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**Office of National Drug Control Policy**

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*ONDCP seeks to foster healthy individuals and safe communities by effectively leading the Nation's effort to reduce drug use and its consequences.*

# Drugged, Drunk, and Distracted Drivers Put Us All at Risk

In the past few decades, Americans have come to realize the dangers associated with driving under the influence of alcohol. Thanks to increased awareness and the efforts of concerned groups and individuals to draw attention to the problem, there has been a decline in the number of people injured or killed as a result of drunk driving. Traffic fatalities in alcohol-impaired-driving crashes decreased nearly 10 percent from 2007 to 2008, according to the National Highway Traffic Safety Administration (NHTSA).

Alcohol use, however, is only one dangerous behind-the-wheel behavior. Increased attention is now being focused on other types of dangerous driving behavior, such as text messaging, talking on a cell phone, and drugged driving. More than ever, it is time we recognize the dangers of drugged driving and take steps to reduce this threat to our Nation's health and safety.

Use of any drug that acts on the brain can impair motor skills, reaction time, judgment, and other faculties required for safe driving. Drugged driving is a public health concern because it not only puts the driver at risk; it also endangers the lives of passengers and others sharing the road.

**Reason for Concern**

According to the 2007 *National Roadside Survey of Alcohol and Drug Use*, conducted by NHTSA, more than 11 percent of weekend, nighttime drivers (about one in nine) tested positive for illegal drugs. (The report can be found online at [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov).)

Results of several major national surveys paint an equally disturbing picture of substance use and driving. For example, one in ten high school seniors responding to the 2008 Monitoring the Future Study reported they had driven after smoking marijuana in the two weeks prior to taking the survey.

According to the 2009 National Survey on Drug Use and Health (NSDUH), an estimated 10.5 million people aged 12 or older reported driving under the influence of illicit drugs at some time during the year before taking the survey. Across age groups, the rate of drugged driving in 2009 was highest among young adults aged 18 to 25 (12.8 percent).

A review of more than a dozen studies determined that approximately 4 to 14 percent of drivers who sustained injury or died in motor vehicle crashes tested positive for THC, the active ingredient in marijuana.

The 2007 State of Maryland Adolescent Survey indicated that 11.1 percent of the state's 12<sup>th</sup> graders reported driving after smoking marijuana on three or more occasions, and nearly 10 percent reported driving while using a drug other than marijuana (not including alcohol).

Another study found that about 34 percent of motor vehicle crash victims admitted to a Maryland trauma center tested positive for "drugs only." About one in ten (9.9 percent) tested positive for alcohol and drugs. Research has

## DRIVING (continued from page 1)

shown impairment increases significantly when marijuana and alcohol use are combined. Many drivers who test positive for alcohol also test positive for THC, a clear indication that drinking and drugged driving often occur together.

### Addressing the Threat

Despite concerns raised by public health officials, policymakers, and others, drugged driving laws have lagged behind alcohol-related driving legislation. This is due to a variety of issues, including the lack of a swift and accurate roadside test similar to breathalyzer tests and the unique effects that various illegal and prescription drugs can have on individual body chemistry.

According to *A State-By-State Analysis of Laws Dealing with Driving Under the Influence of Drugs*, published in 2007 by the Walsh Group and sponsored by NHTSA, some states (Arizona, Delaware, Georgia, Illinois, Indiana, Iowa, Michigan, Minnesota, Nevada, North Carolina, Ohio, Pennsylvania, Rhode Island, Utah, Virginia, and Wisconsin) have passed “per se” laws that make it illegal to operate a motor vehicle if there is any detectable level of a prohibited drug in the driver’s blood.

A national campaign sponsored by NHTSA called “Over the Limit. Under Arrest” provides information and resources to help fight drunk and drugged driving. (More information is available online at <http://www.stopimpaireddriving.org>.)

Forty-six states, the District of Columbia, three branches of the military, and several countries around the world participate in the Drug Evaluation and Classification (DEC) program, which trains police officers to become Drug Recognition Experts. The program, sponsored by NHTSA in partnership with the International Association of Chiefs of Police, assists law enforcement officers in identifying behaviors that may indicate an individual’s erratic driving is tied to recent drug use. If an officer suspects drug intoxication, blood or urine samples are sent to a lab for confirmation. (See related article, below.)

Other Federal programs focus on preventing drug use, such as ONDCP’s National Youth Anti-Drug Media Campaign ([www.mediacampaign.org/faqs.html](http://www.mediacampaign.org/faqs.html)), which offers free online resources to help reduce drugged, drunk, and distracted driving among teens, and the Drug Free Communities Support Program (<http://www.oncdp.gov/dfc/overview.html>), which helps communities identify and respond to local substance abuse problems.

## How Drug Recognition Experts Make Our Highways Safer

*The International Drug Evaluation and Classification (DEC) program, managed and coordinated by the International Association of Chiefs of Police (IACP) and supported by the Department of Transportation’s National Highway Traffic Safety Administration (NHTSA), trains police officers as Drug Recognition Experts (DREs) to recognize impairment in drivers under the influence of drugs, alcohol, or both. ONDCP Update recently interviewed **Chuck Hayes**, IACP’s Regional Operations Coordinator for the DRE program. Here’s what he had to say:*

### **What is IACP’s role in reducing drugged driving in the United States?**

The IACP works in partnership with the 46 DEC program states and the various representatives from the governors’ offices of highway safety to promote, deliver, and coordinate impaired driving training programs, including the DEC program.

