

Impaired Driving in Canada

Background

Driving while impaired by alcohol or drugs remains the most prominent factor contributing to serious road crashes in Canada. Although significant progress has been made over the past three decades, impaired drivers continue to present a significant risk to the safety of all road users. In the 13-year period from 2000 through 2012, it is estimated over 10,000 people died in Canada in motor vehicle crashes involving a driver who had consumed alcohol.^{1,2,3}

In the past, the term “impaired driving” has typically been interpreted as being impaired by alcohol. In recent years, the use of drugs by drivers has come to the public attention as a major contributor to serious crashes in Canada. This summary presents current data on the extent of both alcohol- and drug-impaired driving in Canada.

Impaired Driving Laws

Impaired driving is an offence under the *Criminal Code* of Canada. Most provinces and territories also provide for additional sanctions and mandatory programs within their respective highway traffic acts.

Criminal Code

It is an offence to operate a motor vehicle or vessel, or operate or assist in the operation of an aircraft or of railway equipment, or have the care or control of a motor vehicle, vessel, aircraft or railway equipment, whether it is in motion or not:

- While one’s ability to operate the vehicle, vessel, aircraft or railway equipment is impaired by alcohol or a drug; or
- Having consumed alcohol in such a quantity that the concentration in one’s blood or blood alcohol concentration (BAC) exceeds 80 milligrams of alcohol in one hundred millilitres (one decilitre) of blood (80 mg/dL).

It is also an offence to fail or refuse to comply with a demand:

- To perform tests of physical coordination;
- To submit to an evaluation to determine drug influence; or
- To provide a sample of breath, blood, urine or oral fluid for analysis of alcohol and drug content.

Driving with a BAC in excess of 160 mg/dL is deemed to be an aggravating factor, which can result in more severe sanctions. If the commission of one of the offences listed above results in bodily injury to another person, the penalty can be up to 10 years in prison. An offence causing the death of another person can lead to life imprisonment.



Provincial and Territorial Laws

The provinces and territories have enacted legislation to supplement the provisions of the *Criminal Code*. These laws typically impose immediate short-term licence suspensions (24 hours up to 30 days) for drivers deemed affected by alcohol or with a BAC of 50 mg/dL or greater.⁴ Additional sanctions can include licence reinstatement fees, attendance at driver rehabilitation programs, vehicle impoundment and participation in an ignition interlock program. Jurisdictions also set lower or zero alcohol limits for young or new drivers.

Canadian Facts on Impaired Driving

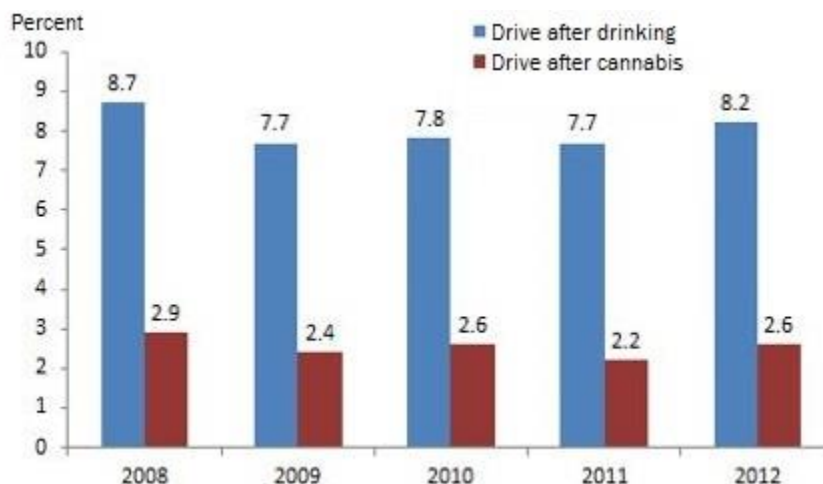
There are a variety of sources of information on the extent of impaired driving in Canada. These include telephone surveys of the general population, roadside surveys of drivers, data on impaired driving charges and data on fatal crashes involving a driver who has been drinking or using drugs. Each of these data sources provides a different window on the problem; together they provide a comprehensive picture. Repeated cycles of measurement using consistent methods enable analysts to see trends as they emerge from the indicators over time.

