



# Driving Under the Influence

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Driving under the influence (DUI) of alcohol or drugs is common and costly to employers and working people. On-the-job driving while under the influence of alcohol or other drugs by commercial motor vehicle (CMV) drivers is a tiny part of the much greater problem of off-the-job impaired driving by workers in every industry and occupation. The financial impact to employers is largely caused by impaired driving tied to off-the-job use.

How common is driving under the influence?

- 14.5% of workers (22,246,000 individuals employed full- or part-time) report driving under the influence of alcohol or drugs at least once in the last 12 months (at the time of the survey questions being asked). Although a large number, this represents a 25% decline since 2004 when 19.4% of workers reported driving under the influence.<sup>i</sup>
- There were 111 million incidences of DUI in 2014.<sup>ii</sup> Fewer than 1% resulted in a DUI arrest.<sup>iii</sup> The Department of Justice Uniform Crime Report shows a little over 1 million DUI arrests are made annually.
- Alcohol is the most commonly used substance when driving, reported by 7.7% of workers.<sup>iv</sup> Cannabis is second, at 3.6% of workers. Driving under the influence of illicit drugs other than cannabis is relatively rare, reported by 0.9% of drivers.<sup>v</sup>
- Males are more likely to drive while under the influence than females (17.4% vs 11.3%).
- Random roadside tests of weekend nighttime drivers show a sharp drop in alcohol DUI since the 1970s. Alcohol declined from 36% of drivers in 1973 to 8% in 2014. Drugged driving, however, increased over that same time. Reports for any illegal drug increased from 12% in 1973 to 15% in 2014; prescription opioids from 4% to 5%, and cannabis from 8% to 13%.<sup>vi</sup>

What are the risks of drinking or drug use while driving?

- The higher a driver's blood alcohol concentration (BAC), the greater the risk of a crash and of a fatal crash. Drivers with BACs of .05 g/dL are 2.1 times more likely to crash than drivers with no alcohol in their systems. The crash risk for drivers at .08 g/dL is 3.9 times that of drivers with no alcohol.<sup>vii</sup>
- Driver alcohol use remains a leading cause of fatal vehicle crashes, involved in 29% of fatal crashes. In 2018, 10,511 fatal crashes were attributed to driver alcohol use.<sup>viii</sup>

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- Crash risks for drivers using cannabis, opioids or other drugs is less clear.<sup>ix</sup> A major well-controlled study found after adjusting for gender, age, race/ethnicity and alcohol use, there was no indication that any drug significantly contributed to crash risk. The adjusted odds ratios for THC, the psychoactive ingredient in cannabis, were 1.00, indicating no increased or decreased crash risk. Odds ratio for opioids were 1.17, a slight increased risk; and the odds for prescription and over-the-counter opioid medications were 1.02.<sup>x</sup> A crash risk study conducted for the National Highway and Traffic Safety Administration (NHTSA) found the same pattern.<sup>xi</sup>
- Other studies find that use of prescription opioids and driving increase risk of motor vehicle crashes.<sup>xii</sup> A case control study of fatal crashes reported driver use of prescription opioids increased crash risk by 72%. When opioids are used concurrently with alcohol, the risk of a fatal crash increased 21-fold over drivers using neither.<sup>xiii</sup>

### How DUI impacts employers:

- Off the job
  - Off-the-job drugged or drunk driving is associated with 1,612,179 crashes annually.<sup>xiv</sup> In addition to deaths, driver substance use was linked to 326,000 nonfatal injuries.
  - Injuries result in costs to employers from lost time from work and medical expenses. Costs of missed work range from \$74 for crashes with no injuries to \$13,204 for severe injuries. Health insurance costs ranged from \$227 for crashes with no injuries to \$85,253 for severe injuries. Medical costs range from \$0 for crashes with no injuries to \$395,933 with severe injuries.<sup>xv</sup>
- On the job
  - CMV operators have very low rates of DUI, and low rates of DUI crashes and fatal crashes. A study conducted by the Federal Motor Carrier Administration (FMCA) in 2005 found only 1% of commercial drivers drove while under the influence of alcohol and 2% with illegal drugs.<sup>xvi</sup> In an analysis of fatal crashes involving large trucks in 2017, only 226 of 4,600 drivers (3%) killed in crashes had BAC levels above 0.08 g/dL.<sup>xvii</sup>

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- A study examining a wide array of CMV drivers' personal and situational factors that might be associated with risks for being involved in a crash found extremely low rates of alcohol use among CMV operators. The majority reported no alcohol use (69.6%) or having one alcoholic drink each week (30%). This finding is understandable. CMV operators are subject to random drug and alcohol tests and Federal laws have zero tolerance for driving under the influence (i.e., drivers are not allowed to have a detectable amount of alcohol in their system).<sup>xviii</sup>
- However, CMV operators use stimulants. A systematic review of international research on truckers' substance use found high rates of amphetamine use (21.3%) and cocaine consumption (2.2%). Rates of stimulant use by U.S. commercial drivers are not reported.<sup>xix</sup> Researchers speculate that truck drivers use stimulants as a form of performance enhancing drugs, in order to sustain workloads and busy work schedules.<sup>xx</sup>

### What can employers do?

- *In DOT regulated industries*, there are very explicit regulations and requirements for testing and intervention.
  - Pursuant to Part 382 of the Federal Motor Carrier Safety Regulations (FMCSRs), motor carriers that employ CDL drivers are required to randomly test 10% of their CDL drivers for alcohol and 25% of their CDL drivers for drugs.<sup>xxi</sup> MCSA also requires carriers to perform non-random drug and alcohol testing on CDL drivers whenever:
    - The driver is being considered for employment (only for drugs and only when the driver has not recently been in a drug and alcohol testing program)
    - The driver has been involved in a crash (only when the crash involves a fatality or when the driver receives a citation in a towaway- or injury-related crash)
    - The driver is suspected by a supervisor of using drugs or alcohol while at work
    - In the case of alcohol, an on-duty CDL driver is in violation of the FMCSRs when the driver's BAC is greater than or equal to 0.02

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grams per 210 liters of breath. If the driver tests at a concentration of 0.04 or higher, pursuant to Part 382, subpart F, the driver also must undergo referral, evaluation, and treatment.

