

Commentary

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National Survey Confirms that Drugged Driving is Significantly More Widespread than Drunk Driving

Drugged Driving Must Become the Focus of Major National Initiatives

The United States Department of Transportation's National Highway Traffic Safety Administration (NHTSA) released a report on July 13, 2009 of the 2007 National Roadside Survey (NRS) of alcohol and drug use by drivers.ⁱ In a random sample of weekend nighttime drivers across the contiguous 48 states, researchers found that 16.3% of weekend nighttime drivers tested positive for drugs, compared to 2.2% of drivers with blood alcohol concentrations (BAC) at or above the legal limit of 0.08 g/dL. This was the first national study to conduct roadside testing for illegal drugs in addition to alcohol. Drugs were present more than 7 times as frequently as alcohol in those surveyed.

In another recent study, 65.7% of seriously injured drivers admitted to a Maryland Level-1 shock-trauma center were found to have positive toxicology results for alcohol and/or drugs. About 51% of the total sample tested positive for illegal drugs, compared to 31% who tested positive for alcohol.ⁱⁱ A total of 26.9% of drivers tested positive for marijuana while 11.6% tested positive for cocaine, and 5.6% tested positive for either methamphetamine or amphetamine. These percentages are far higher than those detected among drivers in the NRS study which found 8.6% of drivers positive for marijuana, 3.9% positive for cocaine, and 1.3% positive for methamphetamine. The higher statistics from the Maryland crash study compared to the NRS random driver sample are clear evidence that drugged driving is a serious threat to highway safety.

Also worthy of note is a significant decrease compared to recent years reported by the NRS in the number of weekend nighttime drivers with BACs at or over the legal limit: 2007 (2.2%), 1996 (4.3%), 1986 (5.4%) and 1973 (7.5%). This continual decrease in drunk driving can be traced to powerful national alcohol public education campaigns, coupled with strong DWI/DUI (Driving While Impaired/Driving Under the Influence) laws. Together these impressive efforts have conveyed the message to the public and to the legal community that drinking and driving do not mix. The strikingly low percentage of drunk drivers documented in the recent NRS report is important, positive news. This success points the way to what must be done to reduce drugged driving in the United States. The rate of drugged driving at more than 7 times that of drunk driving is powerful evidence that a comprehensive national plan to curb drugged driving is long overdue.

It is time for the U.S. to shine the same bright spotlight on drugged driving as on drunk driving. We need an aggressive new public education campaign targeting the dangers of using illegal drugs and driving, in addition to using alcohol and driving. The pressure to discourage the use of alcohol when driving needs to be maintained and reinforced in conjunction with the new focus on the use of illegal drugs. We also need legislative action. States must enact *per se* laws to make prosecution for drugged driving offenses more practical. The presence of an illegal drug or its metabolite in a driver's body is *per se* evidence of a violation, just as BAC of 0.08 g/dL is evidence of an alcohol violation. This combined legal standard is currently used in more than a dozen states, as well as in Western Europe and Australia. It is the standard that has been used successfully in the U.S since 1988 for 12 million commercial drivers. The *per se* standard is the next major step for states to take to reduce drugged driving. The *per se* standard holds drivers accountable. It sends a clear no-use message that illegal drug use and driving is unacceptable. We must make roadside drug testing as common as roadside alcohol testing is today. Another important component in a comprehensive national response is to include information about the relationship of illegal drug use and driving in all public education curricula, from drivers education to court-mandated programs. Finally, the pioneering Maryland shock-trauma study must be expanded into a national study of seriously and fatally injured drivers in order to obtain a more accurate picture of the extent and consequences of drugged driving.

This new NRS offers the powerful evidence needed to upgrade efforts to reduce drugged driving through education, legislation, and public policies. Unfortunately, however, the report distorts the picture of drugged driving in its conclusions. NHTSA cautions that drug results may be positive because of long persistence of drugs and their metabolites in the body even when there is no driving impairment. The reality is that 40% of people who smoke one or two joints of marijuana test negative for the drug at 50 ng/ml in urine within 24 hours and almost all people who smoke one or two joints test negative in urine within 3 days. The only people who test positive for marijuana in urine tests long after smoking are chronic heavy marijuana users who are no one's idea of safe drivers. Other drugs of abuse show even less persistence in the body than marijuana. The NRS tested only blood and oral fluids where there is no significant persistence problem at standard cut-off levels, even for marijuana. If there were doubts about the relationship of driving and tests for illegal drug use why did the Department of Transportation issue guidelines using the *per se* standard for urine tests for commercial drivers, airline pilots and train engineers more than two decades ago? If the *per se* standard for driving and illegal drug use is not scientifically defensible why is it used for all drivers in Western Europe and Australia today? The answer to these questions is clear to any fair-minded observer: the *per se* standard has been validated by decades of research and practical experience and it needs to be extended to all drivers in the U.S. – now.

Establishing a national initiative on drugged driving holds the promise of making significant impacts. It will reduce highway crashes, result in bringing more drug abusers into treatment, and reduce the demand for illegal drugs in the U.S., a demand that fuels deadly global drug trafficking. Ignoring drugged driving, including downplaying the results of this first national survey of drivers, is having fatal consequences on America's roads and highways every day.

In significant contrast to the confused response of the Department of Transportation to its own findings, in its press release accompanying the NRS report, R. Gil Kerlikowske, Director of the Office of National Drug Control Policy said of this study, “This troubling data shows us, for the first time, the scope of drugged driving in America, and reinforces the need to reduce drug abuse. Drugged driving, like drunk driving, is a matter of public safety and health. It puts us all at risk and must be prevented.”

The Institute for Behavior and Health, Inc. (IBH) applauds Director Kerlikowske for his outstanding leadership on this important topic and offers its help to the Obama administration in its efforts to reduce drugged driving.

For more information about drugged driving and about what to do to reduce it, visit: www.StopDruggedDriving.org and www.ibhinc.org.

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ⁱ Richard Compton, & Amy Berning, Results of the 2007 National Survey of Alcohol and Drug Use By Drivers. National Highway Traffic Safety Facts. Washington, DC: NHTSA’s National Center for Statistics and Analysis (July 2009) DOT HS 811 175

ⁱⁱ 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)