



OFFENDER EDUCATION RESEARCH SUMMARIES

Vol. 4, No. 1, December 2010

Impact of Providing Drinkers With "Know Your Limit" Information on Drinking and Driving: A Field Experiment

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J. Stud. Alcohol Drugs, 72, 79-85, 2011

Objective: Given that most effective alcohol harm-reduction laws specify the blood alcohol concentration (BAC) that constitutes illegal behavior (e.g., the .08% breath alcohol concentration legal limit), interventions that allow drinkers to accurately estimate their BACs, and thus better assess their risk, have potential importance to long-term driving-under-the-influence prevention efforts. This study describes a field experiment designed to test the impact on drinking of providing "Know Your Limit" (KYL) BAC estimation cards to individuals in a natural drinking environment. **Method:** We randomly sampled 1,215 U.S. residents as they entered Mexico for a night of drinking, interviewed them, and randomly assigned them to one of six experimental conditions. Participants were reinterviewed and breath-tested when they returned to the United States. The experimental conditions included providing generic warnings about drinking and driving, giving out gender-specific BAC calculator cards (KYL cards), and providing incentives to moderate their drinking. **Results:** Cueing participants about the risks of drunk driving resulted in significantly lower BACs (relative to control) for participants who indicated that they would drive home. Providing KYL matrixes did not reduce BACs, and, in fact, some evidence suggests that KYL cards undermined the effect of the warning. **Conclusions:** KYL information does not appear to be an effective tool for reducing drinking and driving. Implications for prevention and future research are discussed.

Passengers' Decisions to Ride With a Driver Under the Influence of Either Alcohol or Cannabis

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J. Stud. Alcohol Drugs, 72, 86-95, 2011

Objective: The purpose of the present study was to identify the risk factors associated with passenger decisions to ride with a driver who is under the influence of either alcohol or cannabis. **Method:** We analyzed data from the 2008 Canadian Alcohol and Drug Use Monitoring Survey (CADUMS), a nationally represented telephone sample of 16,672 Canadians

age 15 and older, of whom 60.5% were female. Logistic regression analyses explored the effects of sociodemographic, substance use, and driving-behavior factors on the risk of riding with a drinking driver (RWDD) and riding with a cannabis-impaired driver (RWCD).

Results: Risk factors for RWDD and RWCD were both shared and unique. Common risk factors were respondents' age, with young people at increased risk and those 65 years and older at decreased risk, and problematic alcohol use (as measured by Alcohol Use Disorder Identification Test subscales). Having previously driven under the influence of alcohol increased the risk of RWDD, while RWCD was associated with having previously driven under the influence of cannabis.

Conclusions: Considerable legal and public health attention has been devoted to eliminating impaired driving, with particular focus on driver behavior. However, with the knowledge that impaired driving is strongly related to being a passenger of an impaired driver, prevention efforts to reduce the prevalence of impaired driving must be multifaceted, targeting passengers as well as drivers. Links between attitudes, beliefs, risk-taking behavior, and related structural conditions should be emphasized, with passengers being encouraged to recognize impairment in others and make sensible choices.

Heavy Episodic Drinking on College Campuses: Does Changing the Legal Drinking Age Make a Difference?

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J. Stud. Alcohol Drugs, 72, 15-23, 2011

Objective: This article extends the compartmental model previously developed by Scribner et al. in the context of college drinking to a mathematical model of the consequences of lowering the legal drinking age.

Method: Using data available from 32 U.S. campuses, the analyses separate underage and legal age drinking groups into an eight-compartment model with different alcohol availability (wetness) for the underage and legal age groups. The model evaluates the likelihood that underage students will incorrectly perceive normative drinking levels to be higher than they actually are (i.e., misperception) and adjust their drinking accordingly by varying the interaction between underage students in social and heavy episodic drinking compartments.

Results: The results evaluate the total heavy episodic drinker population and its dependence on the difference in misperception, as well as its dependence on underage wetness, legal age wetness, and drinking age.

Conclusions: Results suggest that an unrealistically extreme combination of high wetness and low enforcement would be needed for the policies related to lowering the drinking age to be effective.