General Population Surveys

From 2008 through 2012, the frequency of driving after using alcohol or cannabis has been assessed by the Canadian Alcohol and Drug Use Monitoring Survey (CADUMS).⁵ CADUMS is a survey of alcohol and drug use among Canadian residents age 15 and over. It includes data from over 10,000 respondents from all 10 provinces, but excludes residents of the territories.

Figure 1 shows the percentage of CADUMS respondents who reported driving within an hour after consuming two or more drinks and the percentage of respondents who reported driving within two hours of using cannabis in each year of the survey. The prevalence of these two behaviours has not changed substantially over the five years of the survey.

Figure 1: Driving after Drinking and Driving after Cannabis Use in Canada



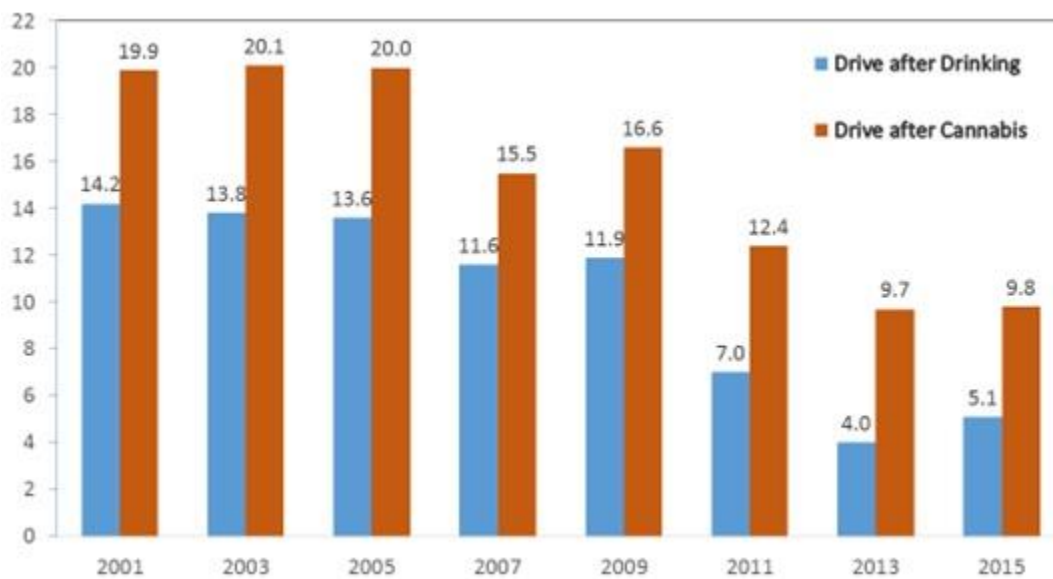
Source: Health Canada, CADUMS 2008–2012



Young Canadians (age 15–24) were more than twice as likely as older Canadians to report driving after using cannabis (5.0% vs 2.3%, respectively), but only slightly more likely to report driving after drinking (9.6% vs 8.0%, respectively). Males were about three times more likely than females to report driving after using cannabis and driving after drinking.

The Centre for Addiction and Mental Health has conducted surveys of Ontario students concerning alcohol and drug use and related harms since 1977.⁶ In 2001, questions about driving after using cannabis were added to the survey, which had focused on questions about driving after drinking. Figure 2 shows the percentage of students in grades 10 and 12 with a driver's licence who reported driving after drinking and driving after using cannabis.

