

Drugged Driving: Confronting an Epidemic

Robert L. DuPont, M.D.

Joint Session with Stephen Talpins & Joanne Michaels
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An Introduction to Drugged Driving

- *Drugged driving* refers to operating a vehicle with a measureable quantity of an illegal drug in the driver's body
- A new focus on drugged driving provides an opportunity to improve drunk driving prevention and enforcement
- Alcohol use, a legal substance for adults (age 21+), is analogous to prescription drug use obtained through valid prescriptions: both are legal substances that can be impairing

Why Has Drugged Driving Been Overlooked?

- Concern that focusing on drugged driving detracts from a focus on drunk driving
- Concern that not enough is known about drugged driving to take meaningful action to reduce it
- **These concerns are common, misguided and dead wrong**

Addressing These Concerns

- Focusing on drugged driving enhances drunk driving initiatives
- The problem of drugged driving has been studied extensively for the past 4 decades in the United States and abroad

Goals of Drugged Driving Prevention & Enforcement

- 1) Improve highway safety
- 2) Reduce illegal drug use
- 3) Provide a major new pathway to long-term recovery

Why is Reducing Drugged Driving a Priority Now?

- The tipping point was the December 2009 release of data from the 2007 National Roadside Survey (NRS)
- The NRS findings mobilized a new commitment from the White House Office of National Drug Control Policy (ONDCP) and the Department of Transportation (DOT)
- The 2010 National Drug Control Strategy named reducing drugged driving by 10% by 2015 as a national priority
- The National Institute on Drug Abuse (NIDA) has taken the lead in promoting a new generation of policy-relevant drugged driving research

Prevalence of Drugged Driving in the United States

Driving Under the Influence

- 30.2 million (12%) drivers aged 12 and older report that they drove under the influence of alcohol in the previous year
- 10.5 million (4.2%) drove under the influence of drugs

(National Survey on drug Use and Health, 2010)

- Studies of randomly stopped drivers as well as seriously and fatally injured drivers show that drugged driving is a problem of roughly equal consequence and concern as drunk driving

National Roadside Survey

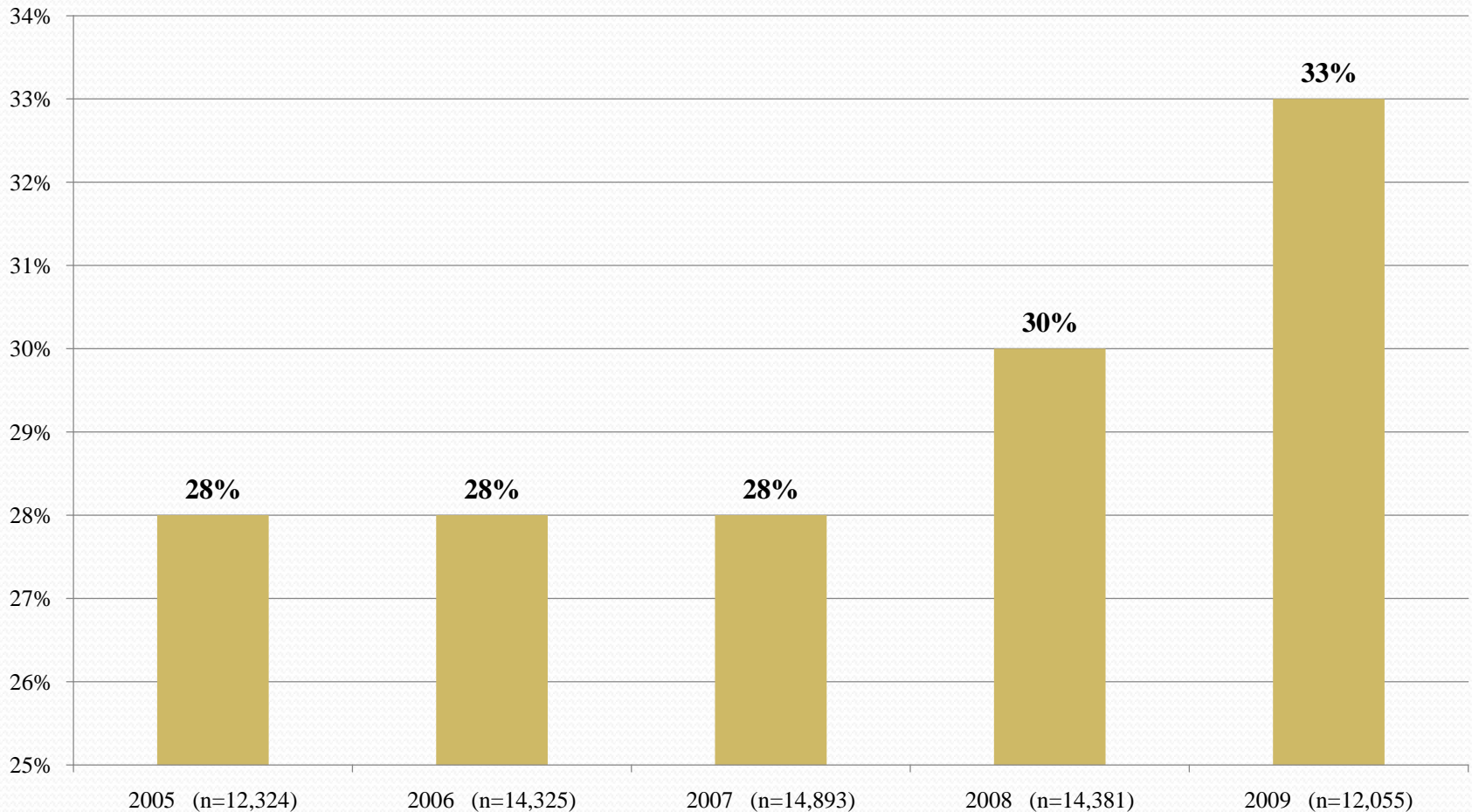
- 16.3% of weekend nighttime drivers tested positive for drugs other than alcohol
 - 8.6% cannabis
 - 3.9% cocaine
 - 1.3% methamphetamine
- Rates of drivers at 0.08 g/dL BAC or higher are decreasing among weekend nighttime drivers:
 - 36.1% in 1973, 25.9% in 1986, 16.9% in 1996, and 12.4% in 2007

