

Impaired Driving: Problem, Prevalence, Prevention

Shea Denning
UNC School of Government
November 2023

1

What we will cover . . .



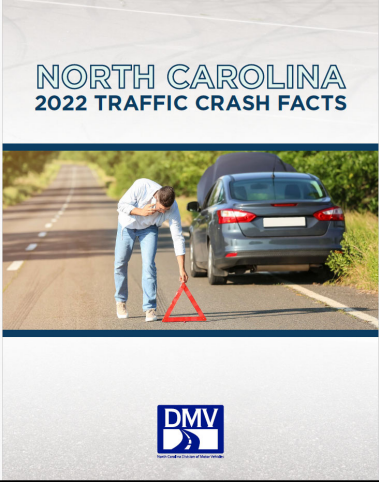
The Problem

Solutions

Drug-Impaired Driving

2

The Problem



NORTH CAROLINA
2022 TRAFFIC CRASH FACTS

DMV

3

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The Problem of Impaired Driving: November 2023

Win up to 1,000 points per answer

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What percentage of impaired driving episodes result in arrest

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What percentage of impaired driving episodes result in arrest

- 2 percent or less
- 10 percent
- 25 percent
- 30 percent

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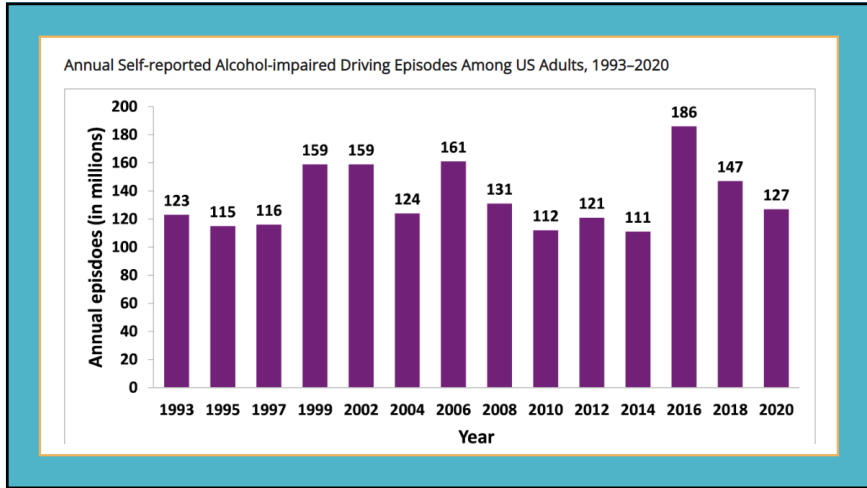
7

What percentage of impaired driving episodes result in arrest

- 2 percent or less 0%
- 10 percent 0%
- 25 percent 0%
- 30 percent 0%

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9

Leaderboard

Rank	Player	Score
1	Web_9d43c	6000 pts
1	Web_f45f4	6000 pts
3	Web_124e1	4000 pts
3	Web_5fca1	4000 pts

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Which driving behavior is involved in the largest percentage of fatal crashes in NC each year?

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Which driving behavior is involved in the largest percentage of fatal crashes in NC each year?

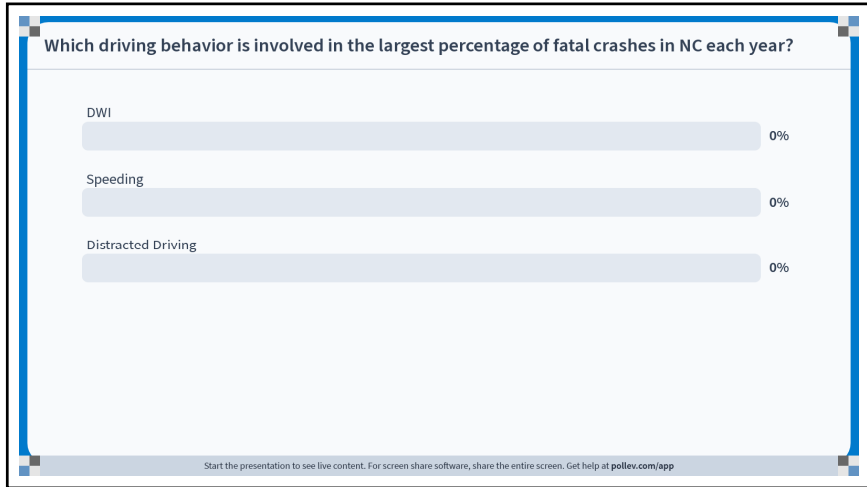
DWI

Speeding

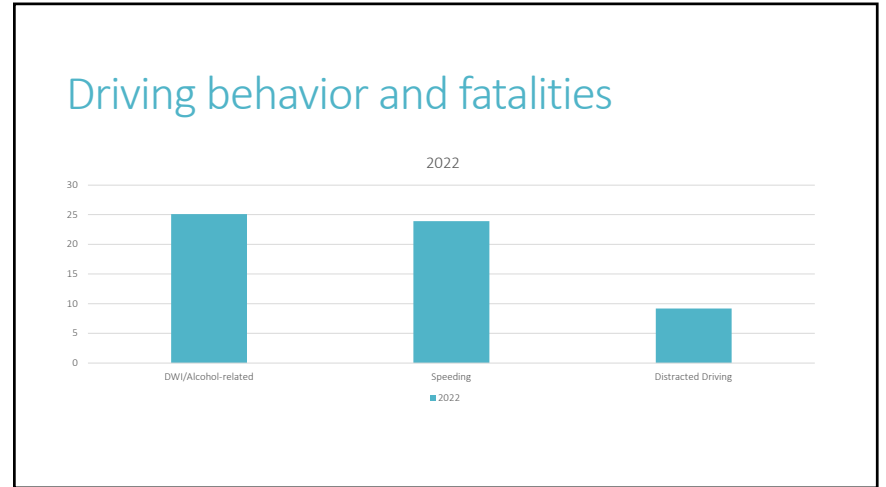
Distracted Driving

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Leaderboard

Rank	Player	Score
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1	Web_f45f4	6000 pts
3	Web_124e1	4000 pts
3	Web_5fca1	4000 pts

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Most drivers in fatal crashes involving alcohol impairment have a BAC of .15 or higher

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Most drivers in fatal crashes involving alcohol impairment have a BAC of .15 or higher

True

False

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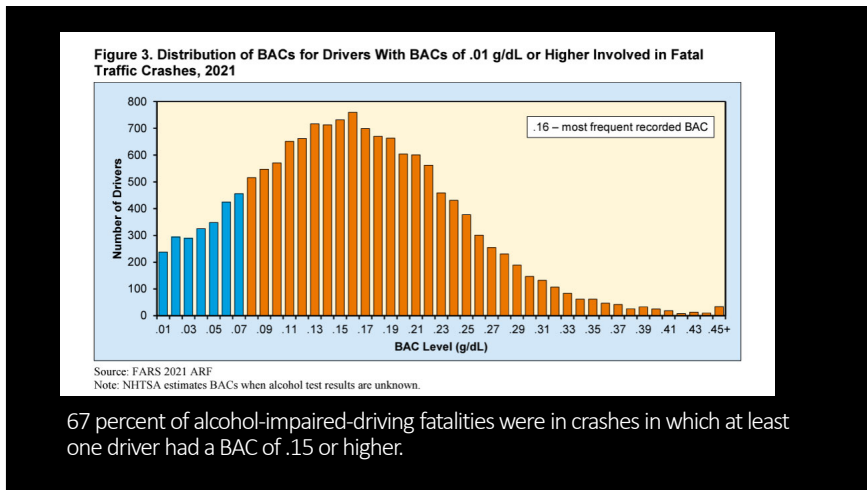
Most drivers in fatal crashes involving alcohol impairment have a BAC of .15 or higher