Figure 2: Driving after Drinking and Driving after Cannabis Use among Ontario Students



Source: Centre for Addiction and Mental Health, Ontario Student Drug Use and Health Survey (2015)

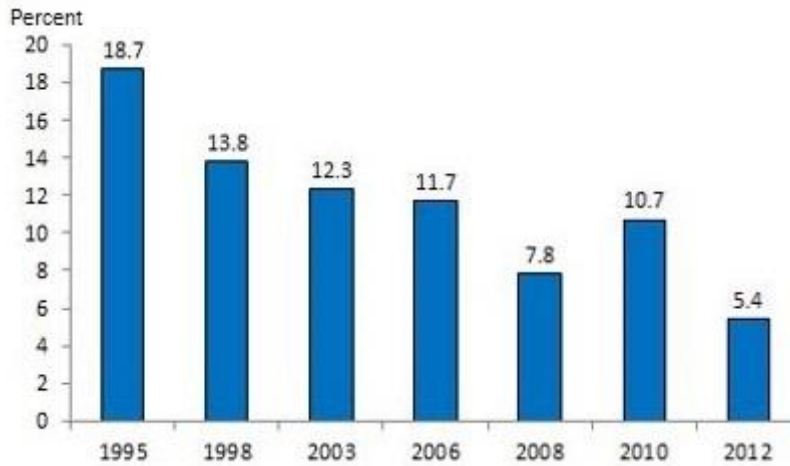
In every year the two questions were asked, students were more likely to report driving after using cannabis than driving after drinking. The reported prevalence of both behaviours has decreased substantially since 2001.

Roadside Surveys

Another approach to determining the prevalence of driving after drinking plus driving after drug use is to collect voluntary breath and oral fluid samples from a random sample of nighttime drivers to test for the presence of alcohol and drugs. Breath testing surveys have been conducted periodically in British Columbia since 1995. Oral fluid sample collection was added to these surveys in 2008, 2010 and 2012. Figure 3 shows the percentage of drivers who tested positive for alcohol in roadside surveys conducted in British Columbia from 1995 through 2012.^{4,7} The prevalence of driving after drinking has decreased substantially over this period.



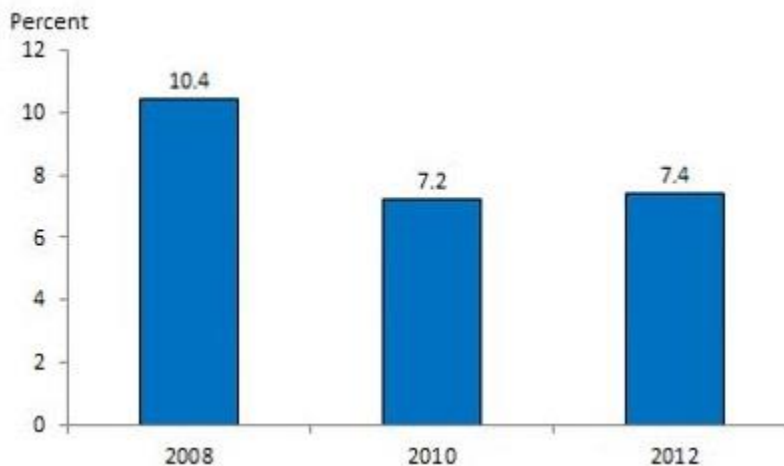
Figure 3: Percentage of Drivers Positive for Alcohol in Roadside Surveys in British Columbia (1995–2012)



Note: Vancouver and Saanich only
Source: Beasley & Beirness (2012)

Figure 4 shows the percentage of drivers who tested positive for at least one psychoactive substance other than alcohol (i.e., cannabis, opiates, cocaine, amphetamines, methamphetamine or benzodiazepines) in the roadside surveys conducted in British Columbia in 2008, 2010 and 2012. Cannabis was the most commonly detected drug in all three surveys, accounting for about half of all drugs detected. A similar survey conducted in the province of Ontario in 2014 found 10.2% of drivers tested positive for at least one drug other than alcohol. Cannabis was the most frequently detected drug. In this latter survey, only 4% of drivers were found to have been drinking.⁸

