.</li> <li>• Keep in mind the message you want participants to take away with them: that each person is ultimately responsible for his or her own decisions and the risks incurred by such decisions.</li> <li>• Provide information regarding the possible financial consequences following a criminal conviction related to alcohol- or drug-impaired driving.</li> </ul>	
<b>Helpful details for leading the topic discussion</b>	
<ul style="list-style-type: none"> <li>• Call upon the participants’ sense of responsibility.</li> </ul>	
<b>Facilitation tools</b>	
<ul style="list-style-type: none"> <li>• PowerPoint presentation;</li> <li>• Participation notebook;</li> <li>• Brochures or pamphlets;</li> <li>• Video of interview with Ms. Boulanger from Sherbrooke;</li> <li>• MADD’s video, <i>Too Close to Home</i>.</li> </ul>	

❖ Refer to slide numbers 45 to 48 of the Alcofrein program’s PowerPoint presentation.

## 5.1 SOCIAL AND PERSONAL CONSEQUENCES OF AN OFFENCE

Behind the statistics hides suffering: mourning, physical and psychological pain and feelings of guilt.

Based on testimony garnered from the loved ones of victims of impaired driving due to alcohol or drugs, the most difficult thing to accept after an accident is the fact that the tragedy could have been avoided if only the guilty driver had been more responsible. Knowing that the person who caused the death of their loved one was driving under the influence of alcohol or drugs is extremely painful for those left behind. Feelings of anger, even rage, towards the offender are often experienced by the friends and family of the victim.

The consequences for seriously injured victims, as well as for their loved ones, are burdensome:

- Daily physical and psychological pain;
- Long and painful rehabilitation;
- Loss of employment;
- Loss of mobility;
- Loss of autonomy;
- Depression;
- Uncertain future;
- Etc.

The consequences for those who have lost a loved one in a fatal alcohol-related accident can include:

- Psychological suffering as part of the mourning process;
- Feelings of injustice, anger and rebellion;
- Financial loss;
- Broken families;
- Restructuring of family life and routines;
- Etc.

At the same time, for the offender, there are numerous and burdensome personal and familial consequences relating to a first-time conviction for impaired driving:

- Consequences of a prohibition from driving on one’s professional and family life;
- Constraints on daily life related to the mandatory use of an alcohol ignition interlock device.

In addition, certain offenders have to live with the fact that they have hurt or killed someone:

- Legal consequences (prison sentence);
- Strong feelings of guilt.

It is easy to imagine the escalation of all the consequences that result from such a situation in the personal life of the offender and that of his or her loved ones.

## 5.2 FINANCIAL CONSEQUENCES OF AN OFFENCE

Following conviction for a criminal offence related to alcohol- or drug-related driving, the financial consequences can be significant and long-term.

### The cost of drinking and driving

Fees may vary depending on the situation:

Minimum fine ( <i>Criminal Code</i> )	\$1,000
Program to assess and reduce the risk of impaired driving (PERRCCA) – Summary assessment	\$300 plus tax
Alcofrein program (if the summary assessment is favourable)	\$150
PERRCCA – Comprehensive assessment (if the summary assessment is unfavourable)	\$710 plus tax
Alcohol ignition interlock device – Installation fees	\$50 plus tax
Alcohol ignition interlock device – Monthly rental fees	\$61 plus tax
Alcohol ignition interlock device – Removal of the device and closure of the file	Free of charge
Obtaining a new driver’s licence (depending on whether it is a first, second or third offence or more within a ten-year period)	\$300 to \$400
Fine for driving during a penalty period imposed under the <i>Highway Safety Code</i>	\$1,500 to \$3,000, in addition to the cost of a 30-day or 90-day (depending on the situation) seizure and impoundment of the vehicle

Other fees and costs may apply, such as court fees, a contribution to the crime victims compensation program (IVAC), etc.