True 0%

False 0%

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Leaderboard

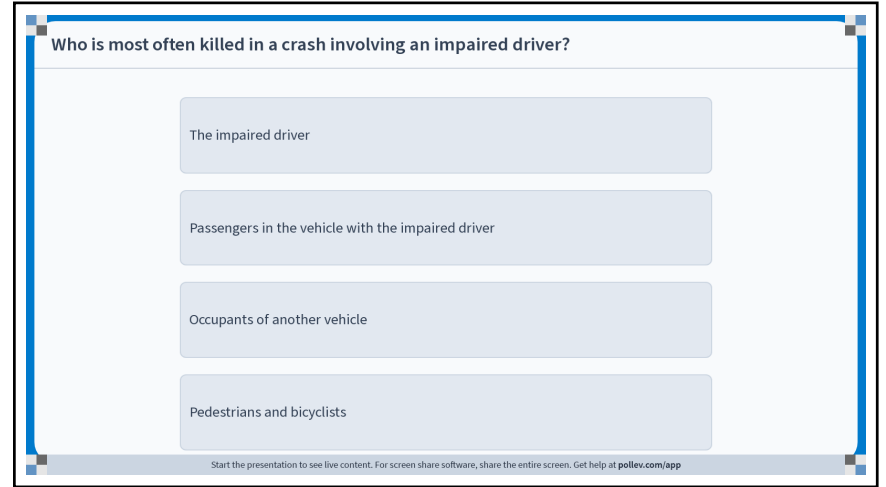
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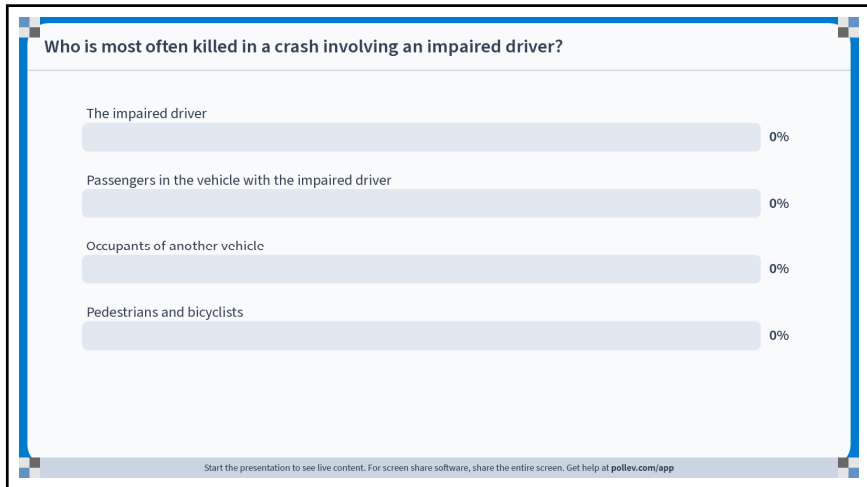
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Table 1. Fatalities in Alcohol-Impaired-Driving Traffic Crashes, by Role, 2021

Role	Number	Percent
Alcohol-Impaired Drivers	8,089	60%
Passengers Riding With Alcohol-Impaired Drivers	1,603	12%
Subtotal	9,692	72%
Occupants of Other Vehicles	2,085	16%
Nonoccupants (pedestrians/pedalcyclists/other)	1,607	12%
Total Alcohol-Impaired-Driving Fatalities	13,384	100%

Source: FARS 2021 ARF
 Notes: Percentages may not add up to 100 percent due to individual rounding. NHTSA estimates BACs when alcohol test results are unknown.

24

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3	Web_124e1	4000 pts
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Most alcohol-impaired drivers involved in fatal crashes have a prior conviction for DWI in the past 5 years

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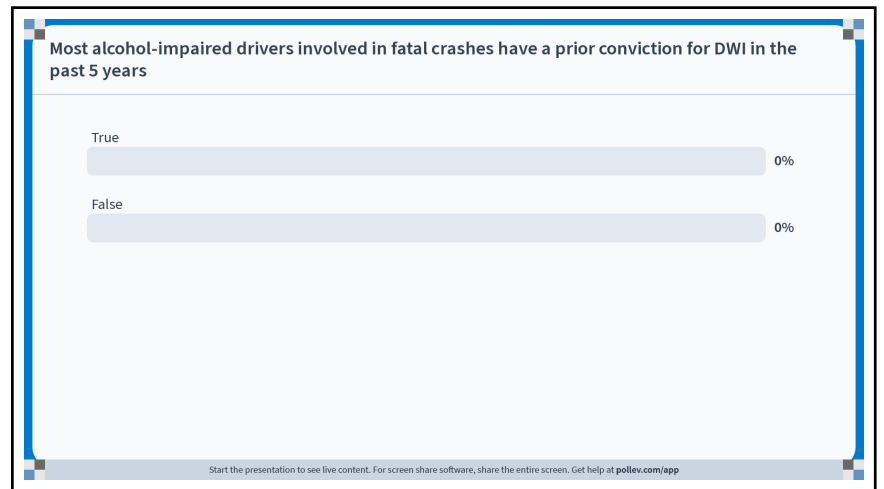
Most alcohol-impaired drivers involved in fatal crashes have a prior conviction for DWI in the past 5 years

True

False

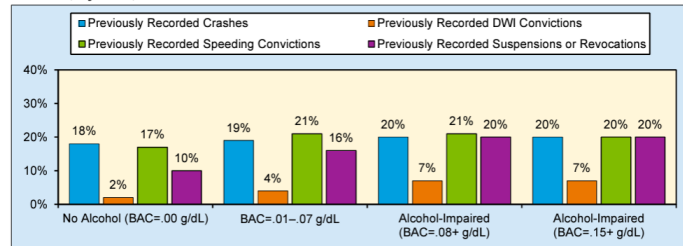
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Figure 2. Percentages of Previous 5-Year Driving Records of Drivers Involved in Fatal Traffic Crashes, by BAC, 2021



Source: FARS 2021 ARF
Notes: Excludes all drivers with previous records that were unknown. NHTSA estimates BACs when alcohol test results are unknown.

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25 percent of all drivers arrested for impaired driving have prior DWI convictions

“Any alcohol-impaired driving violation, not just convictions, is a marker for future recidivism.”

Rauch, et al., *Risk of Alcohol-Impaired Driving Recidivism Among First Offenders and Multiple Offenders*, Vol. 100 No. 5 American Journal of Public Health: Research and Practice (May 2010) (finding that annual rate of subsequent violation was 7 times higher among drivers with a prior violation)

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How many people were killed in alcohol-related crashes in NC in 2022?

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How many people were killed in alcohol-related crashes in NC in 2022?

48

448

1,448

7,448

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34

How many people were killed in alcohol-related crashes in NC in 2022?

