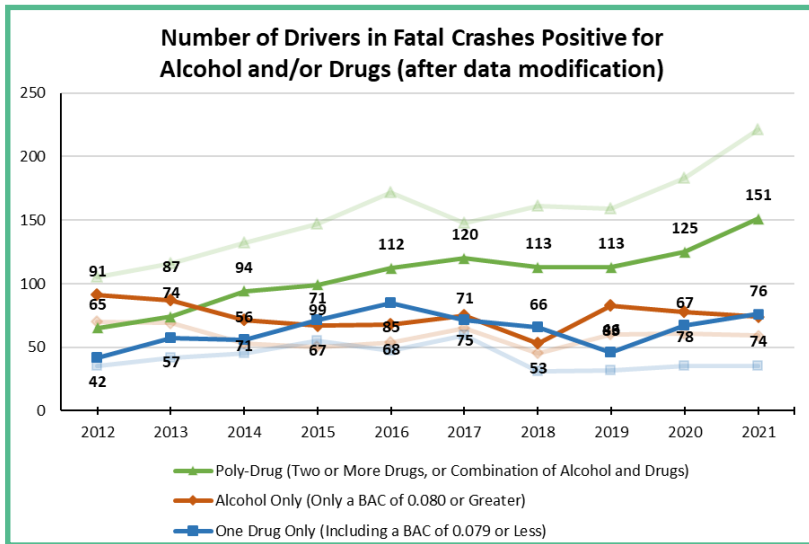
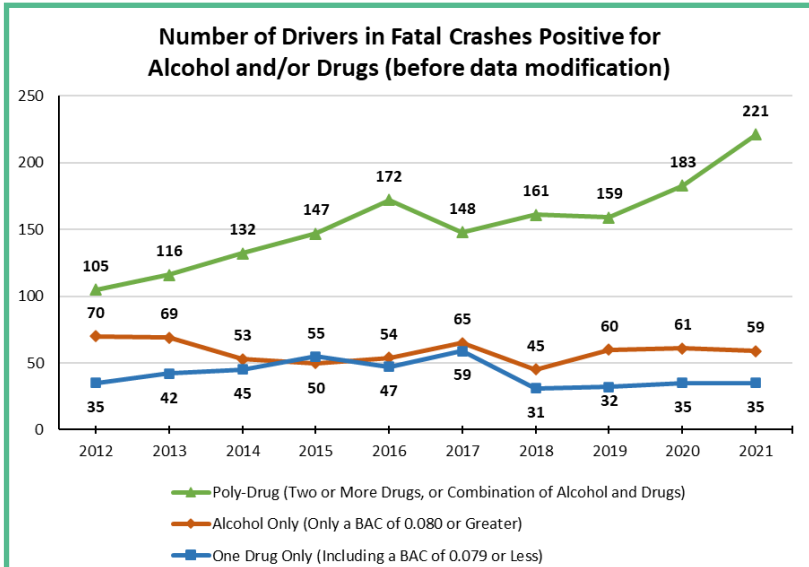




Drug-Positive Driver Data Update—Methods

In October 2023, the Washington Traffic Safety Commission (WTSC) implemented new updates to drug-positive driver data in our Coded Fatal Crash (CFC) files. These data updates provide more accurate information pertaining to drug impairment. The WTSC retroactively implemented these updates since 2012. As a result of the data updates, existing drug-positive driver data changed. The methods and reasoning for these updates are described in the following pages. For a complete description of the new data updates, please see our full report: [Re-Evaluating the Prevalence of Poly-Drug Driving in Washington](#).

The change in the data over time is shown in the charts to the right among drivers involved in fatal crashes. The first chart above shows the number of drivers involved in fatal crashes that were positive for alcohol and/or drugs over time prior to the data updates. The second chart below shows how these numbers changed after implementing the data updates. Each chart shows three different impairment categories: one drug only (including a blood alcohol content of 0.079 or less), alcohol only (including a blood alcohol content of 0.08 or greater), and poly-drug (two or more drugs, or a combination of alcohol and one or more drugs). These categories are mutually exclusive.



In 2021, prior to the data updates, there were 221 poly-drug positive drivers involved in fatal crashes. After implementing the data updates, this number changed to 151, representing a 32% change in the number of poly-drug positive drivers. The number of drivers involved in fatal crashes that were positive for only alcohol changed slightly from 59 to 74 — a 25% change. Lastly, the number of drivers involved in fatal crashes that were positive for one drug only changed by 117% from 35 to 76. Although the proportion of poly-drug positive drivers involved in fatal crashes decreased in every year, it remained the most prevalent impairment category. Meanwhile, the prevalence of one-drug positive only drivers and alcohol only impaired drivers increased in every year after the data updates.