(Compton, R., & Berning, 2009)

Fatally Injured Drivers

- In a study of all fatally injured drivers in the United States in 2009, one third (33%) of all drivers who had confirmed drug test results (n=12,055) were positive for drugs
 - 28% of tested drivers were positive for marijuana
- While the number of drivers killed in motor vehicle crashes has declined over the past five years, the number of drivers positive for drugs has increased 18%

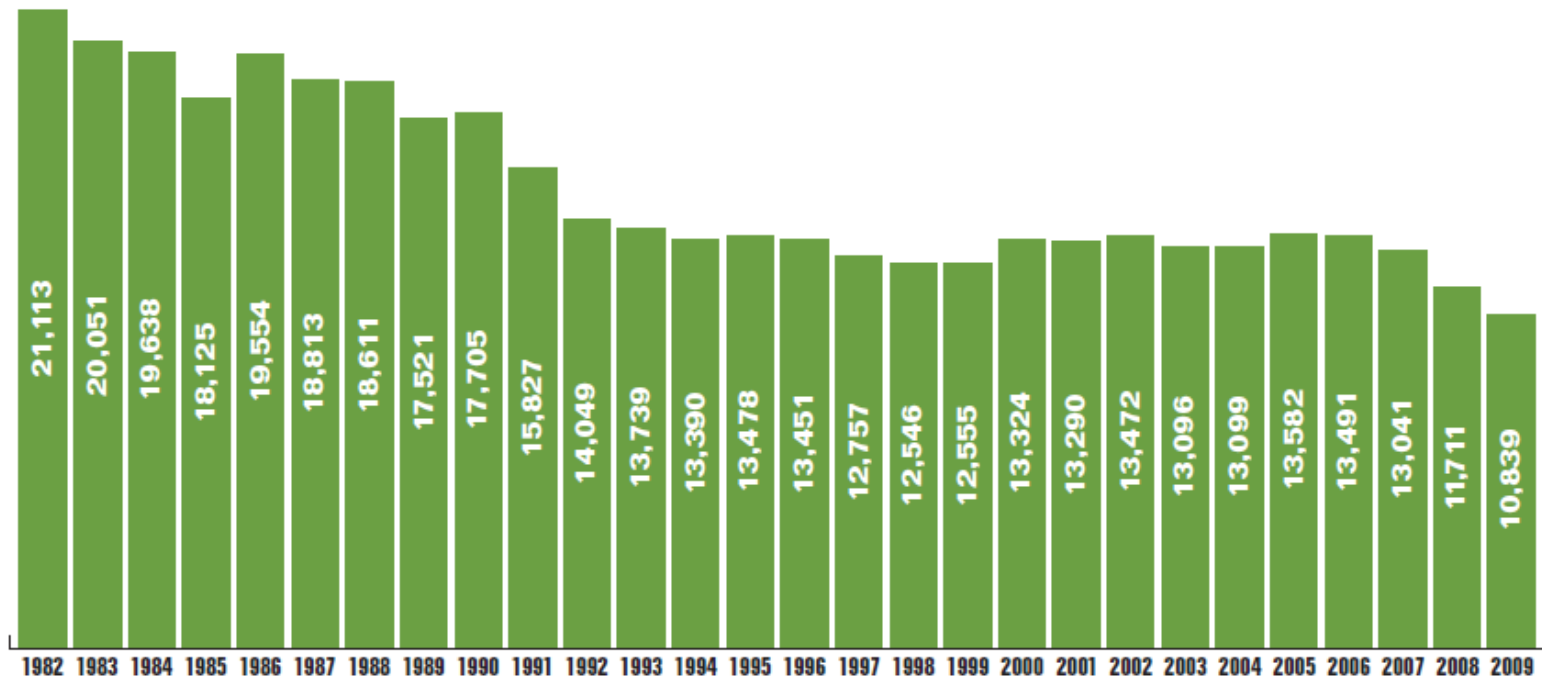
Drug Prevalence Among Fatally Injured Drivers Has Increased, 2005-2009