48

0%

448

0%

1,448

0%

7,448

0%

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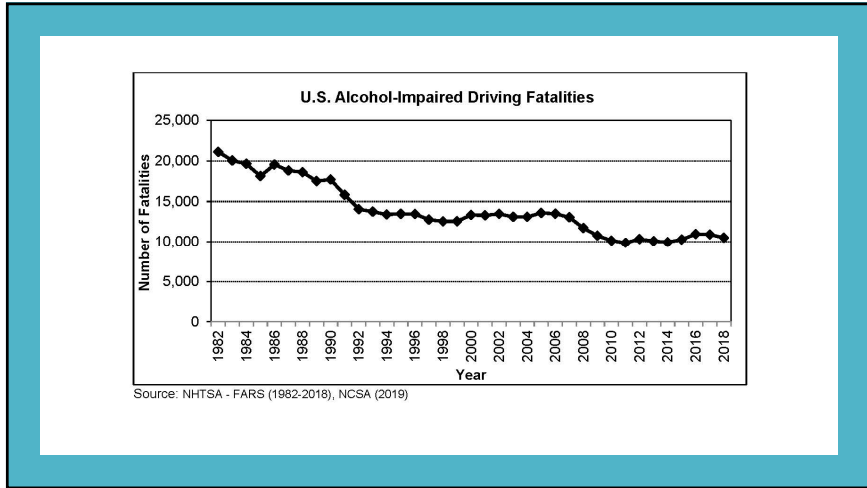
35

2022						
January - December						
	2017	2018	2019	2020	2021	1/1-2/1 Aug. 2022
All Crashes	276,067	261,085	280,074	247,214	276,026	273,883
Time Crashes	1,507	1,574	1,508	1,523	1,428	1,481
Clear Crashes	81,885	81,053	80,777	69,901	74,619	77,287
Fatalities						
State Personnel Killed	1,396	1,442	1,470	1,458	1,781	1,558
State Personnel Injured	27,968	25,494	25,221	20,351	24,121	23,544
Vehicle Miles Traveled (100M/VT)	1,191.04	1,211.94	1,225.06	1,059.22	1,177.66	1,172.86
Crash Rate	230.18	215.24	228.70	233.39	234.39	233.17
Fatality Rate	1.17	1.19	1.20	1.37	1.51	1.32
Crash Rate	197.48	184.17	193.12	169.48	197.40	193.30
Seat Belt*						
Total Persons Seated	1,105	1,301	1,311	1,314	1,317	1,308
Unrestrained Persons Injured	417	433	434	341	351	432
% Unrestrained Injured	42%	42%	42%	42%	44%	46%
Alcohol						
Crashes	11,342	11,345	11,492	11,475	12,264	11,584
Fatalities	368	411	348	412	407	389
Injuries	7,922	7,602	7,665	7,426	8,100	7,743
Percent of Total						
Crashes	4.1%	4.3%	4.1%	4.6%	4.4%	4.3%
Fatalities	26.4%	28.5%	23.7%	24.8%	22.8%	25.2%
Injuries	6.2%	6.1%	6.1%	7.0%	7.1%	7.0%

Alcohol	2017	2018	2019	2020	2021	2022
Crashes	11,342	11,345	11,492	11,475	12,264	11,584
Fatalities	368	411	348	412	407	389
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Percent of Total						
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1,784

36



37

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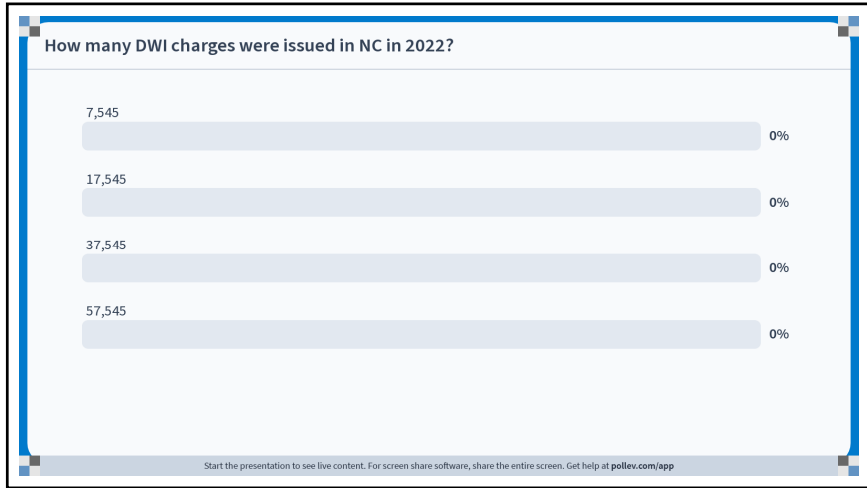
How many DWI charges were issued in NC in 2022?

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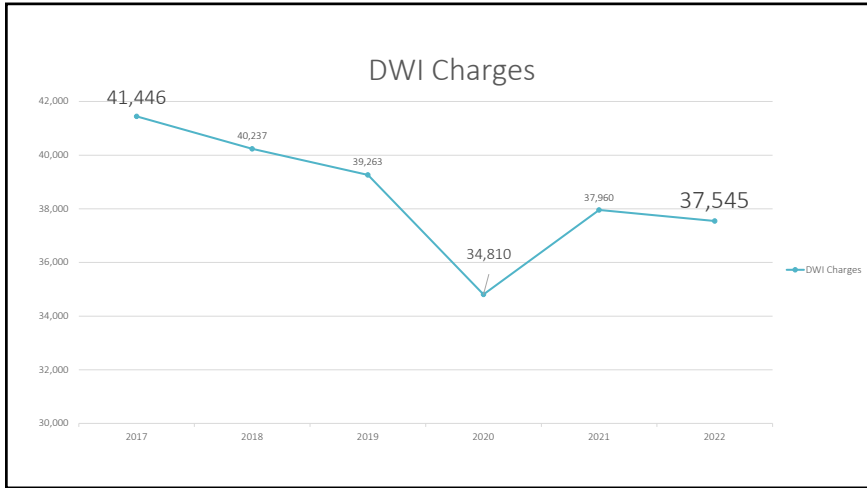
39

- How many DWI charges were issued in NC in 2022?
- 7,545
 - 17,545
 - 37,545
 - 57,545
- Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