Figure 4: Percentage of Drivers Who Tested Positive for Drugs in Roadside Surveys in British Columbia



Source: Beasley & Beirness (2012)

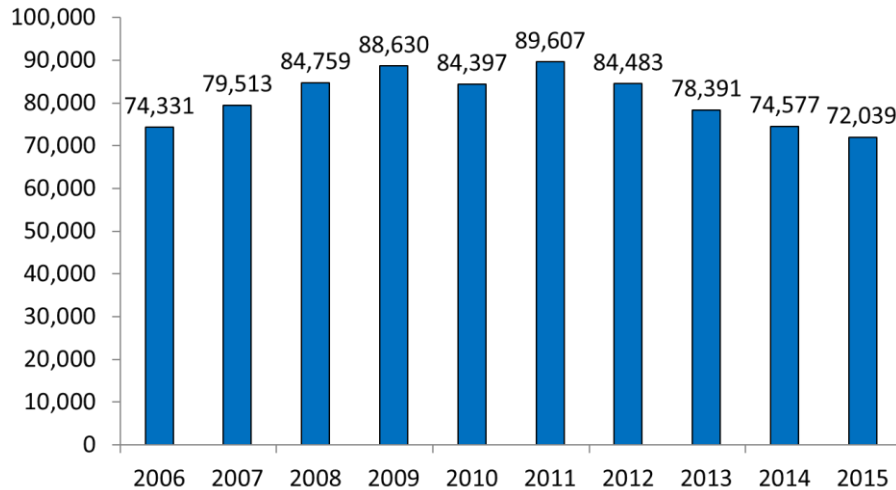
Impaired Driving Incidents

Data on impaired driving incidents are compiled by Statistics Canada from the Uniform Crime Reporting Survey, which collects data on all criminal incidents reported to Canadian police services. The survey does not provide a count of all crimes, but only those that are reported to and substantiated by the



police. The prevalence of alcohol- and drug-impaired driving greatly exceeds the capacity of police to detect and charge offenders, so there are many more instances of the behaviour than ever come to the attention of the police. Hence, the data on impaired driving incidents are strongly influenced by the level of enforcement: the higher the level of enforcement effort, the higher the number of impaired driving incidents.

Figure 5: Number of Impaired Driving Incidents in Canada



Source: Allen, (2016)¹²

Figure 5 presents the number of impaired driving incidents from 2006 through 2014. Over this period of time, the overall number of incidents reached a peak in 2011 and has since fallen.^{9,10,11,12} However, drug-impaired driving incidents have continued to rise. In 2015, drug-impaired driving accounted for 3.9% of all impaired driving incidents (2,786), up from 3.4% (2,514) in 2014.