Alcohol and driving factors in collision risk

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[Accident Analysis and Prevention 42 \(2010\) 1538–1544](#)

In this study we examine the effect of several alcohol-related measures on self-reported collision involvement within the previous 12 months while controlling for demographic and driving exposure factors based on a large representative sample of adults in Ontario. Data are based on the 2002–2006 Centre for Addiction and Mental Health Monitor, an ongoing cross-sectional telephone survey of Ontario adults aged 18 and older ($n = 8542$). Three logistic regressions of self-reported collision involvement in the past 12 months were implemented, each consisting of 3 steps: (1) demographic factors and driving exposure entered, (2) driving after drinking within the last 12 months entered, and (3) one of three alcohol-related measures (AUDIT subscales of alcohol consumption, dependence and problems) entered. In each step, measures from the preceding step were included in order to control for those variables. In Step 1, age ($OR = 0.989$), region overall, Central East region ($OR = 0.71$), West region ($OR = 0.67$), and North region ($OR = 0.67$), income overall and those who did not state income ($OR = 0.64$), marital status overall and those married or living common law ($OR = 0.60$), and number of kilometers driven in a typical week ($OR = 1.00$) were found to be significant predictors of collision involvement. The analyses revealed that driving after drinking was a significant predictor of collision involvement in Step 2 ($OR = 1.51$) and each of the Step 3 models ($ORs = 1.52, 1.37, 1.34$). The AUDIT Consumption subscale was not a significant factor in collision risk. Both the AUDIT Dependence and AUDIT Problems subscales were significantly related to collision risk ($ORs = 1.13$ and 1.10 , respectively). These findings suggest that alcohol, in addition to its effects on collision risk through its acute impairment of driving skills, may also affect collision risk through processes involved when individuals develop alcohol problems or alcohol dependence.

The effect of alcohol, THC and their combination on perceived effects, willingness to drive and performance of driving and non-driving tasks

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[Accident Analysis and Prevention 42 \(2010\) 1855–1865](#)

Background: Driving under the influence of drugs (DUID) is one of the main causes of car accidents. Alcohol and marijuana are the most popular drugs among recreational users. Many classify these drugs as “Light” drugs and therefore allow themselves to drive after consuming them. Objective: The study had two main objectives: 1) to investigate the effect of alcohol ($BAC = 0.05\%$), THC (13 mg) and their combination on driving and non-driving tasks. 2) to investigate the extent to which people are willing to drive based on their subjective sensations and their perceived effects of the drugs. Method: 7 healthy men and 5 healthy women, ages 24-29, all recreational users of alcohol and marijuana, completed 5 experimental sessions. Sessions included: drinking and smoking placebo, drinking alcohol and smoking placebo, drinking placebo and smoking THC, drinking alcohol and smoking THC, drinking placebo and smoking placebo 24 hours after drinking alcohol and smoking THC. Three types of measures were used: subjective perceptions (with questionnaires), performance parameters of the

driving and nondriving tasks (arithmetic task and a secondary target detection task) and physiological changes (heart rate). Results: Overall, the combination of alcohol and THC had the most intense effect after intake. This effect was reflected in performance impairments observed in the driving and non-driving tasks, in the subjective sensations after intake, and in the physiological measures. Despite significant differences in the size of the effects after the various treatments, there were no differences in the distances subjects were willing to drive while under the influence on each of the treatments.

Female involvement in U.S. nonfatal crashes under a three-level hierarchical crash model

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[Accident Analysis and Prevention 42 \(2010\) 2007–2012](#)

Men have long held the lead in motor-vehicle crashes; however, research indicates that women are closing the gap. To further investigate this problem, we applied a hierarchical model to investigate female involvement in fatal crashes in the United States. The hierarchical model recognizes that decisions at higher levels affect the decisions at lower levels. At the top level, the model assumes that the driver's condition (e.g., inattention, fatigue, impairment) affects the next level (e.g., speeding or other failures to obey traffic laws), which subsequently affects the basic maneuvering skills (i.e., the lowest level) were either nonexistent, or largely explained by gender differences in alcohol consumption. We found that although female involvement in skill-related crashes was not different from that of males, females were more likely than males to apply wrong maneuvers when speeding was involved. We also found that the most important contributing factor to gender differences in nonfatal crashes can be traced back to gender-based differences in alcohol consumption.

CDC: 25 Percent of Teens and Young Adults Report Binge Drinking

October 6, 2010

Research Summary

One-quarter of American teens and young adults engage in binge drinking, new statistics published by the Centers for Disease Control (CDC) indicate, [HealthDay News](#) reported Oct. 5.

