Drugs and Driving: What We Know and What We Don't

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Drugged Driving Call to Action
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In the next 7 minutes

- Data what's known about drugs and driving
 - Marijuana and opioids
- Key gaps
 - Research: What we'd like to know
 - Programs: What we can do







Americans use drugs

- Marijuana
 - Recreational use legal in 9 states and DC
 - Medical use legal in 29 states and DC
 - 22 million users about 8% of population over age 12
- Opioids: prescription (OxyContin, Vicodyn), heroin, fentanyl, ...
 - 249 million prescriptions in 2015, about 38% of all adults
 - 11.5 million people misuse prescription opioids
 - 116 deaths daily from opioid overdose
- Stimulants: cocaine, amphetamines
- Depressants: barbiturates, tranquilizers (Valium, Prozak)
- Hallucinogens: LSD, Ecstasy
- Anesthetics: PCP

Drivers use drugs

- ▶ Fatally-injured drivers (FARS, known drug test results, 2016)
 - 44% drug-positive
 - Marijuana the most common drug: 41% of the drug-positive drivers
 - 38% alcohol-positive
- Drivers on the road (NHTSA roadside survey, 2013-14)
 - 22% drug-positive, both weekday days and weekend nights
 - Marijuana the most common drug: 9% of all drivers weekday days;
 12% weekend nights
 - Alcohol: 1% weekday days, 8% weekend nights
- But presence doesn't mean impairment

Drugs can impair

- Marijuana
 - Impairs attention, time and distance perception, reaction time, coordination, ...
- Opioids
 - Impair cognitive function, cause drowsiness
- Stimulants, depressants, hallucinogens
 - Their names tell it all

Drugs can increase crash risk

- Some crashes caused by marijuana and opioids
 - Hard questions: How many crashes? Crash risk?
- Marijuana
 - Many studies, many with flaws
 - Consensus: increases crash risk by 25-35%
- Opioids
 - Fewer studies, similar flaws
 - Consensus: increase crash risk somewhat

State drugged driving laws inconsistent

All drugs, all states: illegal to drive while impaired

Marijuana

- 12 states: zero tolerance for drivers no measureable marijuana
- 6 states: per se limits from 1 to 5 ng THC

Opioids

- 19 states: zero tolerance for some opioids
- 2 states: per se limits for some opioids

Alcohol framework doesn't apply to drugs

Alcohol

- Alcohol in blood or breath (BAC) = alcohol in brain = impairment = crash risk; basis of per se law
- BAC declines gradually after drinking
- Familiar impairment signs; easy to screen at roadside (SFST)
- Breath test provides BAC evidence

Drugs

- Drug in blood or urine ≠ drug in brain ≠ impairment ≠ crash risk
- THC declines quickly after use; marijuana metabolites present for weeks
- Different drugs produce different impairment signs
- Blood or urine test necessary to confirm drug presence

Research and program needs

Research

- Better data: drugs in impaired driving arrests and crashes
- Better crash risk estimates for marijuana and opioids
- Quick, cheap ways to detect drugs at the roadside
 - Oral fluid; breath for marijuana
- Better process to measure drugs in drivers

Programs

- Educate the public, physicians, pharmacists
- Train law enforcement: ARIDE, DEC
- Inform prosecutors and judges
- Standard drug test protocols
- Encourage drug screening and treatment

Questions

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