

The logo features the word "TARGET" in green and "ZERO" in dark grey. The "O" in "ZERO" is replaced by a stylized graphic of a road with a dashed white line curving through a green circle.

TARGET ZERO

Exploring Washington State's Traffic Safety Culture

About Driving Under the Influence of
Cannabis and Alcohol

Overview

- The Concern About Impaired Driving
- Washington's Current Culture
- What YOU Can Do

**TARGET
ZERO**



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Concerns About Impaired Driving



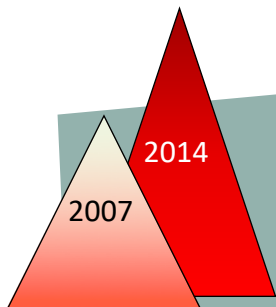
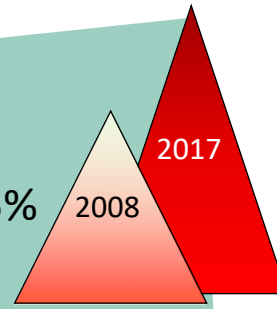
Alcohol and drug impaired driving is the leading contributing factor in Washington fatal crashes.



Concerns About Impaired Driving

Cannabis use is increasing.

- Past year cannabis use by adults (age 18+) in Washington has increased by 85% in the past 9 years (2008 to 2017).¹



- Weekend, nighttime drivers testing positive for THC increased by 50% from 2007 to 2014.²

1. Went from 12.6% in 2008-09 to 23.2% in 2016-17 (SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018).
2. Berning, A., R. Compton, and K. Wochinger, "Results of the 2013–2014 National Roadside Survey of alcohol and drug use by drivers." *Traffic Safety Facts Research Note. Report No. DOT HS 812 118*. Washington, DC: National Highway Traffic Safety Administration, (February 2015) pp. 1-5.



Concerns About Impaired Driving



People in Washington are driving after using cannabis.

- In June 2014, 11% of weekend, night-time drivers reported they had driven within two hours of using cannabis at least once in the past 12 months.¹
- By 2016, poly-drug drivers (including alcohol) involved in fatal crashes were
 - **more than twice** the number of alcohol-only drivers and
 - **more than five times** the number of cannabis-only drivers.²

1. SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2017.
2. Berning, A., R. Compton, and K. Wochinger, "Results of the 2013-2014 National Roadside Survey of alcohol and drug use by drivers." *Traffic Safety Facts Research Note. Report No. DOT HS 812 118*. Washington, DC: National Highway Traffic Safety Administration, (February 2015) pp. 1-5.



Concerns About Impaired Driving



Driving under the influence of cannabis increases crash risk.

- “CONCLUSION 9-3: There is substantial evidence of a statistical association between cannabis use and increased risk of motor vehicle crashes.”¹
- A meta-analysis of 66 studies shows that the risk of being involved in a crash increases when using cannabis.²
- Drivers under the influence of cannabis are more likely responsible for a fatal crash than non-intoxicated drivers.³

1. National Academies of Sciences, Engineering, and Medicine. 2017. *The health effects of cannabis and cannabinoids: The current state of evidence and recommendations for research*. Washington, DC: The National Academies Press.
2. Elvik, Rune, “Risk of Road Accident Associated with the Use of Drugs: A Systematic Review and Meta-Analysis of Evidence from Epidemiological Studies.” *Accident Analysis & Prevention*, Vol. 60 (November 2013) pp. 254–67.
3. Gadegbeku, Blandine, Emmanuelle Amoros, and Bernard Laumon, “Responsibility Study: Main Illicit Psychoactive Substances among Car Drivers Involved in Fatal Road Crashes.” *Annals of Advances in Automotive Medicine. Association for the Advancement of Automotive Medicine. Scientific Conference*, Vol. 55 (2011) pp. 293–300.



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Traffic Safety Culture Assessment



Washington Traffic Safety Commission engaged the Center for Health and Safety Culture to assess Washington's shared values, attitudes, beliefs, and behaviors about driving under the influence cannabis and alcohol (DUICA).

- DUICA was defined as driving within 2 hours of consuming cannabis and alcohol.
- 870 adults age 18 to 65 living in Washington completed the survey in the spring of 2018.

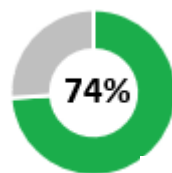
CAUTION: Driving after 2 hours since consuming cannabis and/or alcohol is NOT necessarily safe.



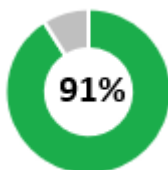
Traffic Safety Culture Assessment

Most adults in Washington are concerned about traffic safety and have strong protective beliefs.