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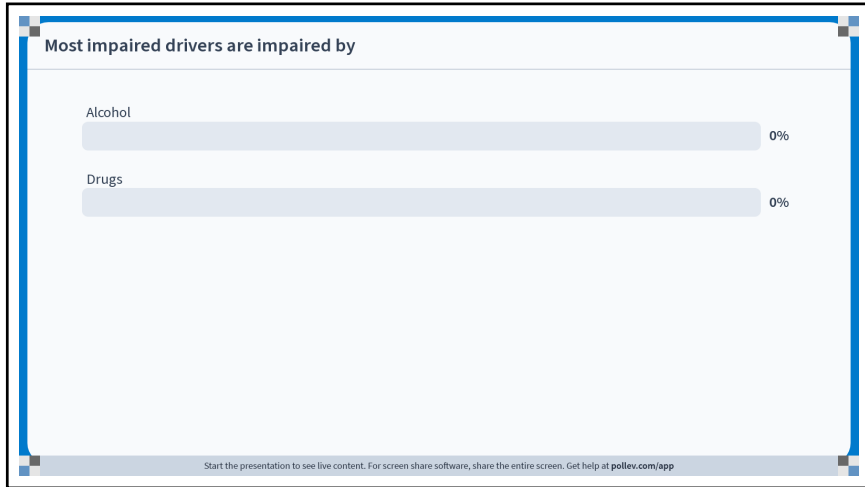
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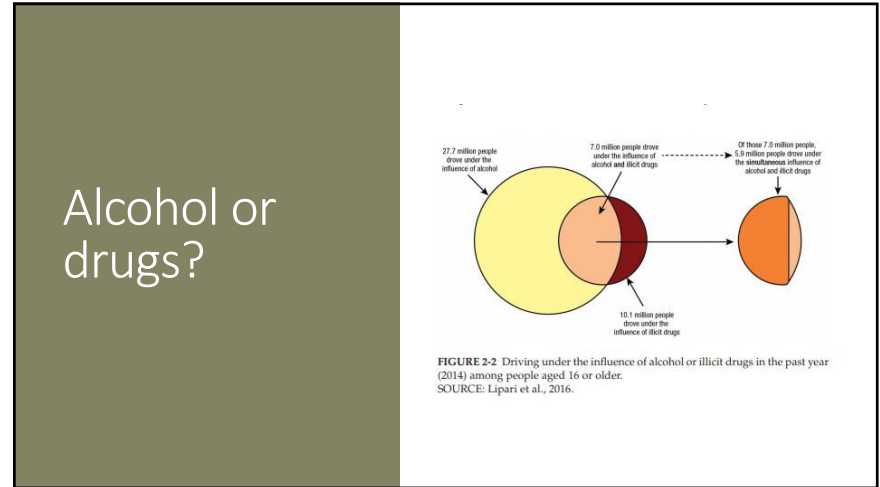
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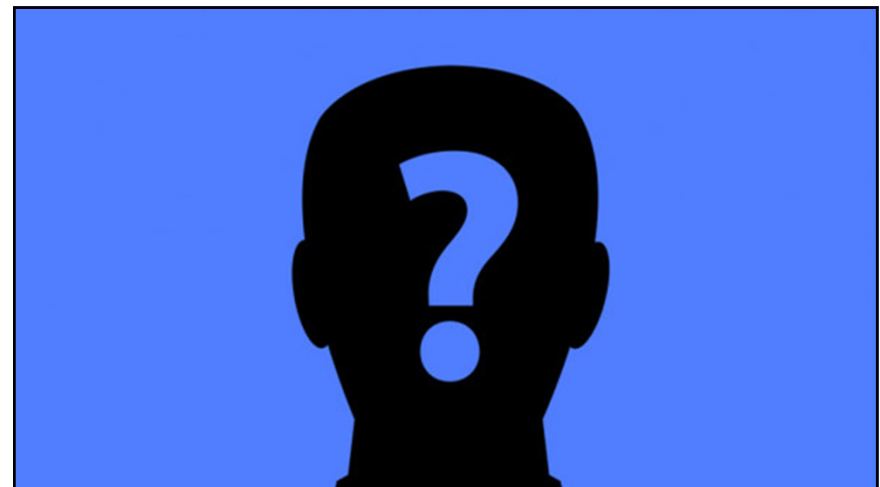
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48

What is the average age of a person convicted of DWI in North Carolina?

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49

What is the average age of a person convicted of DWI in North Carolina?

23

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50

What is the average age of a person convicted of DWI in North Carolina?

23 0%

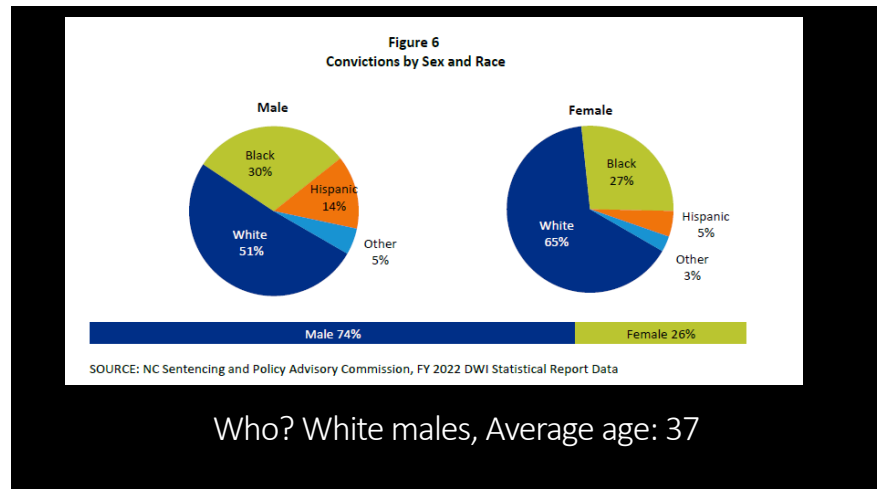
27 0%

37 0%

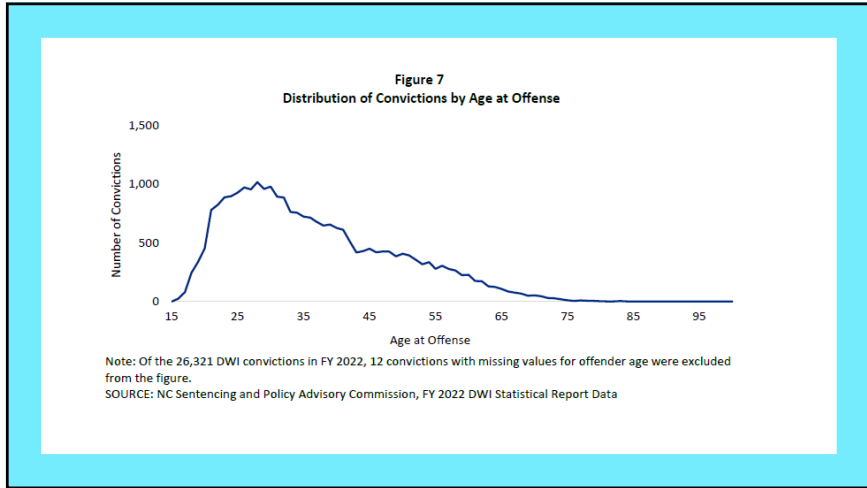
47 0%

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Leaderboard

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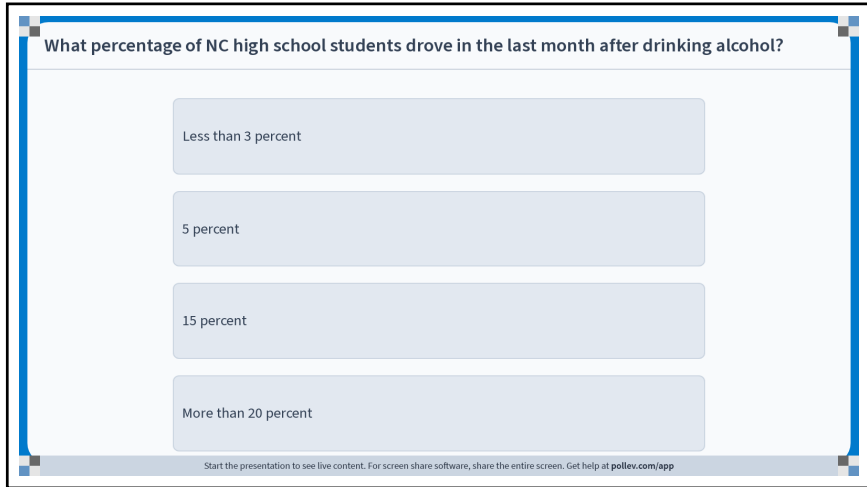