Drug-Positive Driver Data Update—Methods

Methods

1. Removed likely non-impairing drugs or unrelated substances.
2. Removed toxicology screening results when confirmatory results were present.
3. Matched parent drugs with their metabolites.
4. Removed inactive metabolites when the parent drug was absent.
5. Removed likely non-impairing pharmaceutical drugs when alcohol was absent.

1. Removed likely non-impairing drugs or unrelated substances.

We removed drugs that were deemed to be likely non-impairing — meaning it is unlikely that they affect one’s ability to operate a motor vehicle — or substances that were unrelated to the events of the crash (see Appendix). Examples of likely non-impairing drugs included acetaminophen (e.g., Tylenol), ibuprofen (e.g., Advil), caffeine, nicotine and cotinine. Examples of unrelated substances included carboxyhemoglobin, which is present in cases of vehicle fires and CO₂ inhalation, or midazolam (e.g., Versed), which is a sedative administered by emergency personnel. The tables below show how removing non-impairing substances can change a person that was positive for three drugs to being positive for zero drugs.

<u>BEFORE</u>			
	<u>Result 1</u>	<u>Result 2</u>	<u>Result 3</u>
Person 01	Caffeine	Ibuprofen	Nicotine

<u>AFTER</u>			
	<u>Result 1</u>	<u>Result 2</u>	<u>Result 3</u>
Person 01			

2. Removed toxicology screening results when confirmatory results were present.

In toxicology testing, a screening test can be performed to determine whether or not a type of drug is present in the blood sample. Whereas a confirmatory test can be performed to determine the specific drug and its level or concentration in the blood. Examples of screening results include ‘benzodiazepines’, ‘cannabinoids’, and ‘opiates’. We removed screening results in circumstances where confirmatory results were also present. For example, the tables below show a person that had a positive screening result for cannabinoids, but also a positive confirmatory result for delta-9 THC. This person would present as positive for two drugs, when in fact they only had one drug in their system. Here, we would remove the screening result to show that this person was positive for only one drug.

<u>BEFORE</u>			
	<u>Result 1</u>	<u>Result 2</u>	<u>Result 3</u>
Person 02	Cannabinoids	Delta-9 THC	

<u>AFTER</u>			
	<u>Result 1</u>	<u>Result 2</u>	<u>Result 3</u>
Person 02	Delta-9 THC		

3. Matched parent drugs with their metabolites.

In circumstances where both the parent drug and metabolite were present, we combined them together to form a parent/metabolite compound (see Appendix). The following tables show that, prior to the updates, a person that tested positive for delta-9 THC and carboxy-THC presented as positive for two drugs when in fact only one drug had been consumed. This results in an overcount of the number of drugs in a person’s system and inflated poly-drug positive counts.



Drug-Positive Driver Data Update—Methods

After we matched the parent drug with its metabolite, the example below shows the person as positive for one parent/metabolite compound.

<u>BEFORE</u>		
	<u>Result 1</u>	<u>Result 2</u>
Person 01	Delta-9 THC	Carboxy-THC

<u>AFTER</u>		
	<u>Result 1</u>	<u>Result 2</u>
Person 01	Delta-9 THC/Carboxy-THC	

4. Removed inactive metabolites when the parent drug was absent.

When a drug is consumed the body quickly begins to metabolize it, producing either active or inactive metabolites. Inactive metabolites do not have impairing effects on the body. For example, delta-9 THC, the major psychoactive component of cannabis, is metabolized into carboxy-THC, which is an inactive metabolite. A person can test positive for the parent drug alone, a combination of the parent drug and metabolite, or the metabolite alone. We removed inactive metabolites when the parent drug was absent from the toxicology results (see Appendix). As shown in the tables below, if a person tested positive for carboxy-THC alone, it would be removed and that person would no longer present as positive for any drugs.

<u>BEFORE</u>			
	<u>Result 1</u>	<u>Result 2</u>	<u>Result 3</u>
Person 01	Carboxy-THC		

<u>AFTER</u>			
	<u>Result 1</u>	<u>Result 2</u>	<u>Result 3</u>
Person 01			

5. Removed likely non-impairing pharmaceutical drugs when alcohol was absent.

We removed pharmaceutical drugs that were deemed to be likely non-impairing, but only if alcohol was absent (see Appendix). Pharmaceutical drugs can interact with alcohol to enhance the effects of the drugs or result in other impairing qualities that might otherwise be absent if the drug were taken without alcohol and as prescribed by a doctor. Pharmaceutical drugs may be needed for people maintain their health and carry out day-to-day functions, such as driving. The following tables show that two likely non-impairing pharmaceutical drugs were removed because alcohol absent. If alcohol was present, both drugs would be retained.

