



# ONDCP Update

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## Office of National Drug Control Policy

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### Got a good story?

To share a story on our "Of Substance" blog about how your community works to reduce substance abuse, please visit [www.ofsubstance.gov/stories.aspx](http://www.ofsubstance.gov/stories.aspx)

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

## New Report Shows Drugged Driving a Growing Problem on Nation's Highways

Recently released statistics on traffic fatalities in the United States offer some of the most compelling – and disturbing – evidence of the magnitude of the threat posed by drugged driving on our Nation's highways.

According to the Fatality Analysis Reporting System (FARS), one in three (33 percent) of all drivers with known drug-test results who were killed in motor vehicle crashes in 2009 tested positive for drugs (illegal substances as well as medications).

The 2009 FARS, conducted by the National Highway Traffic Safety Administration (NHTSA), makes clear that our national drugged driving problem is severe and getting worse. Even as the total number of drivers killed in motor vehicle crashes declined 21 percent from 2005 to 2009, the involvement of drugs in fatal crashes during that same time period increased

by 5 percentage points.

Drug involvement, in this case, means only that drugs were found in the driver's system. It does not imply impairment or indicate that drugs were the cause of the crash. Drug presence includes illegal substances as well as medications, which may or may not have been misused. There is no measure of the drug amounts present.

Gil Kerlikowske, Director of National Drug Control Policy, released the new FARS results at a November 30 press conference in Washington, DC. Joining him were NHTSA Administrator David Strickland and Washington Metropolitan Police Chief Cathy Lanier.

"Drugged driving is a much bigger public health threat than most people realize," said Director Kerlikowske, "and unfortunately, it may be getting

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### Holiday Message From the Director

#### A Time for Joy, but Also for Special Caution on the Road

Over the past year, we have been making an effort through *ONDCP Update* and our monthly email messages to increase awareness of key aspects of the *National Drug Control Strategy* and ONDCP's three policy priorities: Drugged Driving, Prescription Drug Abuse, and Prevention.

The November newsletter focused on the issue of drugged driving. In January, we will be looking at ONDCP's anti-drug efforts along the Southwest Border. This month, when many Americans will be traveling by car to visit family and friends for the holidays – and in light of President Obama's recent announcement proclaiming December National Impaired Driving Prevention Month – we thought it fitting to keep the focus on drugged driving.

We also wanted to alert you to some important information from the National Highway Transportation Safety Administration's Fatality Analysis Reporting System (FARS), which provides alarming new insight into the magnitude of the drugged driving problem in this country. I hope you will take the time to review its findings, which are available online at <http://www.nhtsa.gov/FARS>.

Americans understand the terrible consequences of drunk driving and are becoming increasingly aware of the dangers of distracted driving. The new FARS data make it clear that drugged driving poses a very serious threat to public

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**Director Gil Kerlikowske, center, is joined by Washington, DC, Police Chief Cathy Lanier and David Strickland, Administrator of the National Highway Traffic Safety Administration, in Washington for the November 30 release of new data showing an alarming increase in drug involvement among fatally injured drivers from 2005-2009.**



*DRIVING (continued from page 1)*

worse.”

Chief Lanier, citing examples of deaths and injuries attributed to drugged drivers, said, “Everyone thinks drunk driving is the big problem. This is no different. There are too many lives being lost to drugged driving.”

Administrator Strickland underscored the point. “Drugged driving is just as inexcusable as drunk driving,” he said. “The numbers are going up, and that is a huge problem.”

FARS is a census of motor vehicle crashes that result in the death of at least one individual within 30 days of the crash. It contains detailed data on the drivers involved in the crashes, including whether they tested positive for drugs.

In 2009, 63 percent of fatally injured drivers were tested for the presence of drugs. Overall, 3,952 of these drivers tested positive (see chart, below). This

number represents 33 percent of fatally injured drivers with known drug-test results in 2009.

The new data add to the growing body of research showing far too many Americans are getting behind the wheel with drugs in their system. A recent roadside survey, for example, revealed that 1 in 8 nighttime, weekend drivers tested positive for an illicit drug, and that about 1 in 6 tested positive for illicit or licit drugs, including medications.

One in 10 high school seniors responding to the 2008 Monitoring the Future Study reported they had driven after smoking marijuana in the two weeks before taking the survey. And according to the 2009 National Survey on Drug Use and Health, an estimated 10.5 million people age 12 or older reported driving under the influence of illicit drugs in the year prior to taking the survey.

The Obama Administration, recognizing this threat, is taking action to

get drugged drivers off the road. For example, the Administration is providing increased specialized training for law enforcement officers through a variety of initiatives, including:

- ❖ The International Drug Evaluation and Classification (DEC) program. Sponsored by NHTSA, the DEC program trains officers as Drug Recognition Experts to recognize impairment in drivers under the influence of drugs.
- ❖ An interactive Web site to complement the Advanced Roadside Impaired Driving Enforcement (ARIDE) program. ARIDE was developed by NHTSA as a way to bridge the gap between the DRE program and a program that trains officers to identify and assess suspected drunk drivers.

More information about FARS is available at <http://www.nhtsa.gov/FARS>. Parents can find useful Information about teens and drugged driving at <http://www.theantidrug.com>.