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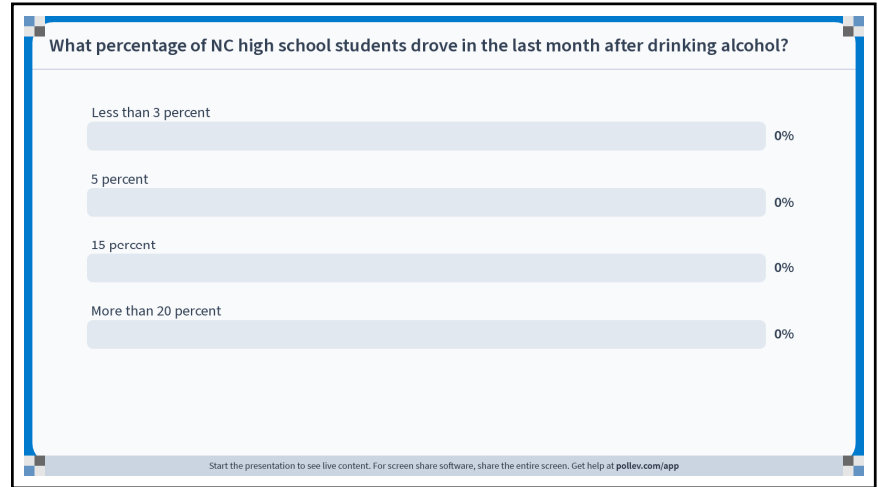
What percentage of NC high school students drove in the last month after drinking alcohol?

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56



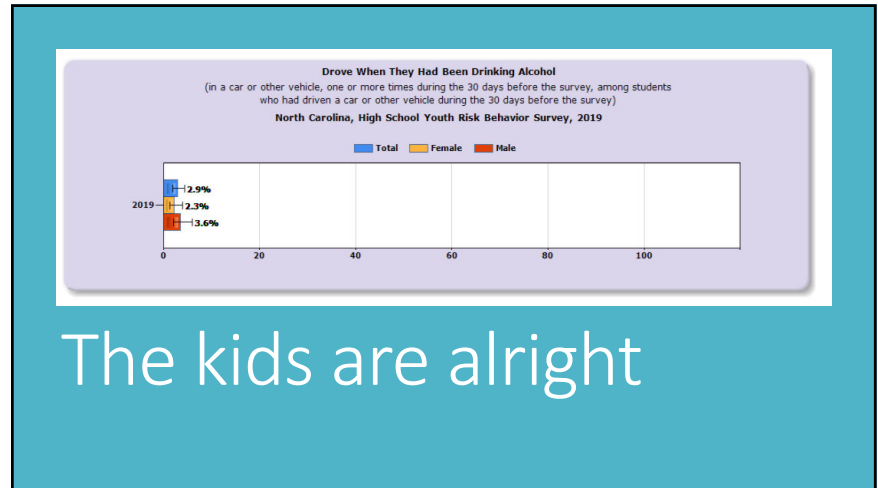
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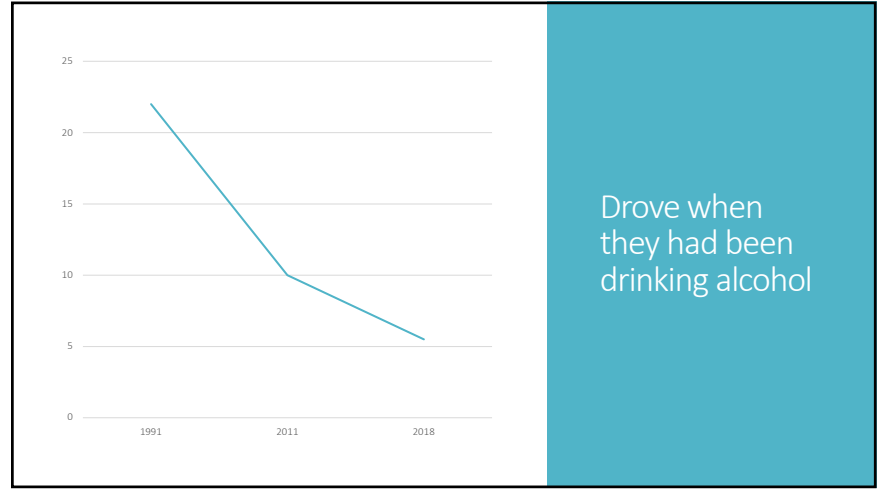
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60



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Leaderboard

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Impaired driving is dangerous.

“Driving requires several complex skills, and alcohol affects the capacity to drive safely by impairing information processing and reaction time and compromising judgment and coordination.”

National Academies of Sciences, Engineering, and Medicine 2018. *Getting to Zero Alcohol-Impaired Driving Fatalities: A Comprehensive Approach to a Persistent Problem.*

65

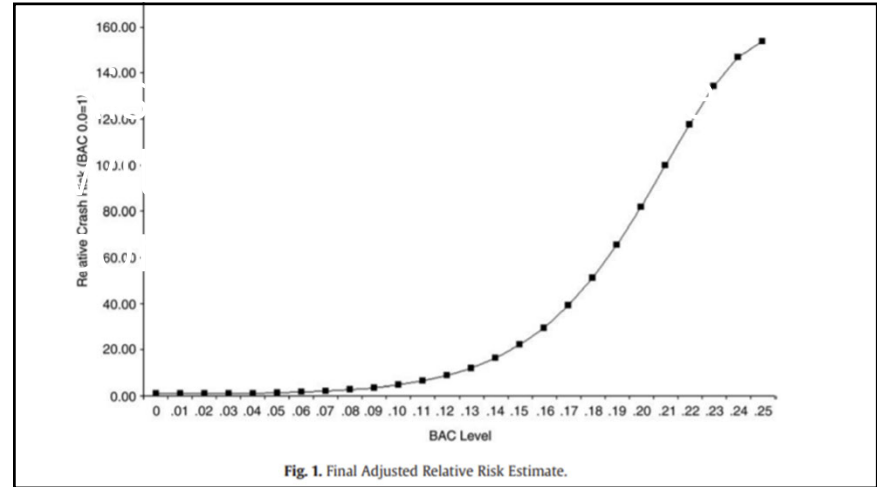


Fig. 1. Final Adjusted Relative Risk Estimate.

66

Alcohol-impaired driving is a leading cause of motor vehicle fatalities.

