

# BAD INFLUENCE

The use of legal  
and illegal drugs  
is a growing  
menace on  
our roadways



A SPECIAL REPORT PRODUCED BY



# Join Us in Reducing Impaired Driving

Dear Readers,

Annually, more than 30,000 Americans are killed on our nation's roadways. One-third of those deaths is a direct result of someone driving impaired. For the past few decades, alcohol has been the primary danger with regard to impaired driving. While alcohol remains a serious threat as a percentage of all crashes, its impact has declined over the past few decades thanks to strong efforts by law enforcement, legislators, AAA, MADD and other advocating organizations.

Today, impaired driving involves much more than just alcohol. It includes illegal drugs such as heroin, meth and even "bath salts." It also includes prescription drugs, which can be abused by those with a prescription or, frequently, those who steal or obtain them from others. And often, drugs are mixed with alcohol, which by itself remains a menacing problem. There's no doubt—drugged driving is increasing across the country and making impaired driving a more complicated issue to address.

Marijuana has also become a major part of this equation. Almost half of the country has legalized it in



one form or another. And this isn't the same marijuana that was around 20 years ago. Its impairing ingredient, THC, is stronger than it's ever been. Additionally, it is now available in more forms. Waxes, pills, vaporizers and edibles are becoming more prevalent every day.

The increasing trend of drugged driving will only worsen as attitudes toward drugs continue to relax. Educational efforts must be enhanced so people understand the changes in the drugs that are available, their effects on driving, the impact on traffic safety, and the role we all play in prevention.

The Auto Club Group and its Auto Club Group Traffic Safety Foundation have produced this report to provide a resource for those who play a role in the prevention of impaired driving. This includes, but is not limited to, business and civic leaders, parents, public health officials and traffic safety professionals. Should you need additional copies of this publication, please do not hesitate to reach out to us at [trafficsafety@acg.aaa.com](mailto:trafficsafety@acg.aaa.com).

Advocating for traffic safety has always been and will continue to be a top priority for AAA. We hope you find this publication to be informational and a valuable resource.



**Amy Stracke**

Managing Director, Traffic Safety Advocacy  
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By Suzy Frisch

# ROAD HAZARD

**Drunk driving continues to be a problem, but drugged driving is increasing.**

**T**ina caused a car crash while driving drunk and served two years in the Ramsey County workhouse. Eventually she rebuilt her life, landing a sales job for a Minneapolis call center company and earning a six-figure salary. But the psychological pain of knowing that she had killed a pregnant woman and her baby endured, and she started abusing prescription pain medication to cope.

She would take five narcotic painkillers a day and go about her life—calling on clients, spending time with family and friends, and working on starting her own business. No one suspected Tina was addicted to prescription drugs and marijuana. Then one day, a driver called 911 to alert police that a car was swerving all over the road.

An officer pulled Tina over and found 86 Percocet pills that hadn't

been prescribed to her and a marijuana cigarette. She failed field sobriety tests and went to jail on Christmas Eve. Ultimately Tina pleaded guilty to felony charges of driving while impaired (DWI) and illegal possession of pain pills, receiving a sentence of more than four years in prison. She served 29 months in a Minnesota Correctional Facility.

When she was released, Tina faced a significantly changed life. Her for-

mer employer would not re-hire her, and since then she has been unable to find a similar job. She has gone through treatment three times, working hard to maintain her sobriety. Her new life doesn't include going out much in public.

"I made poor choices. It's still a nightmare, and I go to counseling because of the shame, the guilt and the embarrassment," says Tina, who is in her late 40s and grew up middle class in the suburbs. "I'm embarrassed at how my life turned out and I'm ashamed. This wasn't in my cards at all."

### "I Didn't Know"

Many of the 1.3 million Americans charged with DWIs in 2012 would echo Tina's sentiments. Few intended to drive impaired after drinking, taking drugs, smoking marijuana—or doing two or all three of these things—but many did. And impaired drivers are extremely dangerous. In 2013, 10,076 people were killed in alcohol-impaired driving crashes, accounting for nearly one-third of all U.S. traffic related deaths, according to the National Highway Traffic Safety Administration (NHTSA)

DWIs have decreased since 1992, when they totalled 1.6 million. And so, too, has the percentage of repeat offenders, according to a March

2014 research project conducted for NHTSA.

