

The NSDUH Report

May 31, 2012

State Estimates of Drunk and Drugged Driving

In Brief

- Combined 2006 to 2009 data indicate that 13.2 percent of persons aged 16 or older (an estimated 30.7 million persons) drove under the influence of alcohol in the past year and 4.3 percent (an estimated 10.1 million persons) drove under the influence of illicit drugs in the same time period
- The rates of past year drunk driving were among the highest in Wisconsin (23.7 percent) and North Dakota (22.4 percent); the rates of drugged driving were among the highest in Rhode Island (7.8 percent) and Vermont (6.6 percent)
- When combined 2002 to 2005 data are compared with combined 2006 to 2009 data, the Nation as a whole experienced statistically significant reductions in the rates of drunk driving (from 14.6 to 13.2 percent) and drugged driving (from 4.8 to 4.3 percent); 12 States saw reductions in drunk driving rates and 7 in drugged driving rates

Driving under the influence of alcohol or illicit drugs poses a significant threat to public safety because these substances can impair perception, cognition, attention, balance, coordination, and other brain functions necessary for safe driving. Driving while impaired has been linked to reckless driving, car crashes, and fatal accidents. A review of several studies found that between 5 and 25 percent of drivers involved in motor vehicle accidents tested positive for drugs, and 18 percent of motor vehicle driver deaths involved drugs.¹ Furthermore, in 2008, 32 percent of all traffic-related deaths—nearly 12,000 deaths—were the result of alcohol-related crashes.²

Recognizing the dangers associated with driving under the influence of drugs, the 2010 *National Drug Control Strategy*, developed by the White House's Office of National Drug Control Policy, identified the prevention of drugged driving as a national priority.³ In addition, a major component of the Substance Abuse and

Mental Health Services Administration (SAMHSA) strategic initiative to reduce underage drinking and adult problem drinking is to reduce negative consequences, such as injuries resulting from impaired driving.⁴

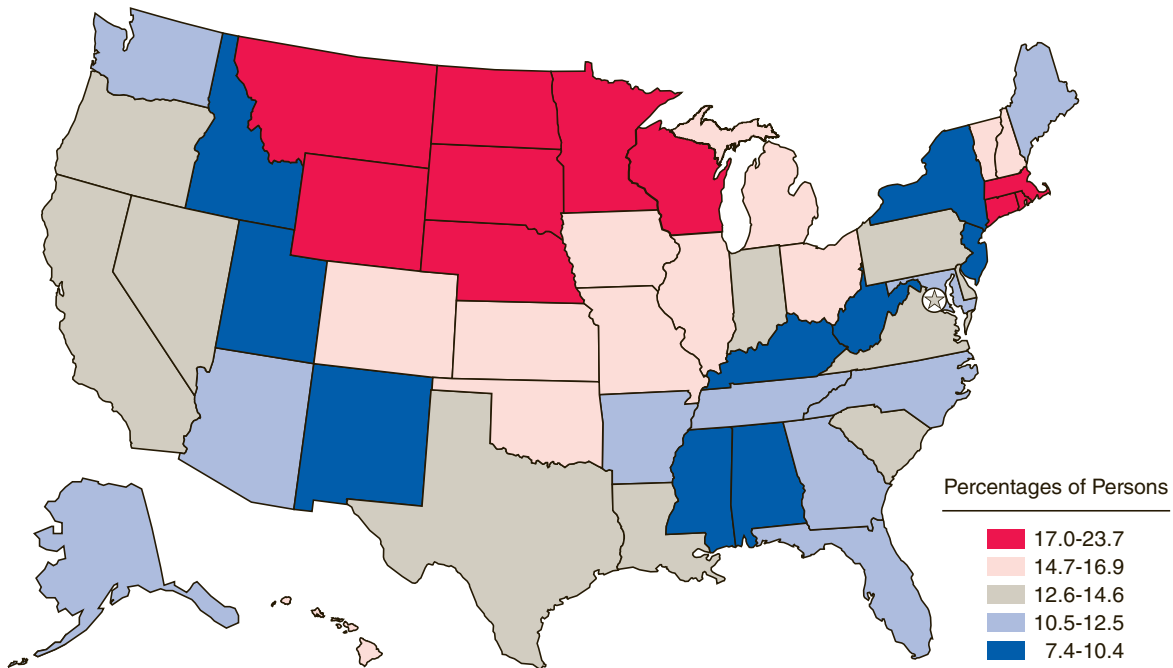
The National Survey on Drug Use and Health (NSDUH) asks persons aged 12 or older if they had driven a vehicle while under the influence of alcohol, or under the influence of illicit drugs, in the past year. NSDUH defines illicit drugs as marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically.⁵ This issue of *The NSDUH Report* uses combined 2006 to 2009 data to present estimates of driving under the influence of alcohol (also referred to as “drunk driving”) and driving under the influence of illicit drugs (also referred to as “drugged driving”) among persons aged 16 or older by State (including the District of Columbia).⁶

State estimates are rank ordered from highest to lowest and divided into quintiles (fifths), which are presented in color-coded maps shown in Figures 1 and 2. States with the highest estimates fall into the top quintile and are shown in red on the maps; States with the lowest estimates are in the bottom quintile and are shown in blue.⁷ Additionally, the combined 2006 to 2009 data are compared with the combined 2002 to 2005 data to examine changes over time.