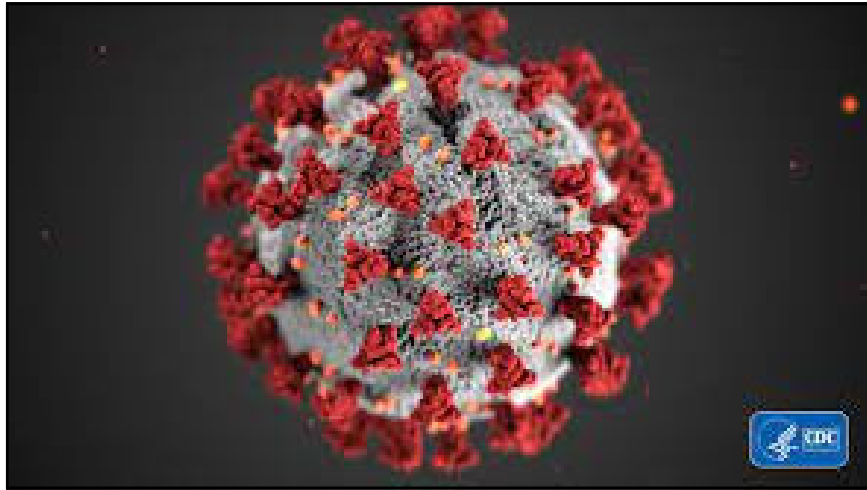
The majority of drivers in fatal crashes have BAC levels far higher than 0.08.

67

The percent of alcohol-impaired-driving fatalities has declined from 48 percent in 1982 to 28 percent in 2019.

This 28 percent of overall fatalities is the lowest percentage since 1982, when NHTSA started reporting alcohol data

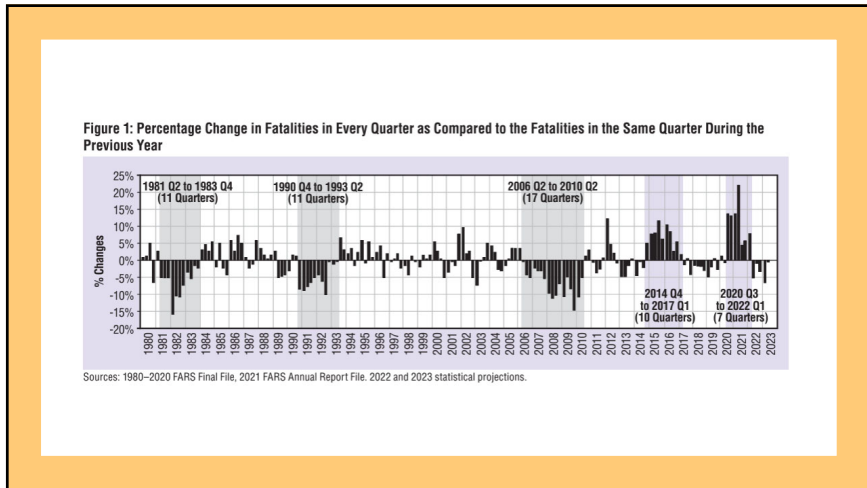
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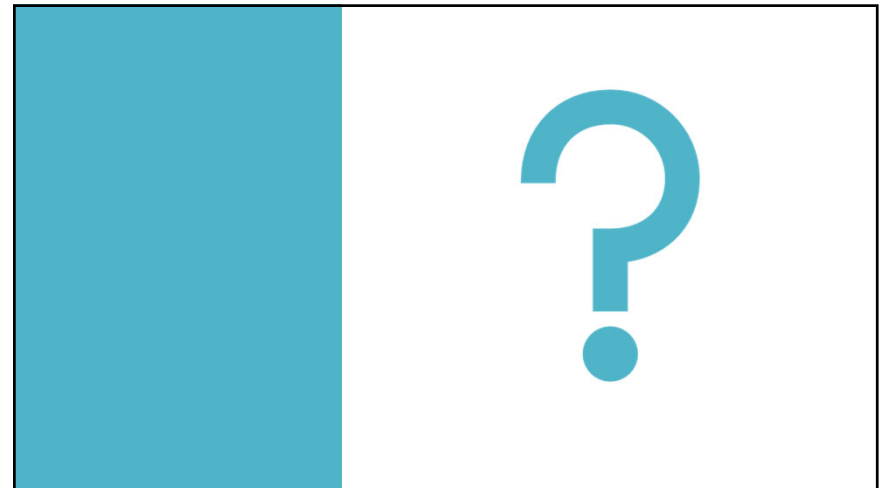
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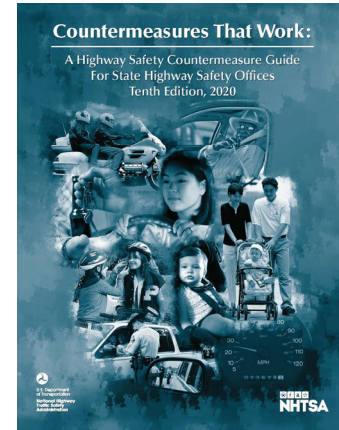
Extreme Speeding

Fewer Seat Belts

Increased Use of Alcohol and Drugs

73

Solutions



74

1. Deterrence: Laws

Countermeasure	Effectiveness	Cost	Use	Time
1.1 Administrative License Revocation or Suspension (ALR/ALS)	★★★★★	\$\$\$	High	Medium
1.2 Open Container	★★★	\$	High	Short
1.3 High-BAC Sanctions	★★★	\$	Medium	Short
1.4 BAC Test Refusal Penalties	★★★	\$	Unknown	Short
1.5 Alcohol-Impaired Driving Law Review	☆☆	\$\$	Unknown	Medium

75

2. Deterrence: Enforcement

Countermeasure	Effectiveness	Cost	Use	Time
2.1 Publicized Sobriety Checkpoints	★★★★★	\$\$\$	Medium	Short
2.2 High-Visibility Saturation Patrols	★★★★★	\$\$	High	Short
2.3 Preliminary Breath Test Devices†	★★★★★	\$\$	High	Short
2.4 Passive Alcohol Sensors‡	★★★★★	\$\$	Unknown	Short
2.5 Integrated Enforcement	★★★	\$	Unknown	Short

† Proven for increasing arrests

‡ Proven for detecting impaired drivers

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3. Deterrence: Prosecution and Adjudication

Countermeasure	Effectiveness	Cost	Use	Time
3.1 DWI Courts†	★★★★	\$\$\$	Low	Medium
3.2 Limits on Diversion & Plea Agreements††	★★★★	\$	Medium	Short
3.3 Court Monitoring††	★★★	\$	Low	Short
3.4 Sanctions	☆☆	Varies	Varies	Varies

†Proven for reducing recidivism
 ††Proven for increasing conviction

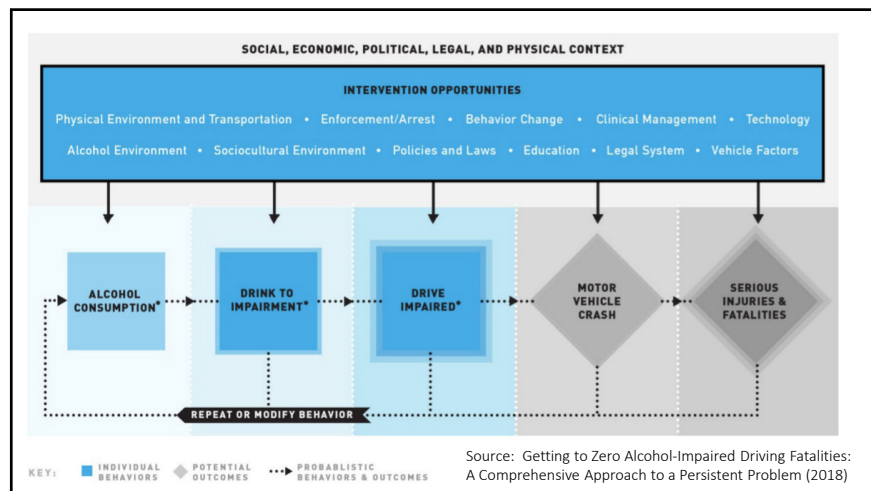
4. Deterrence: DWI Offender Treatment, Monitoring, and Control