The IACP oversees the Drug Recognition Expert (DRE) training curriculum through the IACP DRE Technical Advisory Panel and sets standards for the program, which includes the training, certification, and recertification of DREs.

The IACP also assists in the expansion and coordination of state DEC programs and provides support in the coordination and delivery of Standardized Field Sobriety Testing and Advanced Roadside Impaired Driving Enforcement (ARIDE) training.

### **What is the function of Drug Recognition Experts, and how do these specially trained officers help reduce drugged driving?**

A DRE is a police officer trained to recognize impairment in drivers under the influence of drugs other than, or in addition to, alcohol.

DREs are trained to conduct a systematic and standardized 12-step drug evaluation consisting of physical, mental, and medical components. The DRE evaluates and assesses the person’s appearance and behavior, measures and records vital signs, and makes precise observations of the person’s automatic responses and reactions. The DRE also administers carefully designed psychophysical tests to evaluate the person’s judgment, information processing ability, coordination, and various other characteristics. The DRE systematically considers everything about the person that could indicate the influence of drugs

or the presence of a medical condition. After completing the evaluation, the DRE renders an opinion as to whether the person is impaired and, if so, the category of drug(s) likely causing the impairment.

Through the training and knowledge of the DRE-trained officers, more drug-impaired drivers are being detected and removed from our roadways.

### **How successful has the DRE program been in getting drugged drivers off the road?**

In the past 5-10 years, DREs have greatly assisted in detecting and removing drugged drivers from our roadways. Two states, Oregon and Washington, began training officers as DREs in 1995 and 1996. Both states experienced more than a 100 percent increase in drugged driving arrests the following year. Other states with DRE programs have shown similar increases.

*See DRE, page 3*

## Health Leaders Meet in Washington, DC, for Recovery Summit

Leaders and experts from the addiction and mental health fields gathered recently in Washington, DC, for the *National Summit on Recovery from Substance Use Disorders*. More than 175 healthcare providers, researchers, Federal and state policy makers, and members of the recovery community met in September to discuss recovery-oriented systems of care within the context of healthcare reform, among other issues. The event was co-sponsored by the Office of National Drug Control Policy.

The agenda included panel and interactive presentations on progress made since the behavioral health summits on recovery in 2002 and 2005; an update on healthcare reform; and a series of breakout sessions focusing on issues critical to sustaining long-term recovery. Among the issues discussed:

- ❖ Criminal justice and juvenile justice systems and recovery
- ❖ The importance of safe, substance-free housing in recovery
- ❖ The importance of stable employment in recovery
- ❖ Collaboration among child welfare, family courts, and the recovery community
- ❖ Educational opportunities for individuals in recovery
- ❖ Connecting prevention and recovery communities
- ❖ Connecting faith-based and recovery communities
- ❖ The role of peer services in recovery
- ❖ Behavioral health recovery: bridging mental health and addiction recovery
- ❖ Workforce development and recovery: retooling the behavioral health workforce

Participants were joined by colleagues the next day at a second summit, also co-sponsored by ONDCP, that focused on the role of secondary schools in supporting recovery for school-aged youth with substance use disorders.

### Operation Yé'itsoh, Funded by ONDCP, Nets Nine on Drug Trafficking Charges in New Mexico

Nine residents of McKinley County, New Mexico, were arrested last month on Federal drug trafficking charges as a result of a five-month joint investigation by the Drug Enforcement Administration (DEA) and the Bureau of Indian Affairs (BIA).

Code-named "Operation Yé'itsoh," the operation began in May at the request of the Navajo Nation Department of Public Safety (NNDPS) for the purpose of combating the growing drug trafficking problem in and around the Navajo Reservation. The defendants were charged with unlawfully trafficking in marijuana and methamphetamine.

Operation Yé'itsoh was part of the Native American Project (NAP) Initiative, which is supported by the DEA's Albuquerque District Office in partnership with the BIA and the NNDPS. The Initiative is funded by ONDCP through the High Intensity Drug Trafficking Areas (HIDTA) program.

Yé'itsoh, or Big Giant, is a character in a Navajo legend that explains why lava can be found at Mt. Taylor, the stratovolcano in northwest New Mexico called Tsoodzil, the "Turquoise Mountain," which is considered sacred by the Navajo people and other Native Americans in New Mexico.

#### *DRE (continued from page 2)*

In 1996, NHTSA evaluated the DEC program and made a written report to Congress. The report concluded: "The Drug Evaluation and Classification Program has been remarkably successful in producing meaningful results ... saving lives on our nation's roads ... gaining court acceptance ... and showing a steady return on investment. NHTSA's leadership role in development and implementation of the DECP produced scientific validation of the program, effective training and certification standards, and rapid expansion and institutionalization of the program.

