

# BUZZED DRIVING

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,

More than 30,000 Americans, and more than 350 Minnesotans, are killed on roadways each year. One-third of these deaths are a direct result of impairment.

While alcohol remains a serious threat as a percentage of all crashes, it has declined significantly in sheer numbers since the early 1970s. Meanwhile, drugged driving is increasing.

A National Highway Traffic Safety Administration (NHTSA) study recently found 22 percent of randomly selected drivers tested positive for some drug or medication, a 25 percent increase from 14 years ago. This 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 by those who steal or obtain them from others. And often, drugs are mixed with alcohol, which by itself remains a menacing problem.

Add marijuana to the mix. It’s becoming legal in more states and is available in many forms. And marijuana has changed, becoming much more potent than it was two or three decades ago.

**In 2014, alcohol impairment caused 111 deaths and 2,040 injuries in Minnesota.**



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

The Governors Highway Safety Association (GHSA) is calling for every state to take steps to reduce drug-impaired driving and for the federal government to take a leadership role in this issue similar to that of drunk driving and seat belt use.

Closer to home, AAA, in conjunction with the Minnesota Department of Health and the Minnesota Safety Council, has produced this report to provide a resource for those who have a role to play in the prevention of impaired driving. This includes business and civic leaders, parents, public health

officials and traffic safety professionals. Should you need additional copies of this publication, please contact us at [trafficsafety@acg.aaa.com](mailto:trafficsafety@acg.aaa.com).

Spreading the message of safer drivers and roadways is a priority for AAA, the Minnesota Department of Health and the Minnesota Safety Council. We hope you find this publication valuable.

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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 Twin Cities 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 painkill-

ers 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 the Minnesota Correctional Facility in Shakopee.

When she was released in November 2014, Tina faced a significantly changed life. Her former 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 25,258 Minnesotans charged with DWIs in 2014 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. They caused 88 of 111 alcohol-related deaths and nearly 2,000 injuries in Minnesota in 2014, according to data from the Minnesota Department of Public Safety (DPS).

DWIs have decreased since reaching a high of 42,016 in 2006. Yet despite years of education and public safety messages that impaired driving is extremely dangerous, one in seven licensed Minnesotans has at least one DWI on his or her driving record.

That means more than 600,000 drivers in the state have one DWI, and more than 240,000 have multiple infractions.

For people charged with DWI, about 40 percent will violate the law again. About half of them will go

**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

on to have a third DWI, half of this group will go on to a fourth DWI, and so on.

"For me, there is a certain level of disappointment, because DWIs have been around for so many years,"

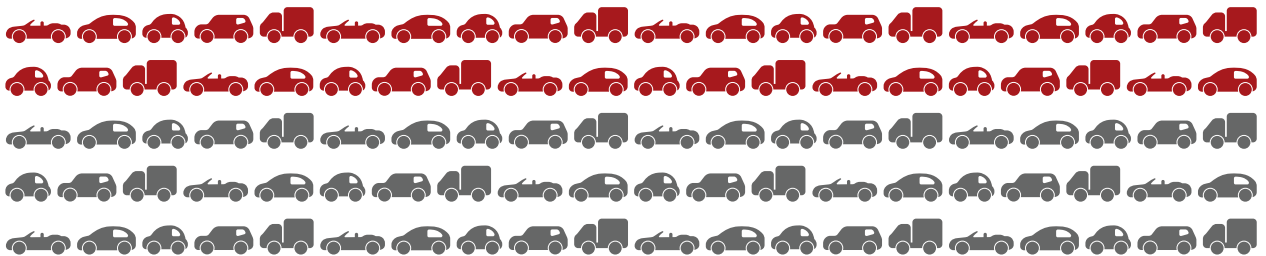
says David Bernstein, chair of the Minnesota DWI Task Force and Minneapolis assistant city attorney, who regularly prosecutes a parade of people charged with impaired driving. "There is so much education, so much publicity and increased enforcement over holiday weekends, yet we still see so many DWI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

While most people associate DWI with alcohol—and nearly one out of every four deaths on Minnesota roads is drunk driving-related—drugs can also be involved including marijuana, heroin and other illegal drugs, as well as prescription and over-the-counter medications.