Yet despite years of education and public safety messages that impaired driving is extremely dangerous, 25 percent of drunk drivers are arrested for DWI again.

**Between 2007 and 2014, illicit drug use by drivers has risen 25 percent;**

**marijuana detection has increased nearly 50 percent.**

— National Highway Traffic Safety Administration

"For me, there is a certain level of disappointment, because DWIs have been around for so many years," says David Bernstein, chair of Minnesota's DWI Task Force and Minneapolis assistant city attorney,

who regularly prosecutes a parade of people charged with impaired driving. "There is so much education, so much publicity and increased enforcement over holiday weekends, yet we still see so many DWI arrests. You think, 'How have we not learned from our past and from our mistakes?' Yet it still happens, unfortunately."

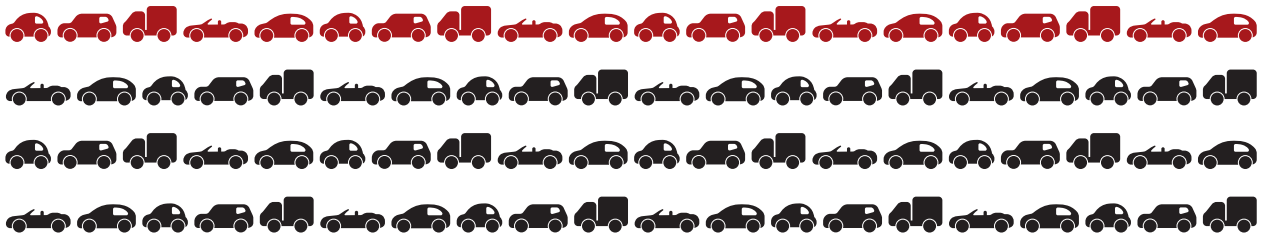
### Drugged Driving

While most people associate DWI with alcohol, drugs can also be involved including marijuana, heroin and other illegal drugs, as well as prescription and over-the-counter medications.

Across the country, there is growing concern over increases in drugged driving, particularly in light of more permissive marijuana laws (now legal in almost half of the country) and an increase in prescription drug use (the amount of prescription painkillers dispensed in the U.S. has quadrupled since 1999). Any drug—whether illegal, prescription medication or over-the-counter—can impair a person's ability to safely operate a vehicle. And it's happening more often.

NHTSA's 2013-14 roadside study of alcohol and drug use by drivers randomly selected across the country found a 30 percent drop in drivers with alcohol in their systems,

**25%** of drunk drivers will be arrested again for the same offense.



Source: Fatality Analysis Reporting System, National Highway Traffic Safety Administration

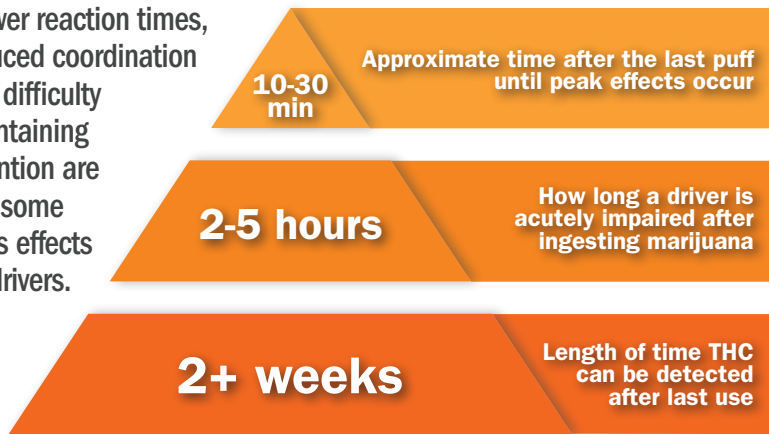
compared with findings from a similar study in 2007. In the same time frame, however, illicit drug use spiked 25 percent, with marijuana detection increasing nearly 50 percent. And this isn't the kind of marijuana prevalent in the 1960s and '70s: it's much more concentrated and therefore stronger, and it comes in a variety of forms including wax, spice, concentrate, oils and vapor. This may be one reason why there have been 2.4 million new users of marijuana just in the past few years. "That increase is huge," says Jake

counter medication such as one for allergies and then have an alcoholic beverage, the combination of which heightens the effects of each. Prescription drugs also are increasingly being used by teenagers to get high for the first time—every day about 2,000 of them do so nationally. Meanwhile, 46 people die every day in this country due to an overdose of prescription medication.