Countermeasure	Effectiveness	Cost	Use	Time
4.1 Alcohol Problem Assessment and Treatment	★★★★★	Varies	High	Varies
4.2 Alcohol Ignition Interlocks†	★★★★★	\$\$	Medium	Medium
4.3 Vehicle and License Plate Sanctions†	★★★★	Varies	Medium	Medium
4.4 DWI Offender Monitoring†	★★★★	\$\$\$	Unknown	Varies
4.5 Lower BAC Limit for Repeat Offenders	★★★★	\$	Low	Short

†Proven for reducing recidivism

5. Prevention, Intervention, Communications and Outreach

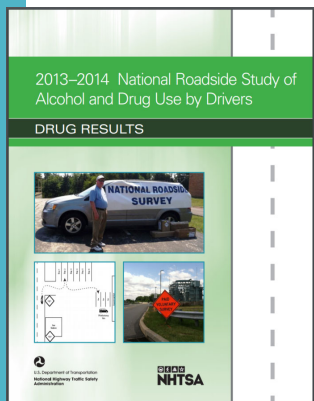
Countermeasure	Effectiveness	Cost	Use	Time
5.1 Alcohol Screening and Brief intervention	★★★★★	\$\$	Medium	Short
5.2 Mass-Media Campaigns	★★★	\$\$\$	High	Medium
5.3 Responsible Beverage Service	☆☆	\$\$	Medium	Medium
5.4 Alternative Transportation	★★★	\$\$	Unknown	Short
5.5 Designated Drivers	☆☆	\$	Medium	Short



Source: Getting to Zero Alcohol-Impaired Driving Fatalities: A Comprehensive Approach to a Persistent Problem (2018)

If an impaired driver is stopped, how likely are they to be detected?

Drug-Impaired Driving



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Woman sentenced to 10-20 years in prison in fatal huffing-related crash

From CDT staff reports
 JANUARY 23, 2015 09:28 PM
 UPDATED JANUARY 25, 2015 01:25 PM

A Bellefonte woman convicted of murder for killing a man in a car crash after huffing duster and driving was sentenced to 10 to 20 years in state prison before President Judge Thomas King Kistler on Friday.

Danielle Packer, 23, was found guilty of third-degree murder, aggravated assault, homicide by vehicle, driving under the influence, several traffic violations and other charges in a jury trial before Judge Bradley P. Lunsford in October.

The charges stemmed from an Aug. 6, 2012 incident in which Packer and her fiance purchased "Dust-Off," an aerosol product designed to blow dust off of electronics, for the purpose of getting high. The pair told police that they huffed the product in the Benner Pike Wal-Mart parking lot, and Packer told troopers in an interview that she also had inhaled duster two more times while stopped at the red light by the Shiloh Road Sheetz, according to the affidavit.

to measure whether someone was driving while others are wrongfully

Traffic Safety found that drivers can pass in their blood and be unsafe may not be a hazard.

way as alcohol. So while a person too drunk to drive, it's not possible on testing at 5 nanograms per milliliter of blood of THC - the level used to find impairment by Colorado, Montana and

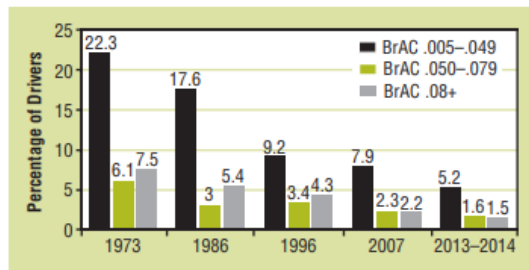
82

National Roadside Survey



83

Figure 1. Percentage of Weekend Nighttime Drivers by BrAC Category in the Five National Roadside Surveys³



84

Table 2
Overall Drug Prevalence by Data Collection Period and Type of Test in the 2013–2014 NRS

Time of Day	% Drug-Positive Oral Fluid Test	% Drug-Positive Blood Test	% Drug-Positive Oral Fluid and/or Blood Test
Weekday Daytime	19.0%	21.6%	22.4%
Weekend Nighttime	19.8%	21.2%	22.5%

85



The kids are alright

86

What drug is most common?



87

Table ES-6. Comparing 2007 to 2013–2014 NRS: Nighttime Drug Prevalence in Oral Fluid or Blood by Drug Class (Percentage by Column)

Drug Class	2007 NRS		2013–2014 NRS (Comparable)	
	N	%	N	%
THC-positive	499	8.7	666	12.7*
THC-positive only	379	6.8	528	10.3*
THC-positive plus any other drug	120	1.8	138	2.3*
Stimulants-only	190	3.2	159	2.1
Narcotic Analgesics-only	104	1.6	125	2.2
Sedatives-only	56	0.8	31	0.8
Antidepressants-only	55	0.7	66	1.0
Other-only	14	0.3	4	0.2
More than one class	58	1.0	67	1.3
Total drug-negative	4,934	83.7	4,789	79.9*
Total drug-positive	976	16.3	1,118	20.1*

N's are unweighted; percentages are weighted.

THC-positive includes results from THC and hydroxy-THC.

*"More than one class" excludes drivers who tested positive for THC.

*Statistically different from 2007 NRS (based on 95% Confidence Intervals).

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How Marijuana Use May Affect Driving

Slow reaction time (may affect events like emergency braking)

Difficulty with road tracking and lane positioning

Impaired cognitive performance

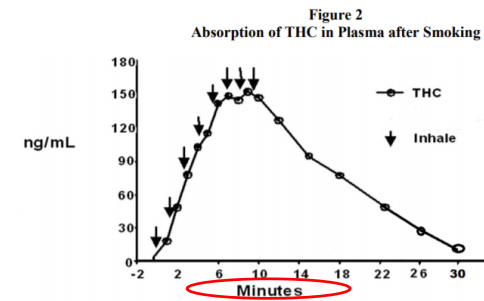
Impaired executive functions (route planning, decision making and risk taking)

Reduced speeds, increased following distance, fewer risks taken

- Contrast with alcohol: higher speeds, closer following, greater risk-taking

89

Difficulties in detecting marijuana impairment



Note: Whole Blood THC is less than Plasma THC

90

“The lack of an ‘impairment standard’ equivalent to BAC level does not prevent the successful prosecution of a marijuana-impaired driver. The lack of toxicological evidence simply means that the officer has to offer other evidence that the driver was under the influence of marijuana and too impaired to drive safely.”

NHTSA, Marijuana-Impaired Driving: A Report to Congress (July 2017)

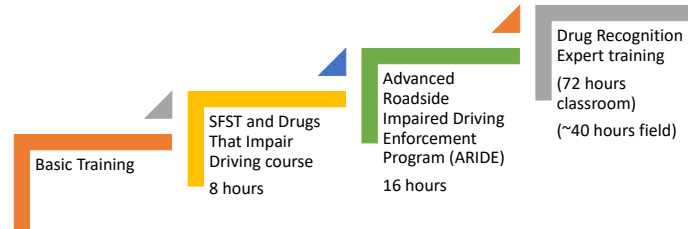
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92

What can be done?