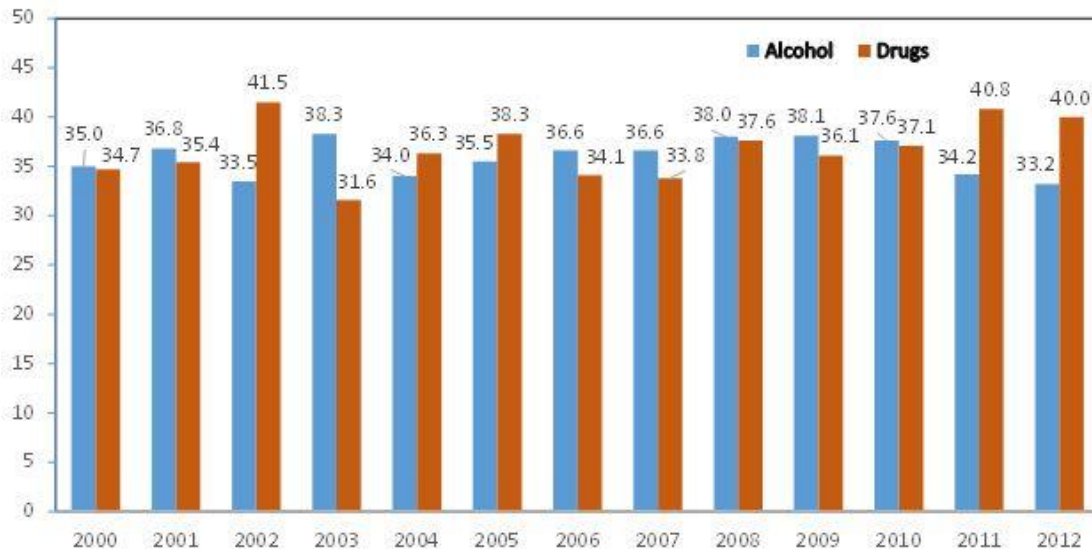
Fatally Injured Drivers

The results of tests for alcohol and drugs on drivers who die in crashes provide an indicator of the extent to which alcohol and other drugs are involved in fatal crashes. Over many years, tests for alcohol have become commonplace with over 80% of fatally injured drivers being tested by coroners and medical examiners. Drug testing is becoming more common, with testing rates rising from 36.3% in 2000 to 77.4% in 2012. It is not clear whether drug results are based on blood tests or whether urine tests are also included.

The percentage of fatally injured drivers who test positive for alcohol or drugs is a commonly used indicator of the magnitude of the alcohol and drug driving problem. Figure 6 presents these data for the years 2000 through 2012.² The percentage of fatally injured drivers who tested positive for alcohol has varied between 36% and 41% with no clear trend over time. Drug use has varied between 29% and 36%. About 15% of drivers test positive for both alcohol and drugs.



Figure 6: Percentage of Fatally Injured Drivers Positive for Alcohol and Drugs According to Year



Note: Includes drivers of highway vehicles who died of their injuries within one year of the crash and were tested for alcohol and drugs; data from British Columbia are not included

Source: Traffic Injury Research Foundation (2015)

International Activities

Recent attention to impaired driving, and in particular drug-impaired driving, is not unique to Canada, but is an issue of international interest and concern. In March 2011, the United Nations Commission on Narcotic Drugs passed resolution 54/2 recognizing the importance of international coordination to address the health and public safety consequences of drug-impaired driving. Later that year, the Canadian Centre on Substance Abuse (CCSA), in partnership with the United States Office of National Drug Control Policy and National Institute on Drug Abuse, the European Monitoring Centre for Drugs and Drug Addiction, and Public Safety Canada, hosted an international symposium to share information, discuss evidence and promote international cooperation to better understand the issue and work towards developing programs and policies to deal with it effectively.¹³ In November 2014, the New Zealand Drug Foundation, in partnership with CCSA and the European Monitoring Centre for Drugs and Drug Addiction, sponsored the second international symposium in Wellington, New Zealand, to continue the dialogue and share new information on research and policy initiatives since 2011.

More recently, the World Health Organization (WHO) has organized two technical consultations involving an international group of experts to discuss policies and practices on drugs and driving to provide up-to-date information to support informed decision making on road safety and drug policy in WHO Member States.¹⁴

Looking Forward

The apparent lack of substantial progress in reducing alcohol-impaired driving and the increased awareness of drug-impaired driving have prompted a number of technological and policy initiatives. For example, there is growing interest in the use of random (or mandatory) breath testing as a means to enhance general deterrence as well as identify drinking drivers. (See the CCSA Policy Brief, [Random Breath Testing](#).) Random drug testing has been used in several countries (e.g., Australia) with a good deal of success.



Enhanced administrative sanctions for drinking drivers provide sanctions that are swift and certain – two key elements of general deterrence. (See the CCSA Policy Brief, [Short-term Administrative Sanctions for Alcohol and Drug Use by Drivers](#).) British Columbia and Alberta have demonstrated beneficial impacts associated with roadside sanctions that can include short-term licence suspension, vehicle impoundment, and substantial fees and monetary penalties. Similar procedures could also be implemented with drivers who have been using drugs.