To check drug interactions and determine the likelihood of impairing effects, people can use a resource such as AAA's Roadwise Rx ([www.roadwiserx.com](http://www.roadwiserx.com)).

## Marijuana's Longevity

Slower reaction times, reduced coordination and difficulty maintaining attention are just some of its effects on drivers.



Source: AAA

Nelson, director of traffic safety advocacy and research for the American Automobile Association (AAA) in Washington, D.C. "It gives us a sense for how things are changing. And it matches what drug recognition evaluators around the country say: that they see a growing number of drivers impaired by drugs other than alcohol, marijuana in particular, and it will surpass the issues we have today with alcohol-impaired driving."

Prescription medications are more frequently impairing drivers—knowingly and unknowingly. They might be taking one medication prescribed to them by their doctor, and then use an over-the-counter drug, which in combination can cause impairment. Or they might take an over-the-

RoadwiseRx.com) to enter in all of their medications, Nelson says. They also should consult with their pharmacist to see if there may be alternate medications that do not cause an interaction, or a different time of day when they can take a drug and thereby eliminate the risk of impaired driving. And while it may sound obvious, they should read their medication's label and use/warning information. When the label says one should not operate heavy machinery, this includes motor vehicles, Nelson adds.

"Even when people are taking drugs prescribed by their physician, they may still get behind the wheel as an impaired driver," he says. Just because it's a prescription doesn't mean it's safe to drive while taking it.

## HANGOVER

### THE IMPACT ON EMPLOYERS

Besides increasing road crashes and fatalities, drug abuse is hurting businesses.

- Prescription painkiller abuse costs employers almost \$42 billion a year due to lost productivity.
- Nearly 75 percent of all adult illicit drug users are employed.
- Employees who abuse drugs are two to five times more likely to:
  - Take unexcused absences.
  - Be late for work.
  - Quit or be fired within one year of employment.
  - Be involved in workplace incidents.
  - File worker's compensation claims.

### WHAT CAN EMPLOYERS DO?

- Educate employees about the health and productivity issues related to prescription drug abuse
- Incorporate information about substance abuse in workplace wellness programs or strategies
- Offer health benefits that provide coverage for substance abuse disorders
- Publicize drug-free workplace policies and incorporate guidelines regarding prescription drugs
- Train managers to recognize and respond to substance abuse issues so problems can be addressed in uniform, cost-effective and business-sensitive ways
- Create a drug-free workplace program with at least these five key components:
  - A written policy
  - Employee education
  - Supervisor training
  - An employer assistance program (EAP)
  - Drug testing

Sources: National Safety Council; Substance and Mental Health Services Administration



## Costly Consequences of Drunk Driving

While you may think it's fine to drive feeling buzzed, or worse, you're putting yourself, your passengers and everyone else on the road at risk of injury or death. In 2013, 10,076 people were killed in the United States during an alcohol-related crash. That's an average of one death every 52 minutes. And these fatalities account for 31 percent of total motor vehicle traffic fatalities.

Alcohol-impaired crashes cost our economy nearly \$50 billion in 2010, according to the National Highway Traffic Safety Administration. When including lost productivity, workplace losses, legal and court expenses, medical costs, property damage and other related matters, alcohol-impaired driving crashes cost the United States \$206.9 billion a year.

Typically first-time DWI offenders lose their license for 15 days to one year, and then must pay a fine to reinstate it. Court fees for first-time offenders, depending on a driver's blood alcohol level, range from \$1,000 to \$3,000.

Offenders face numerous other consequences, such as increased insurance—all of which add up to about \$20,000 when someone gets convicted of impaired driving.