Although binge drinking was also widespread among adults, the CDC said the findings for young people are particularly troubling, since their brains may be more susceptible to damage from heavy drinking than those of older drinkers.

Among all alcohol consumers, one out of three adults and two out of three high school students reported binge drinking in the past month. The practice was most common in men, adults aged 18 to 34, and people with household incomes of \$75,000 or more.

Approximately 79,000 deaths in the U.S. each year are attributable to alcohol, and of these, roughly half are related to binge drinking. Bingeing increases the risk of other

health problems as well, including unplanned pregnancy, violence, STD transmission, and car crashes.

The rate of binge drinking has not declined in the U.S. in over 15 years.

"Ninety percent of the alcohol consumed by high school students is consumed in the course of binge drinking, and more than half of the alcohol consumed by adults is consumed in the course of binge drinking," said Thomas R. Frieden, MD, director of the CDC's Agency for Toxic Substances and Disease Registry.

"If excessive alcohol consumption every day is problem drinking, what is the occasional stint of up to five drinks at one sitting?" said David L. Katz, MD, director of the Prevention Research Center at Yale University. "The answer for many might be 'a party,' and that's just what makes binge drinking so dangerous."

Doctors Say Alcoholic Energy Drinks Dangerous

October 26, 2010

News Summary

Some doctors are saying drinks that combine alcohol with caffeine should be banned because they're dangerous, [ABC News](#) reported Oct. 20.

Marketed in large, colorful cans under names like Four Loko, Joose, and Torque, the drinks are popular among college students. The 23.5-ounce canned drinks can contain 12 percent alcohol and 156 milligrams of caffeine, and have encountered increasing criticism. Attorneys general in more than one state are concerned that they're being marketed to minors, a [New Jersey college banned them](#), and the Food and Drug Administration (FDA) [is deciding](#) whether or not the drinks are legal.

Dr. Robert McNamara, who directs the emergency medicine department at Temple University, recently encountered his first-ever case of a healthy 19-year-old whose heart attack seemed to be linked to consuming alcoholic energy drinks. "This is a dangerous product from what we've seen," McNamara said, who said other doctors had told him about similar cases. "It doesn't have to be chronic use. I think it could happen to somebody on a first time use."

Low Alcohol Tolerance Linked to Gene

October 26, 2010

Research Summary

Researchers say they've identified a gene that makes some people more sensitive to the effects of alcohol, the [BBC News](#) reported Oct. 19.

University of North Carolina investigators conducted a genome analysis of 200 sibling pairs who had one parent with alcohol dependence but no alcohol problems themselves. Participants were then given the equivalent of three alcoholic drinks and asked to describe the effects. Their descriptions were compared with their genetic test results.

The researchers found that participants with the gene CYP2E1 on chromosome 10 were less able to “hold their liquor” than participants without it. The CYP2E1 gene is known to affect the way alcohol is metabolized in the brain.

“Alcoholism is a very complex disease, and there are lots of complicated reasons why people drink. This may be just one of the reasons,” said Kirk Wilhelmsen, MD, PhD, lead author of the study.

Still, the researchers see the potential for developing a synthetic version of the gene to increase alcohol sensitivity -- and thus decrease consumption -- in the future.

“Obviously we are a long way off having a treatment,” concluded Wilhelmsen. “But the gene we have found tells us a lot.”

The study was published online Oct. 19 in the journal [Alcoholism: Clinical and Experimental Research](#).

Controlled-Drug Prescriptions for Teens and Young Adults Double

December 7, 2010

Research Summary

Twice as many young people are getting prescriptions for controlled substances than had been 15 years ago, [Reuters](#) reported Nov. 29.

Investigators led by Robert J. Fortuna, MD, of the University of Rochester's Strong Children's Research Center in New York, assessed U.S. prescription trends for 15- to 29-year-olds based on 2007 survey data from more than 8,000 physicians, clinics, and emergency departments. They then compared results with similar data from 1994.

Analysis revealed that more than 11 percent of teenagers received prescriptions for controlled medications (including Oxycontin, Vicodin, Ritalin, and sedatives) in 2007, up from 6 percent in 1994. A similar trend was seen for young adults, where the prescription rate for such drugs rose from 8 to 16 percent over the same time period.

