

Village of Bensenville
Board Room
12 South Center Street
DuPage and Cook Counties
Bensenville, IL, 60106

MINUTES OF THE COMMUNITY DEVELOPMENT COMMISSION

November 5, 2019

CALL TO ORDER: The meeting was called to order by Chairman Rowe at 6:30p.m.

ROLL CALL : Upon roll call the following Commissioners were present:
Rowe, Ciula, King, Marcotte, Wasowicz
Absent: Czarnecki, Rodriguez
A quorum was present.

STAFF PRESENT: K. Pozsgay, K. Fawell, C. Williamsen

JOURNAL OF PROCEEDINGS: The minutes of the Community Development Commission Meeting of October 1, 2019 were presented.

Motion: Commissioner King made a motion to approve the minutes as presented. Commissioner Marcotte seconded the motion.

All were in favor. Motion carried.

Senior Village Planner, Kurtis Pozsgay and Village Planner, Kelsey Fawell were present and sworn in by Chairman Rowe.

PUBLIC COMMENT:

James Nylander – 211 Jacquelyn Drive, Bensenville, Illinois

Mr. Nylander addressed the Commission regarding adult-use cannabis in Bensenville. Mr. Nylander asked for details regarding the process for the Village to allow such establishments. Mr. Nylander submitted documents to the Commission. The documents have been attached to the minutes as exhibits A & B.

Paul De Michele – 17W275 Rodeck Lane, Bensenville, Illinois

Mr. De Michele addressed the Commission regarding adult-use cannabis in Bensenville. Mr. De Michele asked for clarification on allowed locations.

Public Hearing: CDC Case Number 2019-22
Petitioner: Vinh Le
Location: 15 North Ashby Way
Request: Variation, Driveway Location
Municipal Code Section 10 – 8 – 8 – A
Variation, Driveway Parking Pad
Municipal Code Section 10 – 8 – 8 – G.3

Motion: Commissioner Marcotte made a motion to open CDC Case No. 2019-22. Commissioner King seconded the motion.

ROLL CALL : Upon roll call the following Commissioners were present:
Rowe, Ciula, King, Marcotte, Wasowicz
Absent: Czarnecki, Rodriguez
A quorum was present.

Chairman Rowe opened CDC Case No. 2019-22 at 6:44 p.m.

Senior Village Planner, Kurtis Pozsgay was present and previously sworn in by Chairman