Drug-Impaired Driving: Marijuana and Opioids

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Drug-Impaired Driving
Marijuana and Opioids Raise Critical Issues for States

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What’s in the Report

- **Data:** drugs and driving problem size, trends
- **Marijuana and opioids:** what they are, use by drivers, impairment, driver views, state laws
- **Enforcement:** SFST, ARIDE, DEC, oral fluid, breath, blood
- **Challenges and opportunities:** recommendations for states
FIGURE 1
Drug and alcohol, percentage of fatally-injured drivers, known test results

Source: NHTSA Fatality Analysis Reporting Systems (FARS)
FIGURE 4
Marijuana and opioids in drug-positive fatally-injured drivers, FARS 2016

Source: NHTSA FARS
Conclusions

- From 2015 to 2016:
  - Drug presence in fatal drivers probably increased slightly
  - Alcohol presence about the same

- From 2006 to 2016:
  - Drug presence in fatal drivers increased substantially
  - Alcohol presence decreased somewhat

- More fatal drivers drug-positive than alcohol-positive, 2015 and 2016

Data limitations don’t allow more precise conclusions
Marijuana

- **Impairment**
  - In experiments: affects reaction time, coordination, vigilance, etc.
  - Crash risk: probably increases by 25-35%
  - Marijuana presence does not imply impairment

- **Driver views**
  - Regular users do not believe marijuana impairs driving
Marijuana Differs from Alcohol

**FIGURE 3A**
Blood Alcohol Concentration (BAC) Over Time After Drinking

- BAC (mg %)
- Time (hours)
- Source: Adapted from NIAAA (1997)

**FIGURE 3B**
Marijuana (THC) Concentration, Subjective High, and Impairment Over Time After Smoking

- THC concentration, ng/mL
- Time after smoking (minutes)
- Source: Adapted from Compton (2017), Figure 4.
FIGURE 5
State marijuana possession and use laws

*Louisiana has a medical marijuana law but implementation is limited; NCSL does not consider Louisiana a medical marijuana state.

Click to highlight states in applicable category

SHOW ALL  Legal Use  Medical Only  Decriminalized  Medical/Decrim.

Legalized for adult use  Legalized for medical use only  Decriminalized  Legal for medical use / decriminalized

Source: Adapted from NCSL, 2018a.
Opioids

- **Impairment**
  - In experiments: affect drowsiness, cognitive function
  - Crash risk: probably increases by no more than 100%
  - Opioid presence does not imply impairment

- **Driver views**
  - Illegal use is dangerous
FIGURE 7


Opioid prescriptions, millions

Source: Pezalla, et. al. (2017)
FIGURE 8
State opioid impaired driving laws

Adapted from NCSL, 2018b.
At the Roadside: Detecting Drugs

- **SFSTs**
  - Excellent for alcohol, reasonable for marijuana and opioids

- **ARIDE**
  - Good initial screen for major drug categories
  - About 8% of patrol officers nationwide are trained

- **Oral fluid**
  - Several models now available
  - Good initial screen; takes 5 minutes, costs about $20 per test
  - Pilot tests in several states

- **Marijuana breath test**
  - At least 2 developers; perhaps pilot tests in 2018

- **Fingerprint**
  - In development
At the Station: Confirming Drugs

- **DEC**
  - Excellent but expensive: 3 or 4 weeks of training, 90 minutes for a test

- **Chemical evidence: blood or urine**
  - Blood is preferred
  - Search warrant required: e-warrants speed this up considerably
  - Expensive and time-consuming: $250-300, sometimes weeks or months
Many not familiar with DUID (Driving Under Influence of Drugs)

- Not just like DUI Alcohol
- Often won’t pursue DUID if there’s a clear DUI case
Challenges and Opportunities: Recommendations

- **Education**
  - For the public: add drugs to impaired driving campaigns
  - For physicians and pharmacists: prescription opioids in particular
FIGURE 12
Drug-impaired driving campaigns
Click to view states’ driving campaigns

California: DUI Doesn’t Just Mean Booze
Wisconsin: Dose of Reality
Colorado: The Cannabis Conversation; Drive High, Get a DUI
New Mexico: Don’t Drive Drugged
New York: Drugged Driving is Impaired Driving
Ohio: Drugged Driving = Done Driving
Florida: Drive Baked, Get Busted
For Medical use Only by Qualified Patients within the State of Michigan - Not Redistribution I Compliance with Michigan Health & Safety Code 33.26424
May cause drowsiness- Alcohol may intensify this effect
Do not drive or operate heavy machinery
Keep out of the reach of Children
Challenges and Opportunities: Recommendations

- **Training**
  - Law enforcement: ARIDE for a majority of patrol officers, DEC for enough
  - Judges and prosecutors: do your best

- **Technology**
  - Test oral fluid screeners
  - Follow developments in marijuana breath test screeners

- **Testing**
  - Use blood, not urine
  - Test all fatally-injured drivers and all surviving drivers who may be at fault
  - Acquire enough laboratory capacity for drug testing
Challenges and Opportunities: Recommendations

- **Procedures**
  - Investigate DUID even in DUI cases
  - Authorize e-warrants for drug tests
  - Provide appropriate penalties for drug test refusal
  - Establish a separate DUID offense

- **Data**
  - Record DUID in arrest and crash reports and data files
Research Recommendations

- Develop a consistent marijuana message
  - “Don’t drive within XX hours of using marijuana”
- Complete and publish NHTSA’s evaluation of oral fluid devices
- Agree on national standards for laboratory drug tests
Final Thoughts

- It’s not drugs or alcohol, it’s impaired driving
- Just add drugs to state impaired driving programs
- Same basic strategies, a few different techniques
  - Education messages
  - Screening methods
  - Prosecution and adjudication requirements
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