Total cost of a first offence: a minimum of \$1,750, in addition to the following inconveniences and variable expenses:

- Criminal record
- Lawyer’s fees
- Increased personal automobile insurance premiums

## TOPIC 6: ANOTHER LOOK AT MYTHS AND BELIEFS

### 6.0 FACT SHEET

<b>ANOTHER LOOK AT MYTHS AND BELIEFS</b>	
<b>Goal of topic discussion</b>	<b>Time allotted: 15 minutes</b>
<ul style="list-style-type: none"> <li>To give participants a chance to assess the knowledge they acquired during the session.</li> </ul>	
<b>Summary of content</b>	
<ul style="list-style-type: none"> <li>A second look at the questionnaire regarding myths and beliefs entitled “Test Your Knowledge”.</li> </ul>	
<b>Presentation of content</b>	
<ul style="list-style-type: none"> <li>Go back to the “Test your Knowledge” questionnaire that the participants completed during the study of Topic 2, “Myths and Beliefs”.</li> <li>Provide the group with the answers to the questionnaire.</li> <li>Ask the participants to compare their answers with the answer key.</li> <li>Get the participants to recognize and appreciate the knowledge acquired during the session.</li> </ul>	
<b>Most frequently asked questions</b>	
<ul style="list-style-type: none"> <li>The participants may ask questions in order to better understand the answers provided.</li> </ul>	
<b>Helpful details for leading the topic discussion</b>	
<ul style="list-style-type: none"> <li>Invite the participants to share their opinions regarding other beliefs people may hold with respect to the effects of alcohol or drugs and impaired driving.</li> </ul>	
<b>Facilitation tools</b>	
<ul style="list-style-type: none"> <li>PowerPoint presentation;</li> <li>Participation notebook;</li> <li>Brochures or pamphlets.</li> </ul>	

❖ Refer to slide numbers 49 to 51 of the Alcofrein program’s PowerPoint presentation.

## 6.1 ANOTHER LOOK AT THE QUESTIONNAIRE REGARDING MYTHS AND BELIEFS

**Test Your Knowledge (Answer Key)***Answers are in bold*

1. People have a lower risk of having an impaired ability to drive if they drink:
  - a) Beer
  - b) Wine
  - c) Liquor
  - d) A “cooler” type beverage with low alcohol content
  - e) None of the above**
  
2. A good way to reduce the level of alcohol in the blood is to:
  - a) Drink coffee
  - b) Eat a good meal
  - c) Wait for the liver to do its work**
  - d) Take a cold shower
  - e) Dance, play sports, sweat
  
3. The ability to drive can be impaired starting with a blood alcohol concentration of:
  - a) 20 mg of alcohol per 100 ml of blood (0.02)**
  - b) 50 mg of alcohol per 100 ml of blood (0.05)
  - c) 80 mg of alcohol per 100 ml of blood (0.08)
  
4. Which of the following effects can be attributed to the consumption of cannabis?
  - a) Difficulty concentrating and remaining attentive to the road environment**
  - b) Slower reaction time and reflexes, and unsure driving**
  - c) Difficulty keeping the vehicle on a straight path**
  - d) High-risk behaviour, such as speeding
  - e) Decreased ability to cope with the unexpected**

**TRUE OR FALSE?**

5. Police are unable to detect drivers who are impaired by drugs.
  - a) True
  - b) False**
  
6. I can fool police officers’ tests if I am high.
  - a) True
  - b) False**
  
7. I am a better driver after smoking a joint.
  - a) True
  - b) False**

8. How many deaths can be attributed to drinking and driving each year in Québec?
- a) 50
  - b) 100**
  - c) 400
9. What is the estimated minimum cost of a first impaired driving offence?
- a) Approximately \$500
  - b) Approximately \$1,750**
  - c) Approximately \$3,000
10. Under what circumstances can people be found guilty of an impaired driving offence?
- a) When their blood alcohol concentration is equal to or over 80 mg of alcohol per 100 ml of blood (0.08)
  - b) When their ability to drive is impaired by alcohol, drugs or medication
  - c) If they refuse to provide a breath sample to a police officer who has ordered them to do so
  - d) All of the above**
11. What percentage of drivers convicted of impaired driving are repeat offenders?
- a) 20 %
  - b) 70 %
  - c) 15 %**
12. List two alternative solutions to impaired driving.
- 1) A designated driver, a taxi or a drive-home service**
  - 2) Sleep over**