<u>BEFORE</u>			
	<u>Result 1</u>	<u>Result 2</u>	<u>Result 3</u>
Person 01	Gabapentin	Risperidone	

<u>AFTER</u>			
	<u>Result 1</u>	<u>Result 2</u>	<u>Result 3</u>
Person 01			

These updates provide better quality data pertaining to impairment. The steps listed above prevent overcounting drugs and metabolites when only one drug was consumed, remove drugs and substances that do not impair one’s ability to drive, and eliminate double counting screening and confirmatory test results as multiple drugs. Impairment data is challenging and constantly evolving. With updated impairment data, we are better informed as to the common drugs and drug combinations involved in fatal crashes which can inform and guide program decisions to combat impaired driving and save lives.



Appendix

List of Likely Non-Impairing Drugs or Unrelated Substances Removed

6-beta-naltrexol	ephedrine	metoprolol	salicylate
acetaminophen	etomidate	midazolam	sevoflurane
amantadine	glucose	monoethylglycinexylidide	sildenafil
amlodipine	guaifenesin	n-desmethylsildenafil	tadalafil
benzene	ibuprofen	naloxone	theobromine
caffeine	ketones	naltrexone	trimethoprim
carboxyhemoglobin	laudanose	nicotine/cotinine	verapamil
cotinine	levamisole	nifedipine	warfarin
desmethyloperamide	lidocaine	norverapamil	yohimbine
dicyclomine	Loperamide	phenylpropanolamine	
diltiazem	metformin	quinine	

List of Screening Results Removed when Confirmatory Results were Present

amphetamines	benzodiazepines	opiates
barbiturates	cannabinoids	tricyclic antidepressants

List of Inactive Metabolites Removed when Parent Drug was Absent

carboxy-thc norfentanyl ritalinic acid

List of Likely Non-Impairing Pharmaceutical Drugs Removed when Alcohol was Absent

10-hydroxycarbazepine	norpseudoephedrine	pseudoephedrine
9-hydroxyrisperidone	olanzapine	pseudoephedrine/norpseudoephedrine
aripiprazole	oxcarbazepine	quetiapine
carbamazepine	oxcarbazepine/10-hydroxycarbazepine	risperidone
gabapentin	phenytoin	risperidone/9-hydroxyrisperidone
glipizide	primidone	topiramate
lacosamide	primidone/phenobarbital	topiramate/topiramate metabolite
lamotrigine	primidone/phenylethylmalonamide	zonisamide
levetiracetam	primidone/phenobarbital/phenylethylmalonamide	



Appendix

List of Parent-Metabolite Compounds Created

amitriptyline/nortriptyline	fluoxetine/norfluoxetine
alprazolam/alprazolam metabolite	hydrocodone/dihydrocodeine
buprenorphine/norbuprenorphine	hydrocodone/dihydrocodeine/hydromorphone
bupropion/bupropion metabolite	hydrocodone/hydromorphone
bupropion/hydroxybupropion	imipramine/desipramine
carisoprodol/meprobamate	ketamine/norketamine
chlordiazepoxide/nordiazepam	loratadine/descarboethoxyloratadine
citalopram/desmethylcitalopram	methadone/eddp
citalopram/norcitalopram	methamphetamine/amphetamine
clonazepam/7-aminoclonazepam	methylphenidate/ritalinic acid
cocaine/benzoylecgonine	morphine/6-monoacetylmorphine
cocaine/benzoylecgonine/cocaethylene	oxcarbazepine/10-hydroxycarbazepine
cocaine/benzoylecgonine/ecgonine methyl ester	oxycodone/oxymorphone
cocaine/benzoylecgonine/ecgonine methyl ester/cocaethylene	primidone/phenobarbital
cocaine/cocaethylene	primidone/phenobarbital/plenylethylmalonamide
codeine/6-monoacetylmorphine	primidone/plenylethylmalonamide
codeine/morphine	propoxyphene/norpropoxyphene
codeine/morphine/6-monoacetylmorphine	pseudoephedrine/norpseudoephedrine
delta-9 thc/11-hydroxy thc	risperidone/9-hydroxyrisperidone
delta-9 thc/carboxy-thc	sertraline/desmethylsertraline
delta-9 thc/carboxy-thc/11-hydroxy thc	sertraline/norsertraline
diazepam/nordiazepam	topiramate/topiramate metabolite
doxepin/desmethyldoxepin	tramadol/o-desmethyltramadol
fentanyl/4-anpp	trazadone/mcpp
fentanyl/4-anpp/norfentanyl	venlafaxine/ norvenlafaxine
fentanyl/4-anpp/para-fluorofentanyl	venlafaxine/o-desmethylvenlafaxine
fentanyl/4-anpp/para-fluorofentanyl/norfentanyl	
fentanyl/norfentanyl	
fentanyl/para-fluorofentanyl	