

IBH Perspective: The American Society of Addiction Medicine understands the significance of the drugged driving problem and its public policy statement is in line with that of IBH. ASAM supports more drugged driving research, new legislation to hold drugged drivers accountable and increasing public awareness.



# ASAM

## American Society of Addiction Medicine

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### **Public Policy Statement On Driving Under the Influence of Illicit Drugs**

#### **Background**

On the nation's highways, drivers who are under the influence of illicit drugs, while apparently still fewer than those driving under the influence of alcohol, pose a growing danger. In 2007, the Substance Abuse and Mental Health Services Administration (SAMHSA) found that over 10 million people aged 12 and older drove under the influence of drugs other than alcohol at least once during the previous year, while an estimated 30.5 million drove under the influence of alcohol.<sup>1</sup> In a 2005 study of seriously injured drivers at the Maryland Shock Trauma Center, 51% of the sample tested positive for illegal drugs, compared to 34% who tested positive for alcohol.<sup>2</sup>

Driving under the influence of drugs is particularly prevalent among young drivers. Monitoring the Future showed that 30% of teens reported exposure to a drugged or drinking driver in the previous two weeks in 2006.<sup>3</sup> The publication of the data analysis entitled "Drugs and Driving by American High School Seniors 2001-2006" found that 13% of seniors said they drove after using marijuana, while 10% said they drove after having five or more drinks in the prior 2 weeks.

Illicit drugs include not only those thought of as "street drugs" that have no medical application, but prescription drugs -- such as opiates or sedative/hypnotics -- that have been obtained through illicit means (i.e., by any means other than the individual's own valid prescription), and prescription drugs obtained legally but used nonmedically (in different amounts, at different frequencies, via different routes, or for different indications or desired results than was intended by the prescriber).

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<sup>1</sup> SAMSHA (2007). Results from the 2006 National Survey on Drug Use and Health: National Findings (Office of Applied Studies, NSDUH Series H-32, DHHS publication No. SMA M07-4293), Rockville, MD

<sup>2</sup> J. Michael Walsh, Ron Flegel, Randolph Atkins, Leo A. Cangianelli, Carnell Cooper, Christopher Welsh and Timothy J. Kerns, "Drugs and Alcohol Use Among Drivers Admitted to Level-I Trauma Center , Accident Analysis and Prevention. Volume 37, Issue 5, pages 894-901 (September 2005)

<sup>3</sup> O'Malley, P.M. and Johnston, L.D. "Drugs and Driving by American High School Seniors, 2001-2006," Journal of Studies on Alcohol and Drugs 68 (6): 834-842.

More effective measures to prevent illicit drug use while driving will not only increase safety on the nation's roads and highways, but will also provide an important new avenue into treatment for those with substance use disorders. Law enforcement measures should incorporate identification of substance use problems, mandatory education and treatment, where necessary, just as arrests for driving under the influence of alcohol now provide alcoholics with a route into treatment.

The need for research is well-documented. In 2003, the National Highway Traffic Safety Administration (NHTSA) noted that "The role of drugs as a causal factor in traffic crashes involving drug-positive drivers is still not understood. Drug risk factors are still not known with acceptable precision...."<sup>4</sup> In 2007, the Centers for Disease Control and Prevention, using NHTSA data from West Virginia for fatalities in motor-vehicle crashes, noted: "Both surveillance and the development of prevention measures are hampered by difficulties in quantifying and defining drug impairment."<sup>5</sup> The CDC noted serious limitations in the detail of the drug data obtained.

The CDC also noted that "Enforcement has been the primary approach to drug-impaired driving." But sophisticated forensic facilities are lacking in a large part of the country, particularly rural areas. The CDC particularly cited the "lack of consensus of what levels or combinations of drugs constitute impairment."

Testing for illicit drugs has been ignored in some cases when the presence of illegal BAC levels is suspected; this needs to be changed in order to help quantify and qualify the problem of drug impairment. In 2005, less than half of the state records on accidents involving fatalities, available nationally through the NHTSA's Fatality Analysis Reporting System, included drug tests. Thus, it is possible that the role of illicit drug use in such accidents is underreported. Furthermore, very few states mandate testing for drugs in situations short of serious injury or fatality.

## **Recommendations**

**More public and government attention should be focused on the problem of illicit drug use by drivers.**

- 1. Major research is needed to develop better information on the correlation between impairments related to driving and levels of drugs in the blood and other measures of drug usage, and the development of improved and valid tests for drug-related impairments. Research should include annual drug testing of a representative sample of U.S. traffic fatalities to learn more about the risks associated with specific drugs.**

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<sup>4</sup> National Highway Transportation Safety Administration, "State of Knowledge of Drug-Impaired Driving," DOT HS 8-9 642, September 2003

<sup>5</sup> "Alcohol and Other Drug Use Among Victims of Motor-Vehicle Crashes-West Virginia, 2004-2005," Journal of the American Medical Association, May 2, 2007, Vol. 297, No. 17.

- 2. Even though crashes due to alcohol- or other drug-impaired driving occur in both alcoholic and other drug-addicted drivers, and in drivers not diagnosable with an addiction, the identification and treatment of alcohol and other drug addiction should be an integral component of all policies, strategies and laws which address driving impaired by alcohol or other drugs. Without treatment of these diseases, there is no feasible means of reducing the number of repeat offenders.<sup>6</sup>**
- 3. Drivers suspected of impaired driving should be tested not only for alcohol but for other drugs as well. State laws should be amended, where necessary, to provide “implied consent” for such testing, including in situations short of serious injury or fatality. States should develop forensic facilities adequate to support this testing.**
- 4. All drivers who test positive for one or more illicit drugs, without proof of valid prescription from a physician for the type and dosage of the drug found in the test, should be screened by a trained chemical dependency professional<sup>7</sup> for a substance use disorder and, if positive, should be referred to an appropriate addiction treatment program.**
- 5. Any legislation which imposes penalties for alcohol and/or other drug impaired driving should also include provisions for convicted drivers to undergo clinical assessment by a trained chemical dependency professional, and for convicted drivers diagnosed via assessment to have a substance use disorder to be required to complete appropriate treatment as a condition of a reinstatement of driving privileges. There should be evidence of successful rehabilitation, not merely attending sessions, before a suspended or revoked driver’s license is reinstated.<sup>6</sup>**
- 6. Persons found guilty of driving while impaired by illicit drug use and found to be in need of treatment for a substance use disorder should be afforded treatment and monitoring during any period of incarceration resulting from a criminal conviction. Treatment and monitoring should be mandated after release during any period of parole or probation, for a span of time as indicated by the application of accepted clinical placement criteria.**
- 7. Consideration should be given to a system of prolonged monitoring of all persons convicted of driving while impaired by illicit drug use, whether or not they are found to be in need of treatment for a substance use disorder. A record of a specified period of drug-free status should be a condition before**

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<sup>6</sup> American Society of Addiction Medicine, “Public Policy Statement on Highway Safety in Relation to Alcohol and Other Drug Use and Addiction,” revised May 2006, © 2006.

<sup>7</sup> The U.S. Department of Transportation Code of Federal Regulations refers to both Medical Review Officers (MROs - licensed physicians who have obtained special training and certification for reviewing and evaluating drug test results), and to Substance Abuse Professionals (SAPs - specially certified alcoholism and other drug abuse counselors who recommend education, follow-up testing and aftercare to persons who are found to have violated DOT regulations or state laws).

**and after reinstatement of a driving license. This should be applied particularly to repeat offenders.**

- 8. Public and professional education about substance use and addiction should include information about the extent and seriousness of this problem as well as preventive and therapeutic measures.**

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