As noted by Fortuna, the rise does not necessarily mean the drugs are being diverted or abused. However, teenagers and college students are much more likely than adults to use prescription drugs recreationally and to pass them on to others.

"Physicians need to have open discussions with patients about the risks and benefits of using controlled medications, including the potential for misuse and diversion," he said.

"The nonmedical use of prescription drugs by adolescents and young adults has surpassed all illicit drugs except marijuana," concluded the authors. "This trend and its relationship to misuse of medications warrants further study."

The article was published online Nov. 29 in the journal [Pediatrics](#).

DEA to Ban 'Synthetic Marijuana'

December 2, 2010

News Summary

The U.S. Drug Enforcement Administration (DEA) has enacted an emergency ban on five synthetic marijuana chemicals, [The New York Times](#) reported Nov. 24.

During the temporary ban, the DEA said they will research if the products should remain illegal, controlled substances permanently.

"Synthetic marijuana" -- which had been sold legally as incense under brand names such as "K2" and "Spice" -- is an herb-and-chemical compound that, when smoked, simulates the effects of the tetrahydrocannabinol, or THC, in marijuana.

"Makers of these harmful products mislead their customers into thinking that 'fake pot' is a harmless alternative to illegal drugs, but that is not the case," said Michele M. Leonhart, the acting administrator of the DEA. "Today's action will call further attention to the risks of ingesting unknown compounds and will hopefully take away any incentive to try these products."

The DEA said they designated the chemicals as Schedule I substances in response to a rise in reports from hospitals, poison-control centers, and law enforcement agencies since 2009.

At least fifteen states, several localities, and parts of Europe, previously had banned or restricted the products.

The one-year ban (with a possible six-month extension) will go into effect in about 30 days.

Collegiate Newspapers Lose Bid to Take Alcohol Ad Ban to Supreme Court

December 1, 2010

News Summary

The Supreme Court refused to hear a case brought by student newspapers in Virginia challenging a state ban on alcohol advertising in their pages, [The Roanoke Times](#) reported Nov. 30.

The Collegiate Times of Virginia Tech and The Cavalier Daily of the University of Virginia sued the Virginia Department of Alcoholic Beverage Control (ABC) in 2006, challenging [state regulations](#) that outlawed most alcohol advertising in newspapers serving college students under 21. They argued that the regulations violated their First Amendment rights, [Student Press Law Center](#) reported June 9, 2006.

The two student-run newspapers brought their suit with help from the American Civil Liberties Union (ACLU). They won their first case in federal district court, said ACLU attorney Rebecca Glenberg. She said the court found "no evidence that the regulation directly and materially advanced the government's interest in diminishing underage drinking and binge drinking on college campuses."

According to Glenberg, the [4th Circuit Court of Appeals disagreed](#), ruling that "as a matter of common sense the regulation was effective." She added that it did not cite any evidence for its opinion.

Now that the U.S. Supreme Court has declined to hear the newspapers' appeal, the case will return to the district court, where Glenberg said the ACLU would add new lines of argument.

According to The Roanoke Times, the ACLU plans to argue that the Virginia ABC's regulations discriminate against a "narrow segment of the media - in this case student media" and are unconstitutional because the readers of the two papers are mostly over 21 and of drinking age.

Environmental Prevention Strategies Significantly Reduce College Drinking

November 23, 2010

Research Summary

Community-based, well-publicized environmental interventions can significantly reduce drinking and intoxication at off-campus locations, a multi-year experimental study performed at 14 universities in California found.

The [National Institutes of Health](#) reported Nov. 12 that researchers collected data from a randomized cross-section of undergraduates every fall between 2003 and 2006; baseline data was collected the first year. In all, 19,761 students were surveyed: 9,732 students at seven campuses randomly chosen to receive interventions, and 10,059 students at seven randomly-chosen "control" universities.

Interventions were implemented every fall and included a crackdown on nuisance parties and sales of alcohol to minors; enforcement of "social host" ordinances;

checkpoints to identify drunk drivers; and heavy use of media to publicize the campaign.

Each campus where environmental prevention strategies were used showed about 900 fewer students getting drunk each fall at parties off-campus, and 600 fewer students drunk in bars and restaurants, compared to sites where no intervention occurred. Since students reported going to parties, bars and restaurants on multiple occasions, researchers extrapolated that each campus saw a reduction of about 6,000 incidents of drunkenness at parties off-campus and about 4,000 instances of intoxication at bars and restaurants, when compared to controls.

