U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE.
Washington, DC 20590

Administrator

April 5, 2016

The Honorable John Thune
Chairman
Committee on Commerce, Science, and Transportation
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

This letter report was prepared in response to a request contained in Section 4009, "Increasing Public Awareness of the Dangers of Drug-Impaired Driving," of the Fixing America's Surface Transportation (FAST) Act, Public Law 114-94. Specifically, Congress requested a report describing "additional actions that should be undertaken by the Administration to assist States in their efforts to increase public awareness of the dangers of drug-impaired driving, including the dangers of driving while under the influence of heroin or prescription opioids."

BACKGROUND

As a data-driven agency devoted to improving traffic safety, the National Highway Traffic Safety Administration (NHTSA) is at the forefront of efforts to identify the scope and extent of the drug-impaired driving problem and its impact on traffic safety. In keeping with this mission, NHTSA recently completed two large-scale, innovative studies that provide the only national estimates of the size and empirical evidence of the consequences of drug-impaired driving.

The 2013–2014 National Roadside Survey (NRS) of Alcohol and Drug Use While Driving is the fifth national survey to measure driver alcohol levels and the second to measure drug use since 1973. Compared to the 2007 survey, the 2013–2014 survey results show a small increase in drug-positive drivers using medications (from 3.9 percent in 2007 to 4.9 percent in 2013–2014) and a larger increase in the prevalence of illegal drugs (from 12.4 percent in 2007 to 15.1 percent in 2013–2014). The drug with the largest increase in weekend nighttime prevalence was THC, the principal psychoactive constituent found in marijuana (that is, the substance in marijuana that produces the effects typically observed from ingesting the drug). In the 2007 NRS, 8.6 percent of weekend nighttime drivers tested positive for THC, whereas in the 2013–2014 NRS, 12.6 percent of weekend nighttime drivers tested positive for THC, a 48 percent increase.

It is important to caution that the presence of a drug does not necessarily imply impairment. The presence of many drugs can be detected after impairment has passed. For example, traces of THC use can be detected in blood samples several weeks after heavy chronic users stop ingestion.

The following table shows the number and percentage of weekend nighttime drivers testing positive for selected opiates (including heroin). For most opiates, there was relatively little change in the percentage of positive drivers, except for hydrocodone, a prescription opiate, and heroin, an illegal opiate. The percentage of drivers positive for hydrocodone tripled between the 2007 NRS and the 2013–2014 NRS, increasing from 0.6 percent to 1.8 percent. The percentage of drivers positive for heroin doubled from the 2007 NRS to the 2013–2014 NRS, increasing from 0.2 percent in 2007 to 0.4 percent in 2013–2014. We have no way of knowing whether prescription drugs were used appropriately by prescription or used illegally.

Number and Percentage of Drivers Positive for Selected Opiates in the 2007 NRS and 2013–2014 NRS

	2007 NRS		2013–2014 NRS	
Opiate	**N**	**%**	**N**	**%**
Hydrocodone	58	0.6%	98	1.8%
Oxycodone	43	0.8%	47	0.8%
Tramadol	34	0.5%	41	0.7%
Propoxyphene	34	0.5%	0	0.0%
Methadone	11	0.2%	12	0.2%
Heroin	8	0.2%	21	0.4%

Note: This table shows raw numbers, while percentages are weighted.

The NHTSA also conducted the Drug and Alcohol Crash Risk study, which compared 3,000 drivers involved in a crash with 6,000 non-crash-involved drivers over a 20-month period in 2010–2011. The non-crash-involved drivers were carefully matched to the crash-involved drivers (same day of the week, time of day, location, direction of travel, etc.). We believe this was the most carefully designed and conducted study of its type yet completed.

The report shows nearly one in six crash-involved drivers tested positive for drugs that could impair driving, and one in seven non-crash-involved drivers tested positive for drugs that could impair driving. The drug most frequently used by drivers was THC, detected in 7.6 percent of crash-involved drivers and 6.1 percent of non-crash-involved drivers. The Crash Risk study indicated that marijuana users as a group had a higher incidence of crash involvement than did nonusers, but when evaluated further, this was accounted for by differences in the age and gender of the two groups. A summary report was released in February 2015 and is available at http://www.nhtsa.gov/staticfiles/nti/pdf/812117-Drug_and_Alcohol_Crash_Risk.pdf.

These studies are early steps in increasing our understanding of the drug-impaired driving problem. Along with our partners, we have an aggressive research agenda to enhance our identification and understanding of drug-impaired driving.

ACTIONS TO BE TAKEN

The NHTSA will support State efforts to increase public awareness of the dangers of drug impaired driving. This effort will be undertaken in consultation with the White House Office of National Drug Control Policy, the U.S. Department of Health and Human Services, State Highway Safety Offices, and other interested parties as needed.

The NHTSA will continue to conduct research to identify the scope and extent of the drug-impaired driving problem. This research is often conducted in consultation and cooperation with State Highway Safety Offices and safety practitioners. The research results will be made available to the States to assist them in designing effective information campaigns and to help mobilize resources to address the drug-impaired driving problem.

The NHTSA will also develop public awareness material about drug-impaired driving, as follows:

- As the agency has done in the past for the seat belt and alcohol-impaired driving campaigns, NHTSA is currently developing a communications plan that will include educational messages targeted to the public about the risk of the possible effects of drugs on driving performance. We expect to complete development of the plan by September 2016.

- The agency will conduct consumer market research this spring to support the production of communications materials that will clearly and effectively increase public awareness of these issues. These materials will be made available to our communications partners by September 30, 2016. The agency expects to work with representation from the following partners to coordinate outreach to the public:

    - State and local Government
    - Federal Agencies
    - Safety practitioners
    - Criminal justice system
    - Public health community
    - Media

- The agency will provide training materials to medical professionals and pharmacists by spring 2017 on the potential impairing effect of prescription drugs on driving performance and the need to counsel patients on the risks.

- The agency will continue to gather additional research information on driver use of heroin and prescription opioids before developing more effective program activities.

Through these actions, NHTSA aims to assist States in their efforts to increase public understanding of the potential effects of drug use on driving performance and to increase awareness of the consequences of driving while impaired.

I have sent a similar letter to the Ranking Member of the Senate Committee on Commerce, Science, and Transportation and to the Chairman and Ranking Member of the House Committee on Transportation and Infrastructure. If you have any questions regarding this information, please contact me or Alison Pascale, Director of Governmental Affairs, Policy and Strategic Planning, at (202) 366-2386.

Sincerely,

Mark R. Rosekind, Ph.D.