**Go to Topic 7 to further answer this question.**

**TOPIC 7: ALTERNATIVE SOLUTIONS AND INDIVIDUAL AND COLLECTIVE RESPONSIBILITY****7.0 FACT SHEET**

<b>ALTERNATIVE SOLUTIONS AND INDIVIDUAL AND COLLECTIVE RESPONSIBILITY</b>	
<b>Goal of topic discussion</b>	<b>Time allotted: 10 minutes</b>
<ul style="list-style-type: none"> <li>To consider and choose alternative solutions to driving while impaired well before having the first drink or taking drugs.</li> </ul>	
<b>Summary of content</b>	
<ul style="list-style-type: none"> <li>Alternative solutions for oneself as well as for others;</li> <li><i>Need help?</i> Some resources and references.</li> </ul>	
<b>Presentation of content</b>	
<ul style="list-style-type: none"> <li>Encourage participants to list some alternative solutions to driving while impaired that could work for themselves and for others.</li> <li>Fuel the group discussion by proposing simple solutions to impaired driving. For help with this, use the “Alternative Solutions to Impaired Driving” table as a facilitation tool.</li> <li>Encourage participants to come up with some new alternatives to impaired driving or to name other existing resources in the community.</li> <li>Refer to the appendix <i>Need help?</i>, which describes and lists the contact information for the different resources available to help those battling substance use problems, whether those problems be related to the use of alcohol, drugs or medications.</li> <li>Again, keep in mind the message you want to reinforce: If you drink or take drugs, don’t drive!</li> </ul>	
<b><i>Plan ahead!</i></b>	
<b>Most frequently asked questions</b>	
<ul style="list-style-type: none"> <li>Questions will vary depending on the content.</li> </ul>	
<b>Helpful details for leading the topic discussion</b>	
<ul style="list-style-type: none"> <li>This topic lends itself to greater discussion and sharing of opinions among the participants; people should therefore be encouraged to speak up.</li> </ul>	
<b>Facilitation tools</b>	
<ul style="list-style-type: none"> <li>PowerPoint presentation;</li> <li>Participation notebook;</li> <li>Brochures or pamphlets.</li> </ul>	

❖ Refer to slide numbers 52 to 55 of the Alcofrein program’s PowerPoint presentation.

## 7.1 ALTERNATIVE SOLUTIONS TO IMPAIRED DRIVING

Throughout this session, it has been demonstrated that the use of alcohol, drugs and medications is incompatible with the operation of a road vehicle. We have also seen that our judgment can be affected well before we reach the legal limit.

People are allowed to drink alcohol or use cannabis. People are allowed to party and have fun. However, remember that if you drink or use drugs, don’t get behind the wheel. As we have seen during this session, the risks to you and others are too great.

Taking preventive action consists primarily of being aware of the inherent risks associated with driving while impaired and developing the reflex to always think about and **plan how you will get around, before you start drinking.**

As we know, we all have the moral obligation to intervene when we see that someone has had too much to drink, in order to prevent that person from getting behind the wheel. However, when we encounter resistance from people who believe they are capable of driving, it is often hard to convince them of the contrary.

The following table proposes alternative solutions for ourselves and those around us to ensure no one drives while impaired by alcohol, drugs or medications.

### Alternative Solutions to Impaired Driving

Alternative Solutions for Ourselves	Alternative Solutions for Others
<ul style="list-style-type: none"> <li>• Abstain from consuming alcohol, drugs or medications.</li> <li>• Choose non-alcoholic drinks.</li> <li>• Never drink or use drugs while taking medication.</li> <li>• Use public transit.</li> <li>• Take a taxi.</li> <li>• Call a drive-home service, such as Operation Red Nose.</li> <li>• Ask someone to be a designated driver.</li> <li>• Call someone to come and get you.</li> <li>• Never get a ride with someone who has been drinking or taking drugs.</li> <li>• Sleep over.</li> <li>• Wait the appropriate amount of time for your body to eliminate the alcohol you drank before driving; <b><i>our body eliminates alcohol SLOWLY.</i></b></li> </ul>	<p><b>When hosting or organizing a party (anniversary, birthday, happy hour, office party, other):</b></p> <ul style="list-style-type: none"> <li>• Encourage your guests to choose a designated driver before they begin drinking and ensure that non-alcoholic drinks are always available for the designated driver.</li> <li>• Offer water as well as alcoholic drinks so your guests can alternate.</li> <li>• Serve your guests drinks during the evening instead of offering a self-serve bar.</li> <li>• Do not serve alcohol to anyone who is drunk.</li> <li>• Don’t drink too much yourself, so you can better judge the condition of your guests.</li> <li>• Be sure there are non-alcoholic drinks available at all times for any and all guests.</li> <li>• Stop serving alcoholic drinks at least one hour before the end of the evening and offer water, coffee, tea or fruit juice.</li> <li>• Remember that some guests will need more time than others to eliminate alcohol from their system.</li> </ul>

- If possible, take home any guests who have had too much to drink, have them stay the night or give them money for a taxi.