"Nearly as significant was that we saw no concurrent increase in drinking at non-targeted settings such as parks, beaches, or residence halls," said Robert Saltz, Ph.D., of the Prevention Research Center in Berkeley, who led the study. "Some fear that more rigorous alcohol control measures will merely drive college student drinking to other, presumably more dangerous, settings, but that was not the case here."

He added that the study, funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the Substance Abuse and Mental Health Administration (SAMHSA), "should give college administrators and surrounding communities some degree of optimism that student drinking is amenable to a combination of well-chosen, evidence-based universal prevention strategies."

Results of the study, "Alcohol Risk Management in College Settings: The Safer California Universities Randomized Trial," were published online in the Dec. 2010 issue of the [American Journal of Preventive Medicine](#).

More States Selling Liquor on Sundays

November 23, 2010

News Summary

More states and local communities are allowing sales of hard liquor and other alcohol on Sunday, [USA Today](#) reported Nov. 18.

In 2002, 22 states allowed Sunday liquor sales. Now, only 14 states and the District of Columbia do not allow Sunday liquor sales.

Some communities that permitted Sunday alcohol sales already, have changed starting hours for selling alcohol to earlier in the day. Michigan made it legal this month to sell alcohol as early as 7 a.m., while Arizona in July pushed legal starting hours from 10 a.m. to 6 a.m.

Lisa Hawkins of the [Distilled Spirits Council of the United States](#) said that so-called "blue laws" that restricted certain activities on Sundays "simply don't make sense in

today's economy. They inconvenience consumers and deprive states of much-needed tax revenue."

An economist from Auburn University, David Laband, agreed that revenue was a motivating factor. He said that blue laws were often modified or eliminated if governments "experience a revenue pinch."

Ala. Officials: Drugged Driving Increasing, But Time-Consuming to Prove

November 22, 2010

News Summary

More drivers are hitting the roads in Alabama under the influence of prescription drugs, but it takes police officers a lot of time to perform a sobriety test that the courts will accept, the [TimesDaily](#) reported Nov. 17.

"We're getting pounded by painkillers," said Cpl. Chad Blankinchip, who teaches at the Alabama Criminal Justice Training Center. "Marijuana is still the most common because people think it's undetectable, but painkillers are right up there with it."

Police have taken samples of drivers' saliva to determine drug use, but although such tests are accurate, they are costly and state courts tend not to accept them. Instead, many law enforcement agencies have employed officers who are trained to field-test suspects and testify in court when called as expert witnesses in drugged-driving cases.

Performing a full evaluation can take an hour or more, Blankinchip said. In addition to collecting statements from a stopped driver, officers look for dilated pupils and injection sites, take the driver's pulse and other vital signs, and have them go to the hospital for a toxicity screening. Only then does the officer charge the suspect.

"That's a drawback and a concern because there's really nothing that can be done to speed up the process right now," Blankinchip said.

According to Town Creek Police Chief Jerry Garrett, it is easier to detect alcohol or marijuana use because the officer can smell them. "Officers have to pay close attention to the drivers. A sobriety test can only go so far. One of the biggest arguments I hear from suspects of drug DUI is, 'I have a prescription for it.'"

Garrett said that although drivers understand the connection between drinking and driving, "they're not using their brains at all when it comes to popping pills and getting behind the wheel of a car."

Male Veterans More Prone to Substance Abuse

November 19, 2010

Research Summary

Women serving in the U.S. military smoke, binge drink, and use illicit drugs less frequently than male servicemen, but are equally likely to abuse prescription drugs, [HealthDay](#) reported Nov. 11.

Despite exposure to many of the same service-related stressors -- plus "the additional stressors attendant to being a female in a male-dominated profession" -- 23 percent of servicewomen reported binge drinking in the past 30 days, compared to 43 percent of servicemen, according to the [Center for Behavioral Health Statistics and Quality](#) report (PDF).

Although earlier studies had shown higher levels of drug, alcohol, and tobacco use among veterans compared with the general population, this analysis of data from the 2002-2009 U.S. National Survey of Drug Use and Health was one of the first to compare veteran substance use by gender.

