Much-Needed Congressional Hearing Examines Rise In Drug-Impaired Driving

By Jamie Wells, M.D. — July 19, 2018

Multi-drug misuse and abuse - albeit prescription, over-the-counter (OTC) or illicit in nature - is a huge problem (not just in overdose risk). Whether these substances are used alone or in combination, when you throw alcohol into the mix heightening of further impairments is assured. Add operating a vehicle, legalization of marijuana and the inability for accurate, swift roadside testing to determine level of influence for many of these substances and it is the perfect storm for a public health threat - one with many challenges to overcome to ensure safety on the roads. All told, more American drivers are dying in car crashes where drugs are detected than they are from those involving only alcohol.

Last week, the U.S. House of Representatives Committee On Energy and Commerce held a Congressional hearing to clarify the extent of the issue and inform on how best to guide policy to counter this disturbing trend. They hoped to determine scope, suss out accurate data on the topic and methods to garner more, learn what states are doing to address drug-impaired driving (eg. law enforcement action and training, roadside detection capabilities, public education), and understand how the federal government was dealing with the ballooning predicament including examining the National Highway Traffic Safety Administration’s (NHTSA) new initiative, launched in January, to “combat drugged driving, a growing problem on U.S. roads.”

The data

According to a report by the Governors Highway Safety Association (GHSA) and the Foundation for Advancing Alcohol Responsibility
43% of fatal crashes in 2015 involved drugs, compared to roughly 37% who tested positive for alcohol.

- In 2016, 44% of fatally-injured drivers with known results tested positive for drugs, 51% of drug-positive fatally-injured drivers tested positive for two or more drugs and 41% also tested positive for alcohol.

- The ten-year trend shows drug-impaired driving has increased while driving under the influence of alcohol has decreased.

- In 2006, 28% of fatally-injured drivers were drug-positive compared to 44% in 2016, while 41% of fatally-injured drivers were alcohol-positive in 2006 compared to 38% in 2016.

As per the American Automobile Association (AAA) [4], “prescription drugs are the most prevalent of all drugs found in drugged drivers involved in fatal crashes (46.5%), and the percentage has continually increased since 2005.” They contend benzodiazepines and opiates are the most common in fatal and seriously injured drivers. The former is typically used for anxiety or sleep disturbances, the latter for alleviating pain. The National Institute on Drug Abuse [5] declares “prescription and OTC drugs are, after marijuana (and alcohol), the most commonly abused substances by Americans 14 and older.”

Driving under the influence and the challenges of testing

There are innumerable drugs that can impair driving ranging from recreational to therapeutic. When it comes to drugged driving, benzodiazepines, opioids, and marijuana are the biggest culprits. Marijuana [2] is the “illicit drug most frequently found in the blood of drivers who have been involved in vehicle crashes, including fatal ones.” It can slow response time, impede decision-making and impact coordination. Pairing with alcohol causes a double whammy in diminishing capacity. An OTC med can be sedating (eg antihistamine), while certain diseases and the legitimate medications used to treat them can lead to polydrug use that complicates the situation too. (To learn more, read here [6] and here [7] about polypharmacy and Tiger Woods’ DUI arrest which highlights present hurdles).

Currently, aside from field sobriety tests or a breathalyzer for alcohol exposure there is no reliable, rapid roadside test for the host of other intoxicants. They cannot all be tested the same way. Drugs have different pathways and rates of metabolism, for instance, some require blood analysis. Though officers can readily assess that someone is impaired, they can’t determine the extent to which they are and have no means of testing that satisfies the court - legal thresholds can be tricky. Marijuana has a long half-life, so assessing when exactly a person last smoked can be difficult. Many companies are trying to come up with a saliva or breathalyzer test, but progress has been disappointing. There are many variables to consider in determining an individual’s impairment as size, clinical status and multi-drug use all contribute to alterations in degrees of influence.

Bottom Line

Drug-impaired driving is a preventable misfortune that has many consequences, including but not
limited to emotional anguish, suffering, short- and long-term disability or death, increased health care burdens and its accompanying costs. Policy suggestions have ranged from zero tolerance for those under age 21 (like the alcohol laws) especially given the strides in marijuana legalization to reducing the blood alcohol concentration limit.

Given the frequency of people’s use of alcohol mixed with drugs and its known testing capability, some have encouraged using its presence as a baseline for reflexively testing for other drugs. Imposing hefty penalties for poly drug users is another proposition. Improving officer training in field sobriety testing and recognizing an impaired driver are additional areas of concentration. Educating the public on the hazards of these behaviors is a no-brainer as part of prevention efforts.