Driving under the Influence of Alcohol

Combined 2006 to 2009 data indicate that 13.2 percent of persons aged 16 or older (an estimated 30.7 million persons) drove under the influence of alcohol in the past year. The rates of drunk driving were among the highest in Wisconsin (23.7 percent) and North Dakota (22.4 percent) and among the lowest in Utah (7.4 percent) and among the lowest in Utah

Figure 1 (REVISED). Percentages of Persons Aged 16 or Older Driving under the Influence of Alcohol in the Past Year, by State: 2006 to 2009



NOTE: Some estimates may differ from previously published estimates due to updates (see End Note 6).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2006 to 2009 (Revised March 2012).

(7.4 percent) and Mississippi (8.7 percent) (Figure 1).

Of the 10 States with the highest rates of drunk driving, 5 were in the Midwest (Minnesota, Nebraska, North Dakota, South Dakota, and Wisconsin), 3 were in the Northeast (Connecticut, Massachusetts, and Rhode Island), and 2 were in the West (Montana and Wyoming). Of the 9 States with the lowest rates of drunk driving, 4 were in the South (Alabama, Kentucky, Mississippi, and West Virginia), 3 were in the West (Idaho, New Mexico, and Utah), and 2 were in the Northeast (New Jersey and New York).⁸

Rates of past year drunk driving were higher among persons aged 16 to 25 than among those aged 26 or older (19.6 vs. 11.8 percent).

Trends in Driving under the Influence of Alcohol

When combined 2002 to 2005 data are compared with combined 2006 to 2009 data, the Nation as a whole experienced a statistically significant reduction in the rate of past year drunk driving (from 14.6 to 13.2 percent), as did 12 States: Alaska, Florida, Idaho, Illinois, Maryland, Michigan, Mississippi, Missouri, New Mexico, Pennsylvania, Texas, and Washington (Table 1). No States had a statistically significant increase in the rate of drunk driving.

Reductions in past year rates of drunk driving were found both among persons aged 16 to 25 (22.2 to 19.6 percent) and among persons aged 26 or older (12.9 to 11.8 percent).

Driving under the Influence of Alcohol in Combination with Illicit Drugs

Combined 2006 to 2009 data indicate that one fifth of drunk drivers aged 16 or older (21.9 percent) drove under the influence of alcohol and illicit drugs at the same time; the rate was higher for drunk drivers aged 16 to 25 than for those aged 26 or older (38.7 vs. 15.8 percent). Comparisons of combined 2002 to 2005 data with combined 2006 to 2009 data indicate that

similar percentages of drunk drivers in both time periods drove under the influence of illicit drugs and alcohol at the same time, overall and for both age groups.

Driving under the Influence of Illicit Drugs

Combined 2006 to 2009 data indicate that 4.3 percent of persons aged 16 or older (an estimated 10.1 million persons) drove under the influence of illicit drugs in the past year. The rates of drugged driving were among the highest in Rhode Island (7.8 percent) and Vermont (6.6 percent) and among the lowest in New Jersey (3.2 percent) and Iowa (2.9 percent) (Figure 2).

Of the 10 States with the highest rates of drugged driving, 4 were in the Northeast

Table 1 (REVISED). Driving under the Influence of Alcohol in the Past Year among Persons Aged 16 or Older for the Total Population and States with Significant Reductions: 2002 to 2005 versus 2006 to 2009

State	Combined 2002 to 2005 (Percent)	Combined 2006 to 2009 (Percent)
Total United States	14.6	13.2
Alaska	14.8	11.1
Florida	13.7	10.9
Idaho	14.5	10.3
Illinois	16.1	14.7
Maryland	14.9	11.0
Michigan	18.7	15.9
Mississippi	11.4	8.7
Missouri	18.6	14.8
New Mexico	13.9	10.4
Pennsylvania	14.4	13.0
Texas	15.4	13.9
Washington	15.3	12.1

NOTE: Some 2006 to 2009 estimates may differ from previously published estimates due to updates (see End Note 6).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2002 to 2005 and 2006 to 2009 (Revised March 2012).

