

Drugged Driving is a Public Safety Issue

★ Drugged Driving Plays an Increasing Role in Motor Vehicle Crashes and Fatalities

- Drugs play an increasingly prevalent role in fatal crashes. In a study of 23,500 drivers from six different states, including California, drugged driving accounted for more than 28 percent of traffic deaths in 2010, up from 17 percent in 1999 (Brady and Li, 2014).
- Fatally injured drivers testing positive for at least one illicit, prescription, or over-the-counter drug increased to 18% in 2009 from 13% in 2005 (NHTSA).
- Nationally, deaths from drugged driving have nearly doubled since 1999 and accounted for nearly 1/3 of traffic deaths in 2010.
 - Marijuana was the primary drug involved in the increase (OTS, 2012).
- Vehicle accidents are the **#1 cause of death for young drivers (16-19)**, and substance-impaired driving is one of the main culprits in those deaths (O'Malley & Johnston, 2013).
- A national study of 22,000 high school seniors found that 27% of seniors had been involved in a traffic accident and 42% had received traffic tickets or warnings after smoking marijuana and driving while high. Additionally, the number of traffic accidents and tickets in 2012 were twice as high for high school seniors who smoked marijuana before driving than for those who did not (Johnston et. al, 2013).

★ Trends Indicate Drugged Driving Is Increasing

- Despite the risks associated with driving high, the number of persons testing positive for marijuana and other drugs in California continues to increase.
- The Office of Traffic Safety's (OTS) 2012 California Roadside Survey obtained 1,300 oral fluid samples from random drivers. The study found that 14% of drivers tested drug positive for at least 1 drug that can cause impairment:
 - 7% for marijuana/THC
 - 4% for prescription and over-the-counter drugs only
 - 3% for illicit drugs
 - 0.4% for synthetic marijuana
- Approximately 25% of persons testing positive for THC in the California Roadside Survey *also* tested positive for alcohol or another drug.
- According to a study of 630 adults ages 55 and older, 69% said they currently used one or more prescription medications that were potentially driver impairing (PDI). In addition, 10% said they currently used five or more prescription PDI medications (AAA Foundation for Traffic Safety, 2009).

★ How Drugs Affect Driving:

- **Coordination:** Effects on nerves/muscles – steering, braking, accelerating, manipulation of vehicle
 - **Reaction time:** Insufficient response & reaction.
 - **Judgment:** Cognitive effects, risk reduction, avoidance of potential hazards, anticipation, risk-taking behavior, inattention, decreased fear, exhilaration, loss of control.
 - **Tracking:** Staying in lane, maintaining distance.
 - **Attention:** High demand for information processing is severely affected – divided, not focused.
 - **Perception:** 90% of information processed by our brain while driving is visual. Glare resistance and recovery, dark and light adaptation, dynamic visual acuity – all are negatively impacted by drug use.
- Many prescription drugs including opioid pain relievers and benzodiazepines prescribed for anxiety or sleep disorders come with warnings against the operation of machinery—including motor vehicles—for a specified period of time after use. When prescription drugs are abused (taken without medical supervision), impaired driving and other harmful reactions become much more likely.
 - Evidence from both real and simulated driving studies indicates that marijuana negatively affects a driver's attentiveness, perception of time and speed, and ability to draw on information obtained from past experiences.
 - Today's marijuana is *much* more potent than it was 30 years ago – and the risks associated with smoking today's marijuana are also much higher; products such as hash oil and wax contain 50% to 90% THC, whereas an average joint contains 5% to 20% (NIDA, 2009).