- **Alcohol-impaired motor vehicle crashes cost an estimated \$49.8 billion annually.**
- **In 2013, more than 10,000 people died in alcohol-impaired driving crashes—one every 52 minutes.**

*Source: National Highway Traffic Safety Administration*

the frequency of crashes involving drivers with THC in their systems before and after states legalized marijuana, Nelson says. He believes such research will start shaping new laws related to marijuana-impaired driving.

While efforts are underway to more accurately account for drugged driving, many incidents go unreported because of how these cases are processed. They usually also involve alcohol, and alcohol impairment is easier to prove (via a portable breathalyzer). Proving one is impaired due to drugs is much more time consuming and difficult, according to Florida Senior Judge Karl Grube, who has served as judicial liaison for NHTSA and the State of Florida, and for the past 20 years, as a public speaker at the national and collegiate levels on the subject of impaired driving.

“All they need is an officer and a breathalyzer; if you want to go with the drug aspect, it needs to go through the state's drug lab, and those types of analyses are extremely time consuming and expensive, plus in many states there's a backlog.”

Another challenge is how courts perceive the addition of a drug charge to a case involving a drunk driving arrest, he says. “If one finds drugs in the car and the person was under the influence of alcohol during a breathalyzer test, courts typically will not allow drugs to be admitted into evidence,” because there is often insufficient proof.

To help on this front, law enforcement officers are being trained to recognize impaired drivers through a formal Drug Recognition Expert (DRE) program.

Jurors will often reject a drug-related impaired driving charge—but convict the same person of an alcohol-related DWI—because they were unsure how drugs like methamphetamine impair drivers, Minnesota's Bernstein says. But they fully understand how alcohol causes impairment, he says.

With the advent of the DRE program, much of this misunderstanding can be addressed through an arresting officer's court testimony. And to

## Tough to Enforce

Many states don't have legal limits for how much of marijuana's primary chemical, tetrahydrocannabinol (THC), can be found in a driver's body akin to the limit of .08 they have for levels of alcohol. Some have adopted a limit of 2 or 5 nanograms of active THC per milliliter of blood, but this number is arbitrary, according to Nelson. It's not based on decades of research showing the level at which impairment occurs, which is how state and federal governments determined .10 and then .08 for alcohol.

“We know very little about drugged driving in contrast to what we know about drunk driving, yet we're passing laws legalizing these substances,” Nelson says. “There is not sufficient evidence to say it should be 5 nanograms per milliliter. Lawmakers are trying to address the concern about drugged drivers but we're painting the plane as we fly it. They're passing laws left and right and it's a little scary.”

There are several new studies being conducted to address marijuana and driver safety. One examines

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## Strategies and Solutions That Are Beginning to Work

Alcohol-related traffic crashes and fatalities have decreased considerably since the 1980s due to a series of changes including an increase in the legal drinking age to 21 across 36 states, the enactment of more than 200 laws regarding drunk driving (including zero tolerance laws in all 50 states) and greater public awareness of the harm that can be caused by drinking and driving. Technology also has helped.

Ignition interlock systems—comprising a handheld device with a mouthpiece and camera—caught on in several states beginning in the 1990s after they became more reliable. An individual who has been found guilty of driving while intoxicated has a system installed in their car and must blow into the mouthpiece before it will start. This prevents an offender from driving if they have more than a small amount of alcohol in their system.

Since then, all 50 states have decided to use some sort of ignition interlock programs to help reduce the number of drunk drivers on their roadways. By 2006, 2 million Americans lived in states with ignition interlock laws; by 2014 that number exceeded 80 million, according to the American Association of Motor Vehicle Administrators.

And ignition interlocks have proven fairly effective: Centers for Disease Control estimates their use reduces drunk-driving repeat offenses by 67 percent. One theory as to why is that ignition interlock changes people's behavior two ways: It stops them from driving when they're not safe to drive, and it empowers them to be more constructive because they can keep their driver's license and car insurance, which in turn allows them to continue driving to work and other important destinations.

Another use of technology involves a combination of in-facility and remote testing for alcohol two or more times a day, seven days a week. And it does something that ignition interlocks cannot do: It can detect drug use.