(Massachusetts, New Hampshire, Rhode Island, and Vermont), 3 were in the West (Colorado, Montana, and Oregon), and 3 were in the South (Arkansas, Delaware, and Oklahoma). Of the 10 States with the lowest rates of drugged driving, 4 were in the South (Alabama, Maryland, Mississippi, and Texas), 3 were in the Northeast (New Jersey, New York, and Pennsylvania), 2 were in the Midwest (Iowa and South Dakota), and 1 was in the West (Utah).

Rates of past year drugged driving were about 4 times higher among persons aged 16 to 25 than among those aged 26 or older (11.5 vs. 2.8 percent).

Trends in Driving under the Influence of Illicit Drugs

When combined 2002 to 2005 data are compared with combined 2006 to 2009 data, the Nation as a whole experienced a statistically

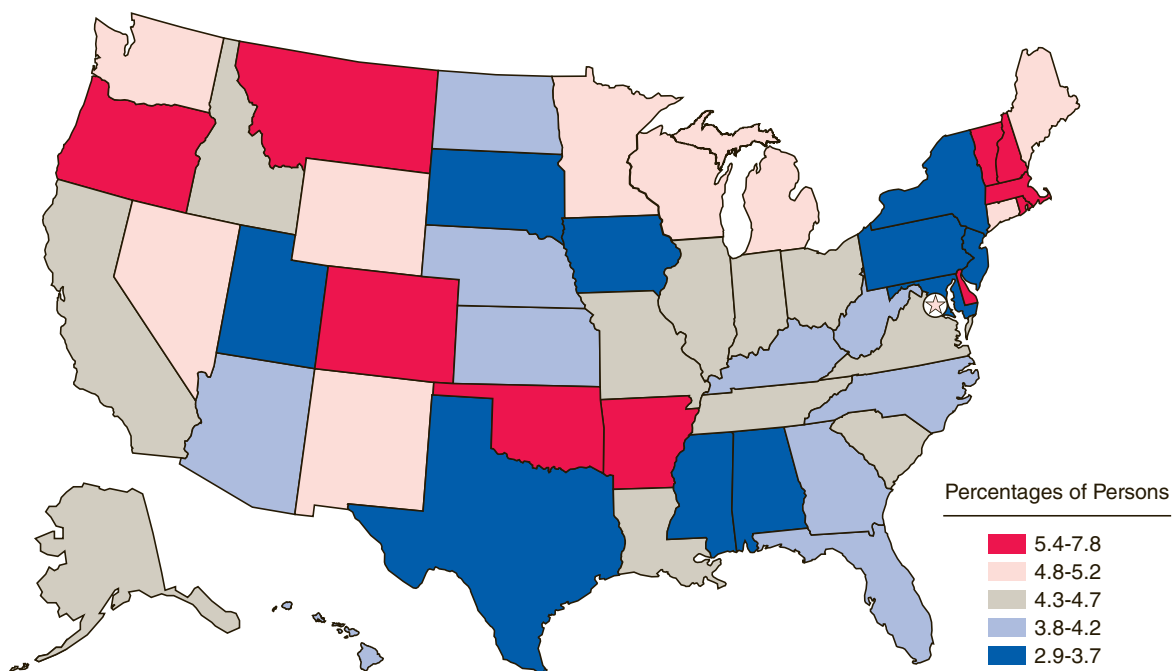
significant reduction in the rate of past year drugged driving (from 4.8 to 4.3 percent), as did seven States: Alaska, California, Florida, Hawaii, Iowa, Michigan, and Pennsylvania (Table 2). No States had a statistically significant increase in the rate of drugged driving.

Reductions in past year rates of drugged driving were found both among persons aged 16 to 25 (12.9 to 11.5 percent) and among persons aged 26 or older (3.0 to 2.8 percent).

Driving under the Influence of Illicit Drugs in Combination with Alcohol

Combined 2006 to 2009 data indicate that two thirds of drugged drivers aged 16 or older (66.2 percent) drove under the influence of illicit drugs and alcohol at the same time; the rate was similar for drugged drivers aged 16 to 25 and those aged 26 or older (65.7 and 66.7 percent, respectively). Comparisons of combined 2002

Figure 2 (REVISED). Percentages of Persons Aged 16 or Older Driving under the Influence of Illicit Drugs in the Past Year, by State: 2006 to 2009



NOTE: Some estimates may differ from previously published estimates due to updates (see End Note 6).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2006 to 2009 (Revised March 2012).

to 2005 data with combined 2006 to 2009 data indicate that similar percentages of drugged drivers drove under the influence of illicit drugs and alcohol at the same time, overall and for both age groups.

