

Drugged Driving Now Causes More Fatal Crashes Than Drunk Driving

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STORY AT-A-GLANCE

- › One in 4 Americans report knowing someone addicted to opioids, and driving under the influence (DUI) of these and other drugs has become a serious problem, now causing more fatal car crashes than drunk driving
- › Prescription and/or illegal drugs were involved in 43% of fatal car crashes in 2015; 37% involved illegal amounts of alcohol, highlighting the need for law enforcement training in identifying drug-impaired driving
- › Drugs metabolize in very different ways and at different rates, making testing using blood, urine or saliva challenging – nor can any single test measure all the possible drugs a driver might be on

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One in 4 Americans (and 1 in 3 millennials) report knowing someone addicted to opioids,¹ and statistics reveal driving under the influence (DUI) of these and other drugs has become a serious problem, now causing more fatal car crashes than drunk driving.²

Many who go on to develop an addiction to opioids start out merely seeking relief from their aches and pains. Back pain is a leading cause of opioid use, but many also get hooked on these potent painkillers after receiving a prescription following a sports injury or a minor surgical procedure such as a tooth extraction.

Little did they know the painkillers they were taking would lead them down such a dark and troublesome path. For years, drug makers misled doctors and patients about the addictive nature of their narcotic painkillers. As it turns out, opioids are highly addictive and have become the No. 1 gateway drug to heroin.

While the rising death toll from opioid overdoses has received much-needed attention in the last couple of years, another related problem is now surfacing. Millions of people are driving under the influence of opioids, yet law enforcement has few reliable tools to identify drugged driving, or for measuring opioids and other drugs in someone suspected of driving under the influence.

Drugged Driving Is a Leading Cause of Fatal Car Crashes

According to a report^{3,4,5} compiled by the Governors Highway Safety Association and the Foundation for Advancing Alcohol Responsibility, prescription and/or illegal drugs were involved in 43% of fatal car crashes in 2015, while 37% involved illegal amounts of alcohol. The findings highlight an urgent need for law enforcement training in identifying drug-impaired driving. As reported in the Chicago Tribune:⁶

"The drugged driving report, which summarizes findings from multiple studies, said law enforcement officers often have a hard time recognizing drivers under the influence of drugs, who are more difficult to assess than those driving drunk.

'Officers need to know more than they do for alcohol how to suspect drug impairment, and know that it can exhibit itself in different ways,' [lead author and former National Highway Traffic Safety Administration official Jim] Hedlund said in an interview. 'Drug impairment has different signs and symptoms – think of the difference between uppers and downers.'"

Many drivers also make the mistake of not taking their drug use into account before getting behind the wheel. Illegal drugs are far from the only drugs capable of impairing your judgment. As noted in the report, hundreds of medications can impair your driving

ability, including some sold over-the-counter (OTC). Opioids are certainly part of that list. Drugs – both prescription and illegal – in combination with alcohol is particularly risky.

Identifying Drugged Driving Poses Unique Challenges

When it comes to measuring the amount of drugs in a person's system, the fact that different drugs metabolize in very different ways and at different rates makes testing of blood, urine or saliva extremely challenging, not to mention the fact that no single test can measure all the possible drugs a driver might be on. An alternative is to use other types of tests to evaluate whether a driver might be impaired by drugs.

The Foundation for Advancing Alcohol Responsibility is providing grants to train police officers in several states on the identification of drug-impaired driving.⁷ The U.S. Drug Evaluation and Classification Program, for example, teaches law enforcement to use a 12-step evaluation. The drawback is, it's a 90-minute procedure that is not easily done roadside.

Adding to the dilemma is that while "driving while impaired" is illegal in all 50 states, the specific definition of "drug impairment" varies. There's also no uniformity in what drugs are actually screened for when impairment is suspected. Testing for all of the hundreds of drugs known to cause impairment is hardly feasible either.

Crash Risk Associated With Drugs

According to the report, marijuana accounted for 35% of fatally injured drivers found to have drugs in their system; amphetamines accounted for 9%, while more than half were caused by "other drugs." In terms of crash risk, European studies have found the following associations, assuming a driver with no drugs or alcohol in their system has a relative crash risk assessment of 1:⁸

- Marijuana is associated with a slightly elevated risk, with a relative risk of 1 to 3 (increasing your crash risk by anywhere from 22% to 36% according to different studies)

- Opioids, cocaine and benzodiazepines are associated with a medium increased risk, with a relative risk of 2 to 10
- Amphetamines and/or multiple drug combinations are associated with a highly elevated risk, with a relative risk of 5 to 30
- Drugs in combination are associated with an extremely elevated risk, with a relative risk of 20 to 200

Opioids Versus Marijuana – Don't Lose Sight of the Greater Issue

While the report and most subsequent media articles have homed in on marijuana, let's remember that the majority of the fatal crashes, over 50%, involved "other drugs," and that opioids have a higher relative crash risk than marijuana.