## Drug Test Results for Fatally Injured Drivers, 2005 - 2009

	Total Drivers	All Drivers Tested	Drivers Tested/ Known Results	Drugs Reported	
2005	27,491	15,363	13,324	3,710	28%
2006	27,348	16,193	14,325	4,018	28%
2007	26,570	16,676	14,893	4,214	28%
2008	24,254	15,683	14,381	4,267	30%
2009	21,798	13,801	12,055	3,952	33%

Source: National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2009.

### Fewer Crashes, More Positive Drug Tests

Between 2005 and 2009, the number of fatally injured drivers with known drug-test results dropped from 13,324 to 12,055. Over the same period of time, the percentage of positive drug tests among fatally injured drivers with known test results increased from 28 percent to 33 percent.





## Helping a Loved One Maintain Recovery from Addiction During the Holiday Season

The holiday season can be a time of good cheer shared with family and friends. It can also be a time of demanding schedules, loneliness, and depression – all of which can pose particular risks to people in recovery from addiction. For some, especially those in early recovery, successfully navigating the holiday season can resemble passage through a perilous “Bermuda Triangle of Relapse,” where they may encounter pressure to drink or use, along with stress or trauma. All of these can lead to relapse.

While these challenges can be daunting, they are surmountable. With increased awareness, a network of support, and a relapse prevention plan, recovery can be maintained – and, indeed, celebrated – through the holidays.

### **It's the holidays ... what could happen?**

For many, the holidays are marked, in part, by over-extended schedules and stress. They also can evoke strong feelings, from a sense of belonging and kinship to one of isolation and loss. Grief is also common at this time among those whose loved ones are no longer present.

These factors can put individuals in recovery at risk of relapse, especially in the absence of a support network. Add to these feelings encouragement by others to have “just one,” and the risk elevates exponentially. Unfortunately, it takes “just one” to reignite the vicious cycle of addiction.

### **How can you support a loved one in recovery?**

Relapse is most likely to occur when there is no prevention plan in place. You can encourage a loved one who is in recovery to develop a holiday relapse prevention plan. Key components of a holiday relapse prevention plan include an extensive inventory of “triggers,” or challenging situations one may encounter over the holiday season; a specific plan for avoiding or effectively navigating triggers that cannot be avoided; and a self-care, support, and accountability strategy.

### **What resources can help during this time?**

- ❖ If you or a loved one have suicidal thoughts, contact the Suicide Prevention Helpline at 1 (800) 273-TALK (8255) or [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org).
- ❖ If you or a loved one are in need of substance abuse treatment, contact SAMHSA's 24-hour toll-free Treatment Referral Helpline at 1-800-662-HELP (1-800-662-4357) or <http://www.findtreatment.samhsa.gov>.
- ❖ If your state participates in the Access to Recovery program, locate recovery assessment centers and providers online at <http://atr.samhsa.gov/granteeLinks.aspx>.
- ❖ To find a peer-led Recovery Community Services Program grantee in your area, visit <http://rcsp.samhsa.gov/resources/index.htm#rcsplist>.
- ❖ Faces & Voices of Recovery provides a Guide to Mutual Aid Resources, available online at <http://www.facesandvoicesofrecovery.org/resources/support/index.html>.

People often have difficulty seeing their own vulnerabilities and strengths. Therefore, it is important to have input from others, such as a counselor, sponsor, recovering peer, or spiritual advisor, in developing a relapse prevention plan. Accountability to someone who helped develop or is familiar with the plan also increases the likelihood of success. Also, for those in recovery, maintaining contact with others in recovery is critically important. Such relationships provide support and a solid foundation for a relapse prevention strategy.

Finally, one of the best ways to prevent relapse is to stay actively engaged in recovery activities. This can mean increasing attendance at mutual aid meetings, volunteering to help others in recovery, or participating in drug- and alcohol-free recreational or volunteer activities.

### **How do you know trouble is brewing?**

Certain behaviors often precede relapse. These include:

- ❖ Doubting one's ability to stay drug free
- ❖ Rejecting counseling, support groups, and medication in the belief one has “recovered”
- ❖ Disturbed eating and sleeping patterns
- ❖ Feeling overwhelmed by ordinary problems
- ❖ Defensiveness or outbursts of anger
- ❖ A tendency to become isolated and avoid talking openly about thoughts and feelings

### **A short list for the person in recovery**

The following strategies may be helpful for people in early recovery or for loved ones who want to support them:

- ❖ Add several support people to your telephone speed-dial list. This way, if one support person isn't immediately available, someone else can be reached quickly in times of need
- ❖ Keep a list of mutual aid meetings on hand
- ❖ If you experience cravings, focus on something other than the cravings. Call a recovering peer, mentor, sponsor, and/or counselor, or attend a support meeting. Physical exercise can be helpful with cravings as well
- ❖ Engage in a recovery program and/or other activities
- ❖ Keep a list of potential relapse triggers on hand, along with a planned strategy for responding should they be encountered
- ❖ Before going to an event, develop an exit plan or an explanation for leaving if triggers are present
- ❖ Ask someone seasoned in recovery to accompany you or the recovering person to events where triggers or risky situations may be encountered
- ❖ Get plenty of rest and relaxation, and encourage others in recovery to do so, as fatigue can affect one's ability to cope with stress

### **Making it through the season without relapse**

Navigating the “Bermuda Triangle of Relapse” can be challenging, but with a plan and a good support network, one can stay on course to a successful recovery. Encourage others to believe it is possible to remain healthy and strong during the holiday season.