Discussion

The Nation as a whole has seen reductions in the rates of drunk driving and drugged driving in recent years; however, each of these behaviors remains a serious problem in the United States. Although there is wide variation in the rates of impaired driving among States, no State is immune from this problem. The prevalence of impaired driving, particularly among persons aged 16 to 25, points to the need for continued prevention efforts, such as media campaigns, responsible alcohol sales and service training, sobriety checkpoints, and substance abuse assessment and treatment for those convicted of impaired driving,⁹ to reduce the incidence of impaired driving and the harm it poses.

Table 2 (REVISED). Driving under the Influence of Illicit Drugs in the Past Year among Persons Aged 16 or Older for the Total Population and States with Significant Reductions: 2002 to 2005 versus 2006 to 2009

State	Combined 2002 to 2005 (Percent)	Combined 2006 to 2009 (Percent)
Total United States	4.8	4.3
Alaska	6.8	4.3
California	5.1	4.4
Florida	4.9	4.2
Hawaii	6.3	3.9
Iowa	4.9	2.9
Michigan	6.0	5.1
Pennsylvania	4.5	3.7

NOTE: Some 2006 to 2009 estimates may differ from previously published estimates due to updates (see End Note 6).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2002 to 2005 and 2006 to 2009 (Revised March 2012).

End Notes

- Kelly, E., Darke, S., & Ross, J. (2004). A review of drug use and driving: Epidemiology, impairment, risk factors and risk perceptions. *Drug and Alcohol Review*, 23, 319-344.
- National Highway Traffic Safety Administration, National Center for Statistics and Analysis. (2009). *Traffic safety facts, 2008 data: Alcohol-impaired driving* (DOT HS 811 155). Washington, DC: U.S. Department of Transportation. Retrieved from <http://www-nrd.nhtsa.dot.gov/Pubs/811155.PDF>
- Office of National Drug Control Policy. (2010). *National drug control strategy*. Washington, DC: The White House. Retrieved from <http://www.whitehousedrugpolicy.gov/publications/policy/ndcs10/>
- Substance Abuse and Mental Health Services Administration. (2010, October 1). *Leading change: A plan for SAMHSA's roles and actions 2011-2014*. Rockville, MD: U.S. Department of Health and Human Services. Retrieved from http://www.samhsa.gov/about/sidocs/SAMHSA_SI_paper.pdf
- NSDUH defines nonmedical use of prescription-type drugs as use not prescribed for the respondent by a physician or use only for the experience or feeling the drug(s) caused. Nonmedical use of any prescription-type pain reliever, sedative, stimulant, or tranquilizer does not include over-the-counter drugs; nonmedical use of stimulants includes methamphetamines.
- This report, originally published in December 2010, was revised due to data updates in March 2012. Updates made to the NSDUH data used in this report affected the estimates for only Pennsylvania (2006 through 2009), Maryland (2008 through 2009), and the national estimates. See <http://www.samhsa.gov/data> for more information. This report uses State estimates based solely on the weighted sample for each State and the District of Columbia (e.g., direct State estimates) and does not use the small area estimation (SAE) methodology. Therefore, this report's estimates should not be compared with the estimates in any previous NSDUH reports that use the SAE methodology.
- Estimates were divided into quintiles for ease of presentation and discussion, but differences between States and quintiles were not tested for statistical significance. In some instances, more than 10 or fewer than 10 States were assigned to each quintile because of ties in the estimated prevalence rates.
- The West has 13 States: AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY. The South has 16 States plus the District of Columbia: AL, AR, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV. The Northeast has 9 States: CT, MA, ME, NH, NJ, NY, PA, RI, and VT. The Midwest has 12 States: IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, and WI.
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2010, July 30). *Impaired driving*. Retrieved from http://www.cdc.gov/MotorVehicleSafety/Impaired_Driving/impaired-driv_factsheet.html

Suggested Citation

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Findings from SAMHSA's 2006 to 2009 National Surveys on Drug Use and Health (NSDUHs)

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The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The combined 2002 to 2005 data used in this report are based on information obtained from 210,300 persons aged 16 or older, and the combined 2006 to 2009 data are based on information obtained from 213,400 persons aged 16 or older. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NSDUH Report is prepared by the Center for Behavioral Health Statistics and Quality (CBHSQ), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on the most recent NSDUH is available in the following two-volume publication:

Office of Applied Studies. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of national findings* (HHS Publication No. SMA 10-4586Findings, NSDUH Series H-38A). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Office of Applied Studies. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume II. Technical appendices and selected prevalence tables* (HHS Publication No. SMA 10-4586Appendices, NSDUH Series H-38B). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: <http://www.samhsa.gov/data/>.



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