### Drugged Driving

Across the country, there is growing concern over increases in drugged driving, particularly in light of more permissive marijuana laws (now legal for medical use in D.C. and 19 states, as well as for recreational use in D.C. and four states) 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

**40%** of fatally injured drivers tested had drugs in their system – almost the same level as alcohol.



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

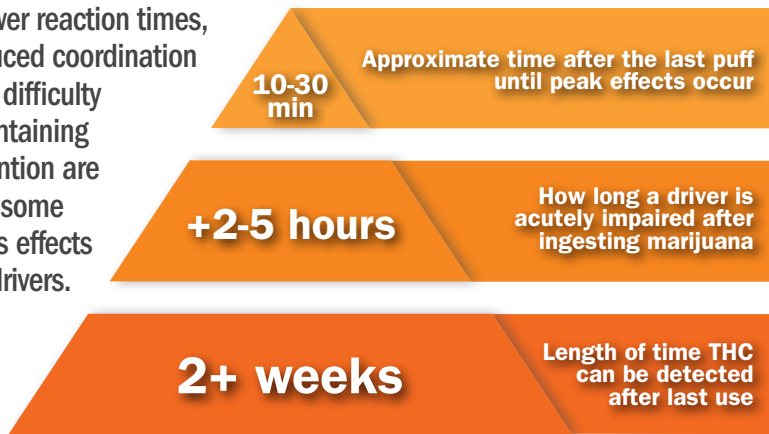
ability to safely operate a vehicle. And it's happening more often.

The National Highway Traffic Safety Administration'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 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 pot prevalent in the 1960s and 70s:

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-counter medication like Benadryl and have an alcoholic beverage, the combination of which heightens the effects of each, according to Lisa Kons, continuing education coordinator for the Minnesota Safety Council. Prescription drugs also are increasingly being used by teenagers to get

## Marijuana's Longevity

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



Source: AAA

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 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, cannabis in particular, and it will surpass the issues we have today with alcohol-impaired driving."

Prescription medications are more

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)) 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

## 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% 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





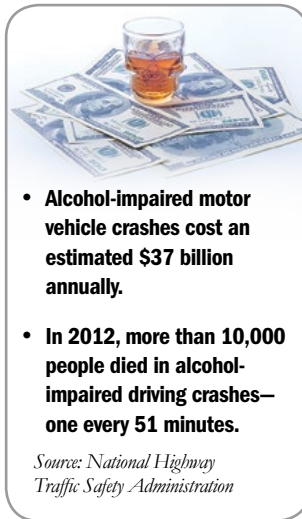
## Costly Consequences of Drunk Driving

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 2014, 111 people were killed in Minnesota during an alcohol-related crash, and 2,040 people were injured. In total, 3,433 crashes involved alcohol.

There also is a high personal cost to being seriously injured in a crash, including medical bills, loss of work, repairs to vehicles and more. And costs extend to society and Minnesota as a whole, reaching more than \$200 million in 2014, notes Lisa Kons, continuing education coordinator for the Minnesota Safety Council.

Typically, first-time DWI offenders lose their license for 15 days to one year, and then must pay \$680 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 paying fines, legal fees and 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 \$37 billion annually.**
- **In 2012, more than 10,000 people died in alcohol-impaired driving crashes—one every 51 minutes.**

*Source: National Highway Traffic Safety Administration*

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."

Several studies are expected to be completed in 2016 that address marijuana and driver safety. One examines 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.

In recent years, Minnesota has seen an increase in the number of people convicted of drugged driving. In 2004, 681 people were convicted of such an offense. Ten years later, there were twice as many at 1,342, according to DPS's annual Impaired Driving Facts reports. That number may seem small enough to lead people to believe the state doesn't have an issue with drugged driving relative to drunk driving (which exceeded nearly 19,000 convictions in 2014). However, NHTSA and GHSA both believe drug impaired numbers are substantially underreported nationwide.

Law enforcement officers are trained to recognize impaired drivers and it's often rather obvious: "Usually, they are swerving all over the road, getting into crashes, speeding and running red lights," says Bernstein.

He recently prosecuted a man who ultimately pleaded guilty to impaired driving after taking a handful of someone else's prescription pain pills. The evidence included that he was driving erratically, then stumbling and falling during a field sobriety test. Yet other times, juries have rejected a drug-related impaired driving charge—but convicted the same person of an alcohol-related DWI—because jurors were unsure how drugs like methamphetamine impair drivers. But they fully understand how alcohol causes impairment, he says. With the advent of the Drug Recognition Evaluator (DRE) program, much of this misunderstanding is being addressed with continuing education.

