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Traffic Safety Initiatives: The Evolving Challenge of Poly-Drug Impaired Driving

By Joseph O. Jones, PhD, System Director, North Louisiana Criminalistics Laboratory

The world of impaired driving isn't what it used to be. Alcohol is still the old villain, but it's no longer acting alone. A more complicated, more dangerous player has entered the scene—poly-drug impairment. Across the United States, more drivers are mixing alcohol with prescription drugs and other substances, often without realizing how deadly that combination can be.

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The Alarming Statistics

According to the 2021 Mothers Against Drunk Driving (MADD) Rx Medication and Poly-Drugged Driving Survey, one in five U.S. adults admit to driving within two hours of consuming prescription medications known to cause impairment. This includes 18 percent who have driven after taking opioids, 18 percent after depressants, and 17 percent after stimulants. Even more concerning, 22 percent of adults report poly-drugged driving—driving after mixing alcohol, marijuana, and prescription medications.¹

Equally troubling is the detection challenge. In the National Roadside Study, 78 percent of drivers who reported prescription drug use said the drugs were prescribed for them, while 22 percent admitted using without a prescription.² That means roughly one in five medicated drivers obtained those drugs through nonmedical channels—complicating both detection and toxicological interpretation.

The Public Awareness Gap

MADD's survey also exposed a deep public misunderstanding of prescription drug impairment. While 84 percent of adults recognize that drunk driving is a serious crime, only 50 percent believe driving while impaired by prescription opioids is equally serious. Awareness drops even further for other medication classes: just 36 percent for depressants and 29 percent for stimulants.¹

This lack of understanding is dangerous. According to an AAA Foundation study, only one in four drivers aged 55 and older taking potentially impairing medications were aware of their impairment potential, and fewer than one in five received warnings from health care professionals.³ Many genuinely believe that if a doctor prescribed a substance, it's safe to drive after taking it.

The problem extends beyond the public. During prosecutor training sessions the author led in 2020 and 2021, even experienced attorneys often struggled to grasp how prescription medications, especially when mixed with low levels of alcohol, could cause significant impairment.

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The Challenge of Low-Level Alcohol Plus Prescription Drugs

One of the toughest challenges for prosecutors and officers involves drivers whose BAC is below 0.08 g/dL but who test positive for prescription medications. These cases occupy a legal and scientific gray zone: even low alcohol levels can drastically magnify impairment when combined with certain drugs.

Benzodiazepines, opioids, and other central nervous system depressants share mechanisms of action with alcohol. Together, they produce synergistic—not just additive—effects, amplifying sedation and slowing reaction time. A driver with a 0.03 BAC might appear legally sober if alcohol were considered in isolation. But pair that with a therapeutic dose of a benzodiazepine, and the resulting impairment can be profound.

¹ Mothers Against Drunk Driving (MADD), *Rx Medication & Poly-Drugged Driving: America's Perception on Consumption & Road Risk*, survey conducted by Ipsos Public Affairs, June 4–6, 2021.

² Tara Kelley-Baker, Geetha Waehrh, and Robin A. Pollin, "Prevalence of Self-Reported Prescription Drug Use in a National Sample of U.S. Drivers," *Journal of Studies of Alcohol and Drugs* 78, no. 1 (2017): 30–38.

³ Paul A. MacLennan et al., *2009 Older Adults' Knowledge About Medications That Can Impact Driving* (AAA Foundation for Traffic Safety, 2009).

Interpretation is rarely straightforward. Factors such as the medical condition being treated, dosage, tolerance, drug interactions, and whether the use was legitimate or nonmedical all complicate analysis. Forensic toxicologists can't always distinguish prescription use from misuse; chemistry alone doesn't reveal context. That's why total evidence—behavioral observations, Standardized Field Sobriety Tests (SFSTs), drug recognition expert (DRE) findings, and toxicology—is essential to tell the full story of what happened behind the wheel.

The Critical Role of Standardized Field Sobriety Tests

Given these complexities, SFSTs have never been more vital. When BAC falls below per se limits but impairment is clear, SFSTs provide objective, validated, and defensible evidence. The three-test battery—horizontal gaze nystagmus, walk-and-turn, and one-leg stand—allows trained officers to detect and document impairment from alcohol, drugs, or their combination.

SFSTs are particularly powerful in poly-drug cases because they assess impairment in action, not just the presence of substances. A driver may test positive for several medications at therapeutic levels, but the key question remains: Were they able to drive safely? Properly administered SFSTs answer that question through divided-attention tasks that mimic real-world driving demands.

Agencies must ensure comprehensive SFST training and consistent use in all suspected impairment cases—not just when alcohol odor is present. Observable clues like slurred speech, bloodshot eyes, unsteady movement, and confusion provide critical context when paired with toxicology results.

In cases involving prescription drugs and low-level alcohol, DRE evaluations become indispensable. DREs identify the drug categories affecting a driver, distinguish medical conditions from drug-induced symptoms, and link laboratory findings to actual impairment, bridging the gap between detection and interpretation.

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Building Comprehensive Cases

Prosecuting poly-drug impaired driving cases requires weaving multiple strands of evidence into a cohesive narrative. Toxicology results show what substances were present—but that's only one piece. The strongest cases include the following:

1. Detailed officer observations of driving behavior and violations
2. Comprehensive documentation of all impairment signs
3. Properly administered SFSTs and DRE evaluations
4. Corroborating witness or medical observations
5. Toxicology results confirming substance presence and concentrations

A 0.04 BAC and therapeutic alprazolam concentration mean little in isolation. But when paired with poor SFST performance, DRE findings, and documented unsafe driving, the case becomes compelling. Thorough documentation remains the cornerstone of successful prosecution.

Recommendations for Police Professionals

To effectively address the growing challenge of poly-drug impaired driving, agencies should take the following steps:

1. Provide comprehensive SFST training for all patrol officers, with regular refreshers on drug-related impairment.
2. Expand and utilize DRE programs, training additional officers and ensuring consistent deployment across jurisdictions.
3. Adopt robust toxicology protocols that include comprehensive drug testing aligned with national DUID standards—not just alcohol or illicit substances.
4. Train officers to record prescription medication details—dosage, timing, and prescriber information—when legally permissible.
5. Foster collaboration among police officers, forensic toxicologists, and prosecutors to ensure results are accurately interpreted in context.
6. Promote public education campaigns that highlight the dangers of combining prescription drugs and alcohol.

Conclusion

The rise of poly-drug impaired driving—especially cases involving prescription medications mixed with low-level alcohol—is among the most pressing challenges in modern traffic safety. Traditional alcohol-focused approaches no longer suffice.

Success in this evolving landscape requires law enforcement to move beyond breath tests and BAC thresholds. SFSTs and DRE evaluations offer the scientifically validated tools necessary to detect, document, and prosecute impairment regardless of the substances involved. With one in five U.S. drivers admitting to driving after using impairing prescription drugs, the consequences are visible in rising crash and fatality rates.

Agencies that invest in advanced training, expand DRE programs, and emphasize meticulous documentation will be best equipped to confront this growing threat. The fight against impaired driving has changed—and the police response must change with it.

About the Author

Joseph O. Jones, PhD, serves as system director of the North Louisiana Criminalistics Laboratory, overseeing forensic operations across 29 parishes. He holds a PhD in forensic sciences from Oklahoma State University. He is a widely recognized expert in forensic toxicology and impaired driving cases and has published a leading resource on the topic.