While 1 in 8 American adults (13%) report smoking marijuana,⁹ the opioid problem surely outweighs recreational marijuana use. More than 259 million prescriptions for opioids are written in the U.S. each year¹⁰ – an astounding 1 in 5 patients with a pain-related diagnosis is prescribed opioids.¹¹

More than 12 million Americans report using prescription painkillers for nonmedical purposes¹² and 2 million Americans over the age of 12 are addicted specifically to opioid painkillers.^{13,14} One in 4 Americans and 1 in 3 millennials reports knowing someone addicted to opioids.¹⁵

Homing in on how the legalization of marijuana may impact road safety without saying a single word about the impact of opioids is just reprehensible. We cannot continue sweeping the matter of opioid overuse and addiction under the rug and simply point fingers at marijuana.

Clearly, you should not drive if you've been smoking pot (CBC-based medical cannabis is different, as CBC does not have a psychoactive effect), but you also clearly should not drive if you've recently taken an opioid, even if you're taking it as prescribed. The arrest of Tiger Woods in 2017^{16,17} highlights this common-sense advice.

Tiger Woods Arrested for Drugged Driving

According to a CNN report,¹⁸ Jupiter, Florida, police found Woods asleep at the wheel in his car on the side of the road. The driver's side had minor damage, and both front and rear tires on that side were flat. When the officer woke him up, Woods' speech was slurred, and he said he didn't know where he was. He was arrested and charged with a DUI. A Breathalyzer test revealed he had no alcohol in his system, however, and he admitted he was taking "several prescriptions."

In a public apology,¹⁹ Woods blamed his impairment on "an unexpected reaction to prescribed medications. I didn't realize the mix of medications had affected me so strongly." He's recovering from surgery, so the medications he's referring to may have been prescribed in relation to that.

"I want the public to know that alcohol was not involved," Woods said – a comment that highlights the social stigma of drinking and driving. But we now need to recognize that medications are just as dangerous when you're behind the wheel. A prescription is not a "free pass" to avoid personal responsibility. You still have to make sure you are in fact not impaired before driving.

The same goes for OTC drugs. Certain allergy medications and cough syrup, for example, can make you drowsy and the side effects may linger well into the next day. A California man was even charged with a DUI resulting from excessive caffeine intake in 2015.²⁰

The man was arrested for "erratic, reckless driving" and charged with a DUI. When testing failed to reveal drugs or alcohol, he was cited for driving under the influence of caffeine – the only substance found in his system. The charges raised many an eyebrow and were eventually dropped, but not without some legal wrangling.

Carefully Weigh Your Need for Narcotic Pain Relievers

It's extremely important to be cognizant of your level of impairment when taking ANY drug. Also, beware of the addictive potential of opioid drugs. I urge you to seriously weigh your need for them. If you have not seen it yet, watch the documentary "[Chasing the Dragon](#)" before filling that prescription. There are so many other ways to address pain.

Below is a long list of suggestions. If you are in pain that is bearable, please try these options before resorting to prescription painkillers of any kind.

If you need a pain reliever, consider an OTC option. Research²¹ shows prescription-strength naproxen (Naprosyn, sold OTC in lower dosages as Aleve) provides the same pain relief as more dangerous narcotic painkillers. However, while naproxen may be a better alternative to narcotic painkillers, it still comes with a very long list of potential side effects,²² and the risks increase with frequency of use.

Nondrug Solutions for Pain Relief

Take a high-quality, animal-based omega-3 fat — Omega-3 fats are precursors to mediators of inflammation called prostaglandins. (In fact, that is how anti-inflammatory painkillers work, by manipulating prostaglandins.)

Good sources include wild-caught Alaskan salmon, sardines and anchovies, which are all high in healthy omega-3s while being low in contaminants such as mercury. As for supplements, my favorite is krill oil, as it has a number of benefits superior to fish oil.

Optimize your sun exposure and production of vitamin D — Optimize your vitamin D by getting regular, appropriate sun exposure, which will work through a variety of different mechanisms to reduce your pain. Sun exposure also has anti-inflammatory and pain-relieving effects that are unrelated to vitamin D production, and these benefits cannot be obtained from a vitamin D supplement.

Red, near-, mid- and far-infrared light therapy (photobiology) and/or infrared saunas may also be quite helpful as it promotes and speeds tissue healing, even deep inside

the body.

Medical cannabis – Medical marijuana has a long history as a natural analgesic and is now legal in 29 U.S. states. You can learn more about the laws in your state on medicalmarijuana.procon.org.²³

Emotional Freedom Techniques (EFT) – EFT is a drug-free approach for pain management of all kinds. EFT borrows from the principles of acupuncture in that it helps you balance out your subtle energy system.