Called 24/7, the program was first introduced in South Dakota in 2005. Those found guilty of driving while impaired face the consequence of losing their driver's licenses, paying a hefty fine and going to jail. Or, they can agree to the probationary 24/7 program through which

they commit to remaining sober and/or drug free 24 hours a day, seven days a week during their probation.

They prove their sobriety through a series of daily and weekly tests. Twice a day, 12 hours apart, they either visit a breath-testing center or blow into an electronic, wireless-reporting device, or they wear ankle bracelets that allow for continuous monitoring of alcohol consumption. They also may be required to use an ignition interlock on their cars. And those guilty of drug offenses must either submit to twice-weekly urine tests or wear drug patches that detect through one's sweat the presence of cocaine, opiates, amphetamines, marijuana and PCP. Patches are worn seven to ten days and then mailed in for testing.

Participants in the 24/7 program have to pay for all of their tests and the use of these devices, but such costs are considered a pittance compared with the cost of



**Drunk driving-related fatalities nationwide decreased 24 percent between 2009 and 2014.**

— National Highway Transportation Safety Administration



paying fines, going to jail and possibly losing one's job. They also really must stay sober: If one fails or misses a test, or has a confirmed drinking or drug-taking event, he or she is promptly sent to jail.

Alcohol-related traffic deaths in South Dakota dropped 33 percent between 2006 and 2007. And since then the state has seen an additional 25 percent decrease in alcohol-related traffic fatalities.

North Dakota, Montana, Washington and other states have since adopted the 24/7 program, while pilot programs are underway in other states including Florida.

## Enhanced Enforcement Programs

Overall, there are three different yet complementary law enforcement training programs available to teach police, deputies and troopers how to identify impaired drivers who may be under the influence of alcohol, drugs or both.

### Standardized Field Sobriety Testing

(SFST)—Guides law enforcement representatives through the traffic stop, the face-to-face interview and field sobriety tests. By incorporating classroom, dry run and practical exercises, officers are better prepared to detect and remove impaired drivers from our roadways.

### Advanced Roadside Impaired Driving Enforcement (ARIDE)—

Builds on SFST training and is intended to provide law enforcement with general knowledge related to drug impairment. It stresses the importance of securing the most appropriate biological sample in order to identify the substances likely causing impairment. Additionally, when further expertise is needed the ARIDE-trained officer can call a drug recognition evaluator.

### Drug Recognition Expert

(DRE)—Trains law enforcement to be experts/evaluators in determining drug impairment in drivers under the influence of drugs other than, or in addition to, alcohol. DREs are trained to conduct a systematic and standardized 12-step evaluation consisting of physical, mental and medical components.



## RESOURCES



AAA's website promoting individual **understanding as to how medications may affect you and your driving ability:**

[www.roadwiserox.com](http://www.roadwiserox.com)

AAA's website dedicated to assisting judges, prosecutors, **law enforcement agencies and probation officers to reduce impaired driving:**

[www.duijusticelink.aaa.com](http://www.duijusticelink.aaa.com)

National Institute on Drug Abuse information and links on **drugs of abuse, drugged driving, drug testing, health, and more:**

[www.drugabuse.gov](http://www.drugabuse.gov)

National Highway Traffic Safety Administration:  
[www.nhtsa.gov/Impaired](http://www.nhtsa.gov/Impaired)

Institute for Police Technology and Management:  
[www.iptm.org](http://www.iptm.org)

Auto Club Group Traffic Safety Foundation:  
[www.AAA.com/foundation](http://www.AAA.com/foundation)

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help on that front, prosecutors are increasingly attending DRE programs as well, according to Kyle Clark, state coordinator and instructor for the Florida DRE program and advisor for impaired driving enforcement programs at the national level.

"Police officers in court are only as good as the questions they are asked," he says. "The more educated prosecutors are, the better questions they can ask."

Meanwhile, others keep working to share personal stories and the impact of impaired driving on us all, in hopes of making lasting change.

Stories like Tina's help. But more needs to be done to help people realize the notion "that will never happen to me" just isn't true, whether it's due to something they consume, or something someone else on the road has taken.

• *Suzy Frisch is a Minneapolis-based freelance writer.*

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