(Center for Substance Abuse Research, 2010)

Prevalence of Drugs vs. Illegal Alcohol Use Among Fatally Injured Drivers

- 12,055 fatally injured drivers were positive for one or more drug
- 10,839 drivers were above the illegal BAC limit of 0.08 g/mL
- The number of alcohol-impaired driving fatalities (illegal BAC) has decreased 49% from 1982-2009:



Data Source: NHTSA/FARS, 10/10

(The Century Council, 2010)

Fatally Injured Drivers

- In a study of fatally injured drivers in Washington State (n=370), 35% were positive for drugs
- 41% of all drivers were positive for alcohol
- Of all alcohol-positive cases, 42% were also positive for one or more drug showing the overlap in drug and alcohol use among drivers

(Schwilke, Sampaio dos Santos, & Logan, 2006)

Seriously Injured Drivers

- In a study of seriously injured drivers (n=108) admitted to a Maryland Level-1 shock-trauma center, 65.7% were positive for drugs and/or alcohol
 - 50.9% positive for illegal drugs
 - 30.6% positive for alcohol
 - 24.9% positive for both

DUI Suspects

- Enforcement collected voluntary urine specimens from 303 DUI suspects:
 - 31% positive for illegal drugs
 - 86% positive for alcohol
 - 25% positive for both
- Of DUI suspects with breath samples below 0.08 g/mL BAC, 51% were positive for drugs
- Of suspects with breath samples above 0.08 g/mL BAC, 22% were positive for drugs

(Fix, Leaverton, Buchan, & Walsh, 1997; Buchan, Walsh, & Leaverton, 1998)

Drugged Driving and Impairment Standards

Alcohol Impairment Standard

- All 50 states use 0.08 g/mL blood alcohol concentration (BAC) as the impairment standard for alcohol
 - Obscures the fact that many drivers are significantly impaired at levels well below 0.08
 - Due to tolerance and consumption effects, alcohol users can also not show outward signs of impairment at 0.08 BAC or higher

No Impairment Standard for Drugs

- No standard relationship between blood levels of a drug (or drug metabolites) and impairment
- Complex loops of impairment which vary depending upon the drug and the user
 - Drug user behaviors vary depending upon factors including: age, sex, weight, disease state, tolerance, drug-drug, and drug-alcohol interactions
- Setting impairment thresholds based on blood levels or drug metabolites for illegal drugs is not a viable option

What Can CADCA Do?

CADCA's Role

- CADCA is the vanguard of drug policy in the United States
- Mobilize the “CADCA Army” to take on drugged driving as a priority issue for both prevention and for treatment
- Drugged driving initiatives will identify many individuals in need of substance abuse treatment

Ideas and Programs to Promote

- *Per se* drugged driving legislation (will be discussed by Joanne Michaels)
- Testing all drivers who are identified as impaired for drugs and alcohol, even if they test positive over 0.08 BAC
- New legislation to make driving with an illegal BAC and positive for drugs an aggravated offense
- Educate communities on the drugged driving problem – compare local arrests for drunk vs. drugged driving
- Increase drugged driving prevention messages in drivers' education and substance abuse education programs which primarily focus on drunk driving only

www.StopDruggedDriving.org

- For more information on drugged driving visit IBH's website devoted to this public health and public safety problem

The screenshot shows the website's header with the logo "stop Drugged Driving" and a navigation menu with categories: "The Drugged Driving Problem", "Research", "News", "Laws", "Enforcement", "Prevention", "Managing DWI Offenders", and "Specialized Court Programs".