- Better train law enforcement officers in drug detection



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N.C. Evid. R. 702(a1)

Notwithstanding any other provision of law, a witness may give expert testimony solely on the issue of impairment and not on the issue of specific alcohol concentration level relating to the following:

- (1) The results of a Horizontal Gaze Nystagmus (HGN) Test when the test is administered in accordance with the person's training by a person who has successfully completed training in HGN.
- (2) Whether a person was under the influence of one or more impairing substances, and the category of such impairing substance or substances, if the witness holds a current certification as a Drug Recognition Expert, issued by the State Department of Health and Human Services.

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- Studies have shown DRE judgments of drug impairment are corroborated by toxicological analysis in 85% or more of cases

Drug Evaluation and Classification Program

As a law enforcement officer, you may stop someone for speeding and open a drug observation suspect that the driver is impaired. To justify your suspicion, you ask the person to do the Standardized Field Sobriety Tests, which the driver fails to perform satisfactorily. You take the suspect to the police station and administer a breath test. The reading on the breath testing instrument shows a blood alcohol concentration (BAC) reading of 0.08. You are certain that the suspect is impaired, but the breath test indicates otherwise. Chances are that the impairment is caused by a drug other than alcohol. In many states, without a BAC reading of 0.08 or above (0.08 in some states), the driver might not be charged with impaired driving.

The Drug Evaluation and Classification (DEC) Program was developed to assess and classify drivers impaired by drugs other than alcohol. The DEC process is a systematic, standardized, post-arrest procedure to determine whether a suspect is impaired by one or more categories of drugs. The process is systematic because it is based on a variety of observable signs and symptoms proven to be reliable indicators of drug impairment. Officers who complete an extensive training program are certified as Drug Recognition Experts (DREs). DREs learn to observe a suspect's appearance, behavior, performance of psychophysical tests, even in different lighting conditions, and vital signs to ascertain that category of drug that has been used. A

WHO HAS BEEN THE SUBJECT OF THE PROGRAM?
Currently, 20 states and the District of Columbia are participating in the DEC program. And January 1, 2006, there were 5,145 DREs, 66% of which are DEC instructors.

Some states have conducted studies on the impact and the accuracy rates of the DREs. Some examples of these studies are described below.

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SIGNS AND SYMPTOMS PREDICTIVE OF DRUG IMPAIRMENT

Shinar¹, D.; Schechtman², E.; Compton³, R.P.

^{1,2}Industrial Engineering and Management, Ben Gurion University of the Negev, Israel
³National Highway Traffic Safety Administration, U.S. Department of Transportation,

¹Industrial Engineering and Management, Ben Gurion University of the Negev, Beer Sheva 84105, Israel

Keywords: Drugs and driving, drug impairment, Marijuana, Depressant, Stimulant, Narcotic.

Abstract

A double blind study was performed to evaluate the ability of police officers to detect drug impairments and to identify the type of drug responsible for the impairment, on the basis of observed symptoms and psychophysical measurements of performance. The officers were not allowed to interview the subjects. Results showed that even with this partial information the officers are able to detect drug impairment at better-than-chance levels, but the association between drug ingestion and identification of the specific impairing drug was not very high. Drug identification was best for alprazolam impairment, noticeably poorer for cannabis and codeine impairment, and no better than chance for amphetamine impairment. To improve identification, the officers should always list the two most probable impairing drugs (rather than one), and be more consistent in their use of observed signs and symptoms.

“Drug identification was best for alprazolam impairment, noticeably poorer for cannabis and codeine impairment, and no better than chance for amphetamine impairment.”

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Drug Recognition Expert (DRE) examination characteristics of cannabis impairment

Rebecca L. Hartman^a, Jack E. Richman^b, Charles E. Hayes^c, Marilyn A. Huestis^{d,*}

^a Chemistry and Drug Metabolism, Intramural Research Program, National Institute on Drug Abuse, National Institutes of Health, 251 Bayview Boulevard, Ste 200, Baltimore, MD, 21224, USA
^b Hingham Police Department, 215 Central Street, Hingham, MA 02043, USA
^c International Association of Chiefs of Police, 44 Canal Center Plaza, Suite 200, Alexandria, VA 22314, USA



Combined observations on psychophysical and eye exams produce the best cannabis-impairment indicators.

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ABSTRACT

Background: The Drug Evaluation and Classification Program (DECP) is commonly utilized in driving under the influence (DUI) cases to help determine category(ies) of impairing drug(s) present in drivers. Cannabis, one of the categories, is associated with approximately doubled crash risk. Our objective was to determine the most reliable DECP metrics for identifying cannabis-driving impairment.
Methods: We evaluated 302 toxicologically-confirmed (blood Δ^9 -tetrahydrocannabinol [THC] ≥ 1 $\mu\text{g/L}$) cannabis-only DECP cases, wherein examiners successfully identified cannabis, compared to normative data (302 non-impaired individuals). Physiological measures, pupil size/light reaction, and performance on psychophysical tests (one leg stand [OLS], walk and turn [WAT], finger to nose [FTN], Modified Romberg Balance [MRB]) were included.
Results: Cases significantly differed from controls ($p < 0.05$) in pulse (increased), systolic blood pressure (elevated), and pupil size (dilated). Blood collection time after arrest significantly decreased THC concentrations; no significant differences were detected between cases with blood THC < 5 $\mu\text{g/L}$ versus ≥ 5 $\mu\text{g/L}$. The FTN best predicted cannabis impairment (sensitivity, specificity, positive/negative predictive value, and efficiency ≥ 87.13) utilizing ≤ 3 misses as the deciding criterion; MRB eyelid tremors produced ≥ 86.16 for all diagnostic characteristics. Other strong indicators included OLS sway, ≥ 2 WAT clues, and pupil rebound dilation. Requiring $\geq 2/4$ of: ≥ 3 FTN misses, MRB eyelid tremors, ≥ 2 OLS clues, and/or ≥ 2 WAT clues produced the best results (all characteristics $\geq 96.7\%$).
Conclusions: Blood specimens should be collected as early as possible. The frequently-debated 5 $\mu\text{g/L}$ blood THC per se cutoff showed limited relevance. Combined observations on psychophysical and eye exams produced the best cannabis-impairment indicators.

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7. Drug-Impaired Driving

Countermeasure	Effectiveness	Cost	Use	Time
7.1 Enforcement of Drug-Impaired Driving	★★★★	\$\$	Unknown	Short
7.2 Drug-Impaired-Driving Laws	☆☆	Unknown	Medium [†]	Short
7.3 Education Regarding Medication	☆☆	Unknown	Unknown	Long

[†]Use for drug per se laws

Effectiveness:

- ★★★★ Demonstrated to be effective by several high-quality evaluations with consistent results
- ★★★★ Demonstrated to be effective in certain situations
- ★★★ Likely to be effective based on balance of evidence from high-quality evaluations or other sources
- ☆☆ Effectiveness still undetermined; different methods of implementing this countermeasure produce different results
- ☆ Limited or no high-quality evaluation evidence

Effectiveness is measured by reductions in crashes or injuries unless noted otherwise.

See individual countermeasure descriptions for information on effectiveness size and how effectiveness is measured.