**Regardless of the strategy you use, remember that guests will look back and be grateful to those who prevented them from risking their lives and the lives of others while they were impaired.**

**In public places:**

- Propose alternatives to driving: taxi, public transit, drive-home service, designated driver.
- Take away the impaired person’s car keys.
- Remain where you are until the person has had the necessary time to eliminate the consumed alcohol from his or her system.

As a last resort, contact the Sûreté du Québec by dialing \*4141 from a cell phone or 310-4141 (toll-free) from anywhere in Québec. You can also dial 911.

## APPENDIX: NEED HELP?

### SOME RESOURCES

Do you question the role alcohol, drugs or certain medications play in your life?

Do you fear losing control of your consumption habits, or that you have already lost control?

Do you want to be sure your consumption habits do not put you at risk for a second impaired driving offence?

#### 1. The alcohol ignition interlock program – voluntary participation

The SAAQ allows everyone who wishes to participate in its ignition interlock program to have an alcohol ignition interlock device, approved by the SAAQ, installed in their car. Participation in the program is subject to specific conditions. For example, participants are only authorized to drive road vehicles equipped with an alcohol ignition interlock device approved by the SAAQ. In addition, participants can only withdraw from the program once they have shown, through an assessment conducted by the SAAQ's partner organization in charge of carrying out such assessments, that their relationship to alcohol or drugs does not compromise the safe operation of a road vehicle.

#### 2. The first step in asking for help

- *The “Drugs: Help and Referral” helpline (for alcohol, drug and medication addiction problems)*

This bilingual and confidential telephone service is available 24 hours a day, 7 days a week. Counsellors can help you find available resources in your area and get the support and information you need.

**Montréal area: 514-527-2626**

**Elsewhere in Québec: 1-800-265-2626**

#### 3. Specialized substance use resources

- *Hospital centres offering rehabilitation services*

For acute intoxication and detox.

- *Health and social service centres (CISSS, CIUSSS and CRSSS) offering rehabilitation services*

Information desk/reception, assessments, counselling, detox help, psychotherapy, social integration, services for those who have a loved one suffering from substance use, community services. All of these services are free.

To find contact information for services in your area:

- [msss.gouv.qc.ca/repertoires/dependances/organismes\\_certifier.php](https://msss.gouv.qc.ca/repertoires/dependances/organismes_certifier.php) (in French only).

- *Support groups*
  - Alcoholics Anonymous of Québec: [aa-quebec.org/aaqc\\_wp](http://aa-quebec.org/aaqc_wp);
  - Cocaine Anonymous: [cocainomanes-anonymes.org](http://cocainomanes-anonymes.org), or dial toll-free 1-877-806-0581;
  - Narcotics Anonymous: [naquebec.org](http://naquebec.org), or dial toll-free 1-855-544-6362.

## HANDY REFERENCES

### **Société de l’assurance automobile du Québec (SAAQ)**

- **For all questions pertaining to:**
  - your driving record;
  - the measures required to reobtain your driver’s licence;
  - a request from the SAAQ to undergo an assessment (summary, comprehensive, or other);
  - the alcohol ignition interlock program.

**For all other information**, contact the SAAQ’s call centre.

Québec area: 418-643-7620

Montréal area: 514-873-7620

Elsewhere in Québec: 1-800-361-7620

Website: [saaq.gouv.qc.ca](http://saaq.gouv.qc.ca)

People who are deaf or hard of hearing: 514-954-7763

People who are deaf or hard of hearing: 1-800-565-7763

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## OTHER REFERENCES

- **Parole Board of Canada**  
Application for a record suspension (a pardon)  
Tel.: 1-800-874-2652  
Website: [canada.ca/en/parole-board](http://canada.ca/en/parole-board)
- **Royal Canadian Mounted Police**  
To obtain a criminal record check  
Tel.: 1-800-771-5401 (Montréal headquarters)  
Website: [rcmp.gc.ca](http://rcmp.gc.ca)
- **Insurance Bureau of Canada**  
Tel.: 1-877-288-4321
- **Canadian Life and Health Insurance Association**  
Tel.: 1-888-295-8112

