

Public Policy Statement

IBH Public Policy Statement Regarding Drugged Drivers

Background

Drugged driving poses a significant, but largely unrecognized, problem on our nation's highways. In a recent study of seriously injured drivers at the Maryland Shock Trauma Center, 51% of the sample tested positive for illegal drugs, compared to 31% who tested positive for alcohol.ⁱ A SAMHSA report states that nearly 10 million people drove under the influence of drugs during the preceding year, roughly 1/3 of the number who reported driving under the influence of alcohol during the same time frame.ⁱⁱ

IBH conservatively estimates that 20% of crashes are caused by drugged driving. That translates into 8,600 deaths, 580,000 injuries, and \$33 billion in property damage each year in the United States.

In a roadside study of drivers in British Columbia, over 10% tested positive for drug use compared to only 8% who tested positive for alcohol.ⁱⁱⁱ While alcohol-impaired drivers tended to be younger in age, with more positive test results occurring during weekends and later nighttime hours, drug-impaired drivers were more evenly distributed across all age groups and survey times.

U.S. data from NIDA's annual study, *Monitoring the Future* showed that 30% of teens had driven impaired by alcohol and/or drugs, or had been a passenger of an impaired driver in the two weeks prior to being surveyed.^{iv} Data analysis showed that 13% of seniors said they drove after using marijuana while 10% said they drove after having five or more drinks in the prior two weeks.

Any detectable amount of a controlled substance in a driver's body fluids constitutes *per se* evidence of a drugged driving violation. This has been the standard for commercial drivers in the U.S. since 1988. It is the standard widely used in the developed world outside the U.S., including western European nations, Canada, Australia and New Zealand. The benefit of this *per se* standard is that prosecutors do not have to meet more complex standards of guilt. In addition, with the *per se* standard drivers know that they must abstain from use of illegal drugs before getting behind the wheel of a car or face the risk of an arrest and loss of their driver's licenses.

More effective measures to prevent drugged driving will not only increase safety on the nation's roads and highways, but they will reduce illegal drug use and provide an important new avenue into treatment for individuals with substance use disorders, just as drunk driving arrests now provide alcohol abusers with an important route into treatment.

Recommendations

1. The first priority is to alert the public to the gravity of the drugged driving problem which is now a threat on the scale of drunk driving. All driver education programs must focus on drugged driving the way it now focuses on alcohol-impaired driving.
2. All states should enact *per se* drugged driving legislation, as almost one-third of states have already done.
3. Driver drug testing must become as widely used and commonplace as breathalyzer testing for Blood Alcohol Concentration (BAC) testing is today.

The following are appropriate opportunities for conducting drug tests on drivers:

- Drivers should be drug tested when there is suspicion of impairment, even in those cases where the presence of alcohol has been detected.
 - Drivers identified as impaired who do not have a BAC over the legal limit should be tested for drug use.
 - Drug testing should be done along with BAC testing at all sobriety checkpoints.
 - Drivers involved with fatal car accidents, and accidents resulting in serious injuries, should be required to submit to drug testing and BAC testing either at the scene of the accident or at the hospital.
4. Drivers found guilty of drugged driving should be screened for their need of substance use disorder treatment, and they should be carefully monitored with frequent random (non-scheduled) drug tests as a condition of regaining and then retaining their driver's licenses for a prolonged period of time.
 5. Drivers who test positive for both alcohol and unauthorized drug use while driving should be charged with an aggravated offence, with penalties greater than those for either alcohol- or drug-related violations alone.
 6. All states should accept drug and alcohol tests from all matrices, including especially oral fluids, urine and blood, both for data collection purposes and as evidence in legal proceedings.

Robert L. DuPont, M.D.

President, Institute for Behavior and Health, Inc.

First Director, National Institute on Drug Abuse (NIDA) 1973 to 1978

ⁱ J. Michael Walsh, Ron Flegel, Randolph Atkins, Leo A. Cangianelli, Carnell Cooper, Christopher Welsh and Timothy J. Kerns, Drug and Alcohol Use Among Drivers Admitted to a Level-1 Trauma Center, Accident Analysis and Prevention, Volume 37, Issue 5, Pages 894-901 (September 2005)

ⁱⁱ Substance Abuse and Mental Health Services Administration. (2008). *Results from the 2007 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-34, DHHS Publication No. SMA 08-4343). Rockville, MD.

ⁱⁱⁱ Beirness, D.J., & Beasley, E.E. (2009). *Alcohol & Drug Use Among Drivers: British Columbia Roadside Survey 2008*. Ottawa, ON: Canadian Centre on Substance Abuse.

^{iv} O'Malley, P.M. and Johnston, L. D. Drugs and Driving by American High School Seniors, 2001-2006, Journal of Studies on Alcohol and Drugs 68(6):834-842.