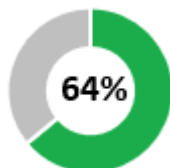
Most are moderately or more concerned about safety on roads and highways



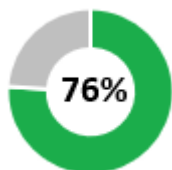
Most (74%) agree the only acceptable number of deaths and serious injuries on our roadways should be zero.



Most (91%) agree that it is the responsibility of the driver to comply with the laws of our roads.



Most (64%) agree that impairment begins with the first sip of alcohol.



Most (76%) agree that impairment begins as soon as you start consuming cannabis.

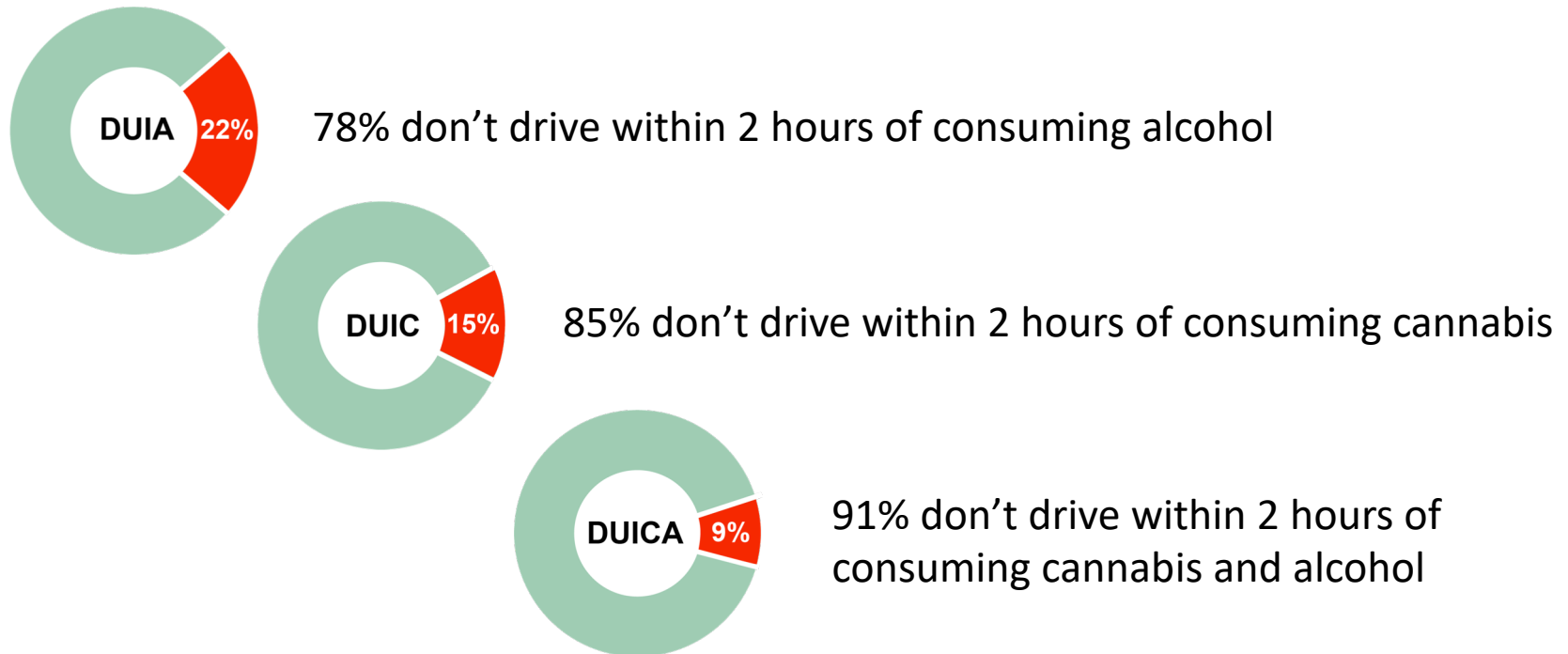


Traffic Safety Culture Assessment



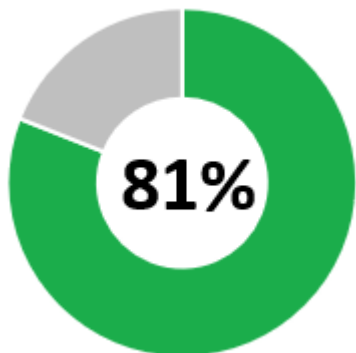
Self-Reported 12-month Driving Behaviors

Most adults in Washington don't drive under the influence.