Drugged Driving: A National Priority

- Conservative estimates show that 20% of crashes in the U.S. are caused by drugged driving. This translates into about 8,600 deaths, 580,000 injuries and \$33 billion in damages each year.
- In a national survey, drugs were present more than 7 times as frequently as alcohol among weekend nighttime drivers in the U.S., with 16% testing positive for drugs, compared to 2% testing at or above the legal limit for alcohol.
- Effective drugged driving prevention is one of the best ways to improve highway safety, to reduce illegal drug use and to get more drug abusers into addiction treatment.
- [Learn more](#) about the major problem of drugged driving and what can be done now to reduce this modern epidemic.

The Per Se Standard

Almost one-third of states have adopted the *per se* standard, which may be the single most effective policy tool for dealing with drugged drivers. Any detectable amount of a controlled substance in a driver's body fluids constitutes *per se* evidence of a violation or "drugged driving".



Read more about the [Per Se Standard](#).

Research and Studies

The National Highway Safety Traffic Administration's national study data confirms that drugged driving is significantly more widespread than drunk driving. Read the [IBH Commentary](#) and [NHTSA Research Note](#).

Click [here](#) for more information on drugged driving research.

Drugged driving is one of the key priorities of the Institute for Behavior and Health, Inc.



IBH identifies, develops, evaluates and promotes new ideas to prevent drug abuse. IBH President Robert L. DuPont, M.D., is the founding director of the National Institute on Drug Abuse. Read IBH's [Public Policy on Drugged Driving](#).

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www.IBHinc.org

- For more information on other new and important ideas to reduce illegal drug use visit IBH's home website

The screenshot shows the homepage of the Institute for Behavior and Health (IBH). At the top is the IBH logo with the tagline "Creating Tomorrow's Drug Policy". Below the logo is a navigation bar with links for "NEWS AND PUBLICATIONS", "EVENTS", "LINKS", and "ABOUT US".

The main content area features a featured article on the left titled "IBH Hosts a Meeting on the Significance of the Recovery Movement Honoring Bill White with the John P. McGovern Award for His Many Years as the Leading Historian and the Inspiration of Addiction Treatment and the Recovery Movement". This article is accompanied by a photograph of Bill White, a man with white hair and a beard, wearing a dark suit and a light-colored tie, speaking at a podium.

To the right of the featured article is a quote: "The future belongs to new ideas and the new policies they inspire." Below the quote is a photograph of Robert L. DuPont, M.D., President of the Institute for Behavior and Health. The text below the quote states: "The Institute for Behavior and Health, Inc. (IBH) identifies, develops, evaluates and promotes new ideas to prevent drug abuse. By encouraging creative non-partisan collaboration among diverse disciplines and perspectives, IBH ensures that both the public and private sectors work together to achieve the important public health goal of reducing illegal drug use." Below this text is a link: "Click here to learn more about IBH's mission and vision."

Below the featured article and quote is a section titled "PERSPECTIVES ON DRUG POLICY" with a list of topics: Combating Illegal Drug Use, Demand Reduction, Harm Reduction, Medical Marijuana, Drug Legalization, and International Perspectives.

Below that is a section titled "IBH PRIORITY AREAS" with four sub-sections, each with a small image and text: "Student Drug Testing" (image of a school building), "Treatment Improvement" (image of a person in a red shirt), "Drugged Driving" (image of a hand holding a pen), and "Prescription Drug Abuse" (image of a pill bottle).

Below the priority areas is a section titled "VISIT OUR OTHER WEBSITES" with two links: "Prevention Not Punishment" (An interactive guide for parents, educators, students, and community members about implementing random student drug testing (RSdT) programs.) and "stop Drugged Driving" (An in-depth, non-governmental public policy and media resource for information on drugged driving.)

On the right side of the page is a section titled "LATEST NEWS" with a list of recent news items, each with a date and a brief description: "January 20, 2011: Marijuana, Schizophrenia and Jared Loughner", "January 17, 2011: Medical Marijuana Laws Result in Increased Teen Drug Use in Colorado", "January 17, 2011: Driving Under the Influence of Marijuana is a Growing Problem", "January 13, 2011: Exposure to Anti-Drug Messages Among Teens Drops by Two-Thirds as Drug Use Goes Up", "January 10, 2011: IBH Applauds Obama Administration for Addressing Prescription Drug Abuse", "January 7, 2011: White House Drug Policy Director Highlights Growing Public Health Toll of the Prescription Drug Abuse Epidemic", "January 5, 2011: Changes in Treatment Admissions Show Increases in Marijuana, Other Illicit Drug Treatment", "December 30, 2010: Time to Again Mobilize Against Marijuana", "December 22, 2010: Michele M. Leonhart Confirmed by Senate as DEA Administrator", and "More Current News Items...".



Thank You!

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