Study: Younger Users of Marijuana at Higher Risk of Brain Damage

November 18, 2010

Research Summary

A small study performed by researchers at McLean Hospital in Boston suggests that children who start using marijuana before age 16 are at higher risk of long-term brain damage than those who start later, [The Boston Globe](#) reported Nov. 16.

The study tested the mental flexibility and focus of 59 young people from Boston, of whom 33 used marijuana. Among those tested, smokers who began using before age 16 had significantly impaired abilities to perform simple tasks, when compared to other users and to non-users.

In addition, users who began smoking marijuana before age 16 consumed three times as much of it each week than did smokers who started using after age 16.

"If we know the developing brain is sensitive to drugs and we see a direct relationship between early exposure to marijuana and [cognitive] performance, we have to let people know we need to perhaps impose guidelines, like you can't do this until you're 21, [as with] cigarettes and drinking," said Staci Gruber, the study's leader.

Gruber, an assistant professor of psychiatry at Harvard Medical School, directs the Cognitive and Clinical Neuroimaging Core at McLean Hospital.

Rural Teens More Likely to Abuse Prescription Drugs

November 16, 2010

Research Summary

A study of national data suggests that teens in rural areas abuse prescription drugs at significantly higher rates than their urban and suburban counterparts, [MedPage Today](#) reported Nov. 1.

Researchers led by Jennifer Havens, Ph.D., of the University of Kentucky in Lexington, Ky., analyzed self-report data on 17,872 teens aged 12-17, collected in the 2008 National Survey on Drug Use and Health.

They reported that teens in rural areas were 26 percent more likely than urban adolescents to have abused prescription drugs at some point in their lives: 10.3 percent of urban teens reported lifetime misuse of prescription drugs, compared with 11.5 percent in suburban or small metropolitan-area counties, and 13.0 percent of rural teens.

The study's authors noted several strategies for reducing youth misuse of prescription drugs: keeping youth in school, increasing parental involvement, and linking youth to mental health, general health, and substance abuse treatment.

Rural youth who used prescription drugs non-medically were more likely to have dropped out of school, have a history of depression, or live in a single-parent household.

"While we were able to identify potential targets for intervention such as increased access to health, mental health, and substance abuse treatment, this may be difficult for rural areas where such resources are in short supply or nonexistent," wrote Havens and her colleagues.

No significant differences were found between the rural, urban, and suburban groups in their use of alcohol or illicit drugs; perhaps surprisingly, methamphetamine was among the least popular of drugs. While 40 percent of all teens had drunk alcohol, 10 percent had abused prescription drugs or tried inhalants, and 4 percent had tried hallucinogens, only 1 percent reported using meth.

The study was published online Nov. 1, 2010, in the [Archives of Pediatrics and Adolescent Medicine](#).

Drug Per Se Laws: A Review of Their Use in States

Pacific Institute for Research and Evaluation

Available at http://www.nhtsa.gov/staticfiles/nti/impaired_driving/pdf/811317.pdf

This report summarizes a study of the implementation of drug per se laws in 15 States. These laws generally make it an impaired-driving offense to drive with a measurable amount of certain drugs in one's system. The specific prohibited drugs vary by State. The laws are generally integrated into the States' overall impaired-driving statute. Though all 15 States were studied to some degree, deeper study of the process was conducted in 6 States. This involved discussions with government officials and law

enforcement officers, and a series of structured discussions with prosecutors. This study was not an impact evaluation of drug per se laws on crashes, but rather an attempt to gain an understanding of how the drug per se laws are implemented and perceptions about the law of those charged with implementing the law. It was initially intended that the study would also assess the effect of passing driving under the influence of drugs (DUID) per se laws on the volume of DUID arrests and on conviction patterns, but data to directly address those issues were not available. A general consensus among law enforcement officers we held discussions with was the adoption of drug per se laws did not necessarily make enforcement easier, but did have a positive effect on prosecution. This general perception was shared by prosecutors we interviewed. Because the drug per se laws have typically been adopted as a component of States' impaired-driving statutes, one difficulty of this study was obtaining accurate data on volume of arrests and conviction rates for the DUID component of the impaired-driving law was problematic. Recommendations include developing a procedure where impaired-driving citations indicate drugs, alcohol, or both, but also adopting procedures ensure information is integrated into computerized data systems of both law enforcement agencies and courts.