"Taking into consideration the enormous cost to society of impaired driving injuries today, the economic impact of the DEC has more than compensated for the funds expended to implement and conduct the program. Added to this are the many lives that have been saved by DREs who identified medical crises in time to save the drivers.

"The Drug Evaluation and Classification Program has unquestionably produced profitable results, which can be counted on for years to come."

#### **What more can we do to lower the prevalence of drugged driving?**

1. Increase the training for law enforcement in identifying drugged drivers. More police officers assigned to patrol duties need to be trained in the Advanced Roadside Impaired Driving Enforcement (ARIDE) curriculum and the DEC program. All states should be encouraged to participate in the DEC program. To date, 46 states are in the program.
2. Encourage states to adopt illegal drug *per se* laws as part of their impaired driving laws.
3. Encourage more research and collect more drugged driving crash data to support the need for additional training for law enforcement and prosecutors.
4. Require uniform standards for toxicology laboratories that test for drugs in suspected drugged driving cases. Some laboratories do not test for many of the drugs that impair driving, and some do not test for drugs if alcohol is first detected in their analysis.
5. Involve more physicians and pharmacists in the process of warning and educating patients and customers about the hazards of drugged driving. Most are not well trained to discuss the potential of drugs to impair driving.
6. Develop up-to-date educational materials and programs to inform the general public of the hazards of drugged driving, with an emphasis on prescription drugs and over-the-counter medications. Too many people associate drugged driving only with illegal drugs, such as cocaine, methamphetamine, and marijuana.
7. Encourage the study of the effects of new medications that have the potential to affect driving before the medications are released. Also study the most frequently implicated drugs in motor vehicle crashes and fatalities to better inform consumers and prescribers about the risks of different medications.

*For more information about the DEC program, visit DECP's Web site at <http://www.decp.org/experts>.*





ONDCP Director Gil Kerlikowske presents Molly O'Neill, President and CEO of the National Council on Alcoholism and Drug Dependence – Kansas City, with a copy of the Presidential Proclamation on Recovery September 18 at the Michael Johnson Memorial Walk for Recovery in Kansas City, Missouri.

## Around the Nation, ONDCP Shows Support for the Power of Recovery from Substance Abuse Disorders

In a show of commitment to supporting recovery from substance use disorders, ONDCP officials in September participated in a variety of events in observance of National Alcohol and Drug Addiction Recovery Month, raising awareness of the disease of addiction and the reality and power of recovery.

ONDCP Director Gil Kerlikowske was the keynote speaker for the "Rally for Recovery" on September 11 at Roger Williams National Park in Providence, Rhode Island. The rally, which drew more than 3,000 attendees, was sponsored by the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), the Rhode Island National Guard Bureau, and other community service organizations.

On September 14, ONDCP co-sponsored the *National Summit on Recovery from Substance Use Disorders* in Washington,

DC. More than 175 leaders and experts from the addiction and mental health fields joined providers, researchers, Federal and state policy makers, and others to discuss developing recovery-oriented systems of care within the context of healthcare reform (see article, page 3).

Benjamin B. Tucker, ONDCP's Deputy Director for State, Local, and Tribal Affairs, was the keynote speaker for the Addiction Recovery Month Symposium in Indianapolis, Indiana, where more than 300 gathered in support of National Alcohol and Drug Addiction Recovery Month. While in the area, Deputy Director Tucker visited students and staff at the Fairbanks Hope Academy Recovery School.

On September 15, ONDCP co-sponsored an experts meeting with the Departments of Education and Justice, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the National Institute on Drug Abuse on *The Role of Secondary Schools in Supporting Adolescents in Recovery*.

On September 18, Director Kerlikowske's remarks opened the Michael Johnson Memorial Walk for Recovery in Kansas City, Missouri. Participants included more than 1,000 members of the recovery community and their families, prevention and treatment specialists, state and local officials, and other allies.

Director Kerlikowske and David K. Mineta, ONDCP's Deputy Director for Demand

Reduction, participated in the 21<sup>st</sup> annual National Alcohol and Drug Addiction Recovery Month luncheon on September 16. Sponsored this year by Faces and Voices of Recovery, the event featured about 150 officials, community leaders, and persons in recovery, including many Recovery Month Planning Partners from allied national organizations.

In his remarks September 24 at the annual Recovery Month luncheon, sponsored by Hamilton-Madison House, Deputy Director Mineta discussed ONDCP's new direction in promoting policies and programs that facilitate long-term recovery.

On September 25th, Director Kerlikowske strolled through historic Philadelphia with 11,000 participants in the national recovery rally, hosted this year by Pennsylvania Recovery Organization – Achieving Community Together (PRO-ACT).

Plans are underway for ONDCP to co-sponsor the *Young People's Networking Dialogue on Recovery* at the Joint Meeting on Adolescent Treatment Effectiveness, scheduled for December.



Benjamin B. Tucker, left, ONDCP's Deputy Director for State, Local, and Tribal Affairs, stands with students and faculty from Fairbanks Hope Academy Recovery School in Indianapolis, Indiana. Pictured opposite him, from right to left, are Helene Cross, President and CEO; Rachele Gardner, Chief Operating Officer, and Gale Stone, Principal.