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should not operate heavy machinery, this includes cars, 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.

### 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

## Strategies and Solutions That Are Beginning to Work

Minnesota recently implemented several strategies seeking to reduce the number of drunk drivers on our roadways. One key intervention is the ignition interlock device program, available since 2011. It prevents offenders from driving if they have more than .02 percent blood alcohol content.

The equipment includes a handheld device, camera and tube. Once installed in offenders' vehicles, they must blow into the tube to start their car. First-time offenders with an alcohol concentration of .16 and above and all second-time offenders may choose to obtain an ignition interlock system to regain their driving privileges. Otherwise they lose their licenses for a year or more. For three or more offenses, the equipment is required.

Since 2011, 14,000 Minnesotans have participated in the ignition interlock program. It is expected that this should reduce their recidivism rate given that, when interlocks have been installed elsewhere in the country, the re-arrest of offenders decreased by a median of 67 percent compared to those without the device, according to Centers for Disease Control and Prevention research.

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.

Currently, about 9,000 Minnesotans are enrolled in the ignition interlock program. The DWI Task Force would like to encourage more to participate and has introduced legislation that would help reduce fees and other potential barriers.

Another effort addresses rural impaired driving through the SafeCab program. In eight counties, SafeCab gives bar patrons free rides home up to a \$15 fare (riders cover the rest). Isanti County Judge James Dehn spearheaded the program by enlisting bar owners and liquor distributors to help fund the free rides, along with community dollars including contributions made by AAA.

He persuaded them to join the program with objective

data. Between 1997 and 2004, Dehn kept track of where offenders reported having their last drink. A University of Minnesota–Duluth professor crunched the numbers, determining that 62 percent of the DWIs could be traced to specific bars. Offenders had an average blood alcohol content reading of .171 percent. Dehn gathered the bar owners and privately showed them the data, proving that customers drank at their bars and then drove drunk.

Isanti County bars, liquor distributors, law enforcement and the courts formed the Liquor Provider Partnership Program and its SafeCab program. To date, the program has provided rides to roughly 35,000 people in eight counties, Dehn says.

In its first three years, Isanti County alone saw an 11 percent drop in DWIs that can be traced to a specific bar, and the average blood alcohol content decreased to



**Drunk driving-related fatalities in Minnesota decreased 25 percent between 2010 and 2014.**

— Minnesota Impaired Driving Facts 2014



.159. The county also experienced a 68 percent drop in DWI arrests—tops in the state.

“It’s effective because it’s become more acceptable to take a ride home. In many rural areas, taking a cab is foreign to people,” says Dehn. “It’s a win for bar owners, too, because they save money on their insurance, and they develop a better customer base because they have a guaranteed way to get people home.”

Today, Dehn and SafeCab are working to expand the program to all rural Minnesota counties.

## 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 Evaluator (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. The training required is extensive and ongoing, with fewer than 200 Minnesota law enforcement officers having this specialized designation.



## RESOURCES



AAA's website about **how medications may affect you and your driving ability:**

<http://bit.ly/1Ro3nJP>

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

<http://bit.ly/1MTnAYN>

Minnesota Safety Council **classes, seminars and consultation on driving, working and living safely in Minnesota:** <http://bit.ly/1DJJHTH>

Governors Highway Safety Association September 2015 **report urging national and state action on drugged driving:**

<http://bit.ly/1JCu5bS>

Centers for Disease Control and Prevention **sobering facts about drunk driving in Minnesota:**

<http://1.usa.gov/1WJAuPh>

Two National Highway Traffic Safety Administration **studies on impaired driving trends:**

<http://1.usa.gov/1zMXiRo>

Minnesota Department of Health report on **effects of alcohol and other drug use:**

<http://bit.ly/1Sdt9RE>

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

<http://1.usa.gov/1NnHVnu>

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As part of Minnesota's sentencing options for alcohol impairment, Bernstein and others would like to see more funding of ignition interlock programs, which require drivers to blow into a device before they can start their car. If they blow more than a .02, the car won't start. Minnesota has a lower participation rate than other states and efforts are underway to change this. Others keep working to share personal stories and the

impact of drunk or drugged driving on us all, in hopes of making lasting change.

Stories like Tina's, for example, help. But more still needs to be done to help people realize that 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.*