- Regarding medical and recreational cannabis, prescription opioids (including methadone), and CMV operators:
  - The Federal Motor Carrier Safety Administration (FCMSA) has ruled that cannabis continues to be classified as a Schedule I controlled substance by the Drug Enforcement Administration. Under the Federal Motor Carrier Safety Regulations (FMCSRs), a person is not physically qualified to drive a CMV if he or she uses any Schedule I controlled substance such as cannabis. FCMSA has determined that legalization of cannabis use by States has not modified the application of U.S. Department of Transportation (DOT) drug testing regulations.<sup>xxii</sup> A driver taking medical cannabis cannot be certified.
  - Opioids, including methadone, are Schedule II drugs. These drugs have currently accepted medical uses but have a high misuse potential that may lead to severe psychological or physical dependence. FCMSA interprets 49 CFR 391.41 to rule that methadone is a habit-forming narcotic which can produce drug dependence and is not an allowable drug for CMV operators.
    - Exception: a driver may use such a substance or drug if the substance or drug is prescribed by a licensed medical practitioner who:
      - Is familiar with the driver's medical history and assigned duties; and
      - Has advised the driver that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a CMV."<sup>xxiii</sup>
  - *Drug-Free Workplace Policies:* All employers should prioritize a culture of safety from top to bottom. Employers, especially those with DOT regulated and safety-sensitive positions, should revisit their drug-testing policies and scope of testing into their Drug-Free Workplace Programs.<sup>xxiv</sup> This should include clearly defined policies about medical cannabis and prescription opioid use, and safety

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procedures for an employee who is prescribed opioid painkillers, methadone or medical cannabis. Worksite education programs should emphasize that driving while high is unsafe. Drivers who understand that driving under the influence is unsafe are significantly less willing to drive after using cannabis. Increased knowledge of cannabis DUI laws is not associated with these outcomes.<sup>xxv</sup>

- *Health insurance:* Employers should ask any health insurer they work with to demonstrate what they are doing to identify and treat their employees with a substance use problem. Employers can ask to see their health insurer's statistics on diagnosing and treating substance use disorders (SUDs) in its covered population. Most health insurers are accredited by the National Commission on Quality Assurance (NCQA), which requires plans to report annually on their rates of initiating and engaging its covered population who have an SUD.<sup>xxvi</sup> Compare your health plan's rates of substance use initiation and engagement with likely SUD rates in your workforce computed by the National Safety Council/NORC's Substance Use Cost Calculator for Employers.<sup>xxvii</sup> If there is a gap, ask your health plan what active steps it will take to identify and treat plan members with an SUD.
- *Employee Assistance Programs (EAPs):* Employers can demand that their EAP systematically assesses substance use by workers seeking EAP services, and that it reports on rates of identification of problematic use. Several transportation-related industries have developed successful programs to sharply cut substance use. Operation Redblock is a union-initiated, management-supported program in the railroad train industry that uses peer involvement to prevent employee use of alcohol and/or drugs while on duty or subject to call.<sup>xxviii</sup> The airline industry has operated the highly successful Human Intervention Motivational Study (HIMS) program since the 1980s that manages the care and coordinates industry-wide efforts to help pilots suffering from SUDs.<sup>xxix</sup>

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<sup>i</sup> NORC analysis of 2017-2018 National Survey on Drug Use and Health.

<sup>ii</sup> CDC. Behavioral Risk Factor Surveillance System (BRFSS), 1993–2014. Available at <https://www.cdc.gov/brfss> The annual estimated alcohol-impaired driving episodes were calculated using BRFSS respondents' answers to this question: "During the past 30 days, how many times have you driven when you've had perhaps too much to drink?" Annual estimates per respondent were calculated by multiplying the reported episodes during the preceding 30 days by 12. These numbers were summed to obtain the annual national estimates

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<sup>iii</sup> Uniform Crime Report 2018. <https://ucr.fbi.gov/crime-in-the-u.s/2018/crime-in-the-u.s.-2018/topic-pages/tables/table-29>

<sup>iv</sup> NORC analysis of 2017-2018 National Survey on Drug Use and Health.

<sup>v</sup> Azofeifa A, Rexach-Guzmán BD, Hagemeyer AN, Rudd RA, Sauber-Schatz EK. Driving Under the Influence of Marijuana and Illicit Drugs Among Persons Aged ≥ 16 Years—United States, 2018. *Morbidity and Mortality Weekly Report*. 2019 Dec 20;68(50):1153.

<sup>vi</sup> Berning A, Compton R, Wochinger K. Results of the 2013-2014 national roadside survey of alcohol and drug use by drivers. *Journal of Drug Addiction, Education, and Eradication*. 2015;11(1):47.

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<sup>viii</sup> <https://www.iii.org/fact-statistic/facts-statistics-alcohol-impaired-driving>

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<sup>xi</sup> Compton RP, Berning A. Drug and Alcohol Crash Risk: Traffic Safety Facts: Research Note. United States. National Highway Traffic Safety Administration; 2015 Feb 1.

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