The growing number of jurisdictions around the world that have liberalized their policies on the availability of medical and non-medical cannabis use creates the potential for an increase in the number of individuals who might have occasion to drive a vehicle after using cannabis. Greater capacity to deal with these imminent threats is required. Technological innovations in oral fluid drug testing have made the reality of roadside drug screening a practical option worthy of further consideration. With growing evidence of acceptable degrees of sensitivity and low false positive rates, rapid roadside screening should enhance general deterrence and facilitate the detection of offenders. (See the CCSA Policy Brief, [Oral Fluid Drug Screening](#).)

Research and experience have also expanded the breadth of knowledge about the nature and magnitude of the problem, which provides a basis for identifying specific target groups in the population at risk for whom appropriate and focussed messages and intervention programs can be developed.





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- ¹ Traffic Injury Research Foundation. (2011). *Alcohol-crash problem in Canada: 2009*. CCMTA Road Safety Report Series. Ottawa, Ont.: Canadian Council of Motor Transport Administrators and Transport Canada.
- ² Traffic Injury Research Foundation. (2015). *Alcohol and drug-crash problem in Canada: 2012 Report*. CCMTA Road Safety Report Series. Ottawa, Ont.: Canadian Council of Motor Transport Administrators.
- ³ British Columbia Coroners Service. (2015). *Motor vehicle incident deaths 2005–2014*. Burnaby, BC: Ministry of Justice, Office of the Chief Coroner.
- ⁴ Canadian Centre on Substance Abuse (2014). *Short-term administrative sanctions for alcohol and drug use by drivers*. Ottawa: Author.
- ⁵ Health Canada. (2012). *Canadian Alcohol and Drug Use Monitoring Survey (CADUMS)*. Ottawa, Ont.: Author.
- ⁶ Boak, A., Hamilton, H. A., Adlaf, E. M., & Mann, R. E., (2015). *Drug use among Ontario students, 1977-2015: Detailed OSDUHS findings* (CAMH Research Document Series No. 41). Toronto, Ont.: Centre for Addiction and Mental Health.
- ⁷ Beasley, E.E. & Beirness, D.J. (2012). *Alcohol and drug use among drivers following the introduction of immediate roadside prohibitions in British Columbia: Findings from the 2012 Roadside Survey*. Victoria: Ministry of Justice, Office of the Superintendent of Motor Vehicles. Retrieved from www.pssg.gov.bc.ca/osmv/shareddocs/bc-roadside-report2012.pdf. The sample sizes for Figure 5 were: 2008=1199, 2010=1781 and 2012=1757.
- ⁸ Beirness, D.J., Beasley, E.E. & McClafferty, K. (2015). *Alcohol and drug use among drivers in Ontario: Findings from the 2014 roadside survey*. Toronto, Ont.: Ontario Ministry of Transportation.
- ⁹ Perreault, S. (2013). *Impaired driving in Canada, 2012*. *Juristat*. Statistics Canada Catalogue no. 85-002-X Ottawa: Canadian Centre for Justice Statistics, Statistics Canada.
- ¹⁰ Boyce, J. (2015). *Police-reported crime statistics in Canada 2014*. *Juristat*, Statistics Canada Catalogue no. 85-002-X Ottawa: Canadian Centre for Justice Statistics, Statistics Canada.
- ¹¹ Statistics Canada. (2015). *Table 252-0051, Incident-based crime statistics, by detailed violations*. Ottawa, Ont.: Author.
- ¹² Allen, M. *Police-reported crime statistics in Canada 2015*. *Juristat*, Statistics Canada Catalogue no. 85-002-X. Ottawa, Ont.: Canadian Centre for Justice Statistics, Statistics Canada.
- ¹³ Canadian Centre on Substance Abuse. (2012). *International Symposium on Drugs and Driving: Summary Report*. Ottawa, Ont.: Author.
- ¹⁴ World Health Organization (2016). *Drug Use and Road Safety. Policy Brief. (WHO/NMH/NVI.16.2)*. Geneva, Switz.: Author.