It helps resolve underlying, often subconscious, and negative emotions that may be exacerbating your physical pain. By stimulating (tapping) well-established acupuncture points with your fingertips, you rebalance your energy system, which tends to dissipate pain.

K-Laser, class 4 laser therapy – If you suffer pain from an injury, arthritis or other inflammation-based pain, consider trying K-Laser therapy. It can be an excellent choice for many painful conditions, including acute injuries. By addressing the underlying cause of the pain, you will no longer need to rely on painkillers.

K-Laser is a class 4 infrared laser therapy treatment that helps reduce pain, reduce inflammation and enhance tissue healing – both in hard and soft tissues, including muscles, ligaments or even bones. The infrared wavelengths used in the K-Laser allow for targeting specific areas of your body and can penetrate deeply into the body to reach areas such as your spine and hip.

Chiropractic – Many studies have confirmed that chiropractic management is much safer and less expensive than allopathic medical treatments, especially when used for pain such as lower back pain.

Qualified chiropractic, osteopathic and naturopathic physicians are reliable, as they have received extensive training in the management of musculoskeletal disorders during their course of graduate health care training, which lasts between four to six

years. These health experts have comprehensive training in musculoskeletal management.

Acupuncture — Research has discovered a "clear and robust" effect of acupuncture in the treatment of back, neck and shoulder pain, and osteoarthritis and headaches.

Physical therapy — Physical therapy has been shown to be as good as surgery for painful conditions such as torn cartilage and arthritis.

Foundation training — Foundation training is an innovative method developed by Dr. Eric Goodman to treat his own chronic low back pain. It's an excellent alternative to painkillers and surgery, as it actually addresses the cause of the problem.

Massage — A systematic review and meta-analysis published in the journal *Pain Medicine* included 60 high-quality and seven low-quality studies that looked into the use of massage for various types of pain, including muscle and bone pain, headaches, deep internal pain, fibromyalgia pain and spinal cord pain.²⁴

The review revealed massage therapy relieves pain better than getting no treatment at all. When compared to other pain treatments like acupuncture and physical therapy, massage therapy still proved beneficial and had few side effects. In addition to relieving pain, massage therapy also improved anxiety and health-related quality of life.

Mind-body methods — Methods such as hot and cold packs, aquatic therapy, yoga, cognitive behavioral therapy²⁵ and various mind-body techniques, including meditation and mindfulness training can also result in astonishing pain relief without drugs.

For example, among volunteers who had never meditated before, those who attended four 20-minute classes to learn a meditation technique called focused attention (a form of mindfulness meditation) experienced significant pain relief — a 40% reduction in pain intensity and a 57% reduction in pain unpleasantness.²⁶

Grounding – Walking barefoot on the earth may also provide a certain measure of pain relief by combating inflammation.

Astaxanthin – Astaxanthin is one of the most effective fat-soluble antioxidants known. It has very potent anti-inflammatory properties and in many cases works far more effectively than anti-inflammatory drugs. Higher doses are typically required and you may need 8 milligrams (mg) or more per day to achieve this benefit.

Ginger – This herb has potent anti-inflammatory activity and offers pain relief and stomach-settling properties. Fresh ginger works well steeped in boiling water as a tea or grated into vegetable juice.

Curcumin – In a study of osteoarthritis patients, those who added 200 mg of curcumin a day to their treatment plan had reduced pain and increased mobility. A past study also found that a turmeric extract composed of curcuminoids blocked inflammatory pathways, effectively preventing the overproduction of a protein that triggers swelling and pain.²⁷

Boswellia – Also known as boswellin or "Indian frankincense," this herb contains specific active anti-inflammatory ingredients.

Bromelain – This enzyme, found in pineapples, is a natural anti-inflammatory. It can be taken in supplement form but eating fresh pineapple, including some of the bromelain-rich stem, may also be helpful.

Cetyl myristoleate (CMO) – This oil, found in fish and dairy butter, acts as a joint lubricant and anti-inflammatory. I have used this for myself to relieve ganglion cysts and carpal tunnel syndrome. I used a topical preparation for this.

Evening primrose, black currant and borage oils – These contain the essential fatty acid gamma-linolenic acid (GLA), which is particularly useful for treating arthritic pain.

Cayenne cream — Also called capsaicin cream, this spice comes from dried hot peppers. It alleviates pain by depleting the body's supply of substance P, a chemical component of nerve cells that transmits pain signals to your brain.

Low-dose naltrexone (LDN) — Naltrexone is an opiate antagonist, originally developed in the early 1960s for the treatment of opioid addiction. When taken at very low doses (LDN, available only by prescription), it triggers endorphin production, which can boost your immune function and ease pain.

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