However, too many do thus creating significant risk to themselves and the general public.

Traffic Safety Culture Assessment



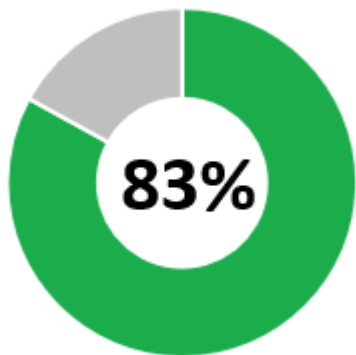
Most adults in Washington (81%) have a **NEGATIVE** attitude about DUICA.

Those with a *positive* attitude are **TWICE** as likely to DUICA.

Those who do DUICA are:

- More likely to believe that driving under the alcohol and cannabis improves their driving; and
- Less likely to believe that they are at risk to be arrested or be in a crash.

Traffic Safety Culture Assessment

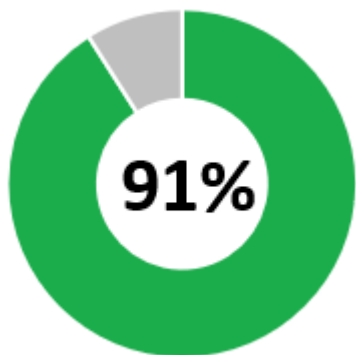


Most adults (83%) believe it is UNACCEPTABLE to drive within two hours of consuming alcohol and cannabis.

Those who perceive DUICA is acceptable are more than **4.5 TIMES** more likely to DUICA themselves.



Traffic Safety Culture Assessment



Most adults (91%) **DON'T** drive within two hours of consuming alcohol and cannabis.

Those who perceive most people DUICA frequently are **TWICE** as likely to DUICA themselves.

Those who do DUICA perceive most adults in Washington do as well (when in fact, most do NOT)!



Traffic Safety Culture Assessment

People who DUICA may be using cannabis because they believe it “calms them down” and “sobers them up” when they have had too much to drink.

- 77% of those who DUICA are likely to feel anxious after drinking and use cannabis to calm down
- 52% of those who DUICA are likely to feel too impaired after drinking and then use cannabis to sober up

Using cannabis after drinking does NOT make it safer to drive.^{1,2,3}

1. National Academies of Sciences, Engineering, and Medicine. 2017. The health effects of cannabis and cannabinoids: The current state of evidence and recommendations for research. Washington, DC: The National Academies Press.
2. Elvik, Rune, “Risk of Road Accident Associated with the Use of Drugs: A Systematic Review and Meta-Analysis of Evidence from Epidemiological Studies.” *Accident Analysis & Prevention*, Vol. 60 (November 2013) pp. 254–67.
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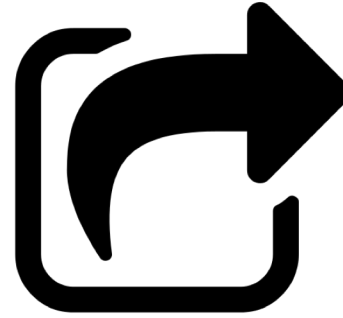


What YOU Can Do



We CREATE our culture!

What YOU Can Do



1. Share and discuss these results.

- Leverage the existing positive shared values, attitudes, and beliefs
- Correct misperceptions
 - DUICA is NOT safe
 - Most people believe DUICA is unacceptable
 - Most people do NOT DUICA
- Using cannabis after drinking does NOT make it safer to drive

What YOU Can Do



2. Integrate accurate information into existing programs, strategies, and communications.

- Clearly establish the existing positive shared values, attitudes, and beliefs.
- Correct misperceptions.
 - DUICA is NOT safe
 - Most people believe DUICA is unacceptable
 - Most people do NOT DUICA
 - Using cannabis after drinking does NOT make it safer to drive

What YOU Can Do



3. Grow bystander engagement to prevent impaired driving.

- Among adults in Washington in a situation to intervene, most (81%) take steps to prevent someone from driving impaired.
- They do safe things like:
 - Arranging or providing a ride for the person;
 - Arranging for the person to stay where they are; or
 - Engaging someone else to help including being prepared to call 911 if the person drives.

What YOU Can Do



3. Grow bystander engagement to prevent impaired driving.

- Integrate SAFE bystander engagement practices into existing programs, strategies, and communications.
- Do NOT promote disabling vehicles, allowing impaired people to walk, or the use of physical intervention.
- Do promote safe strategies like:
 - arranging or providing a ride for the person;
 - having the person stay where they are; or
 - engaging others to help (including 911 if the person drives).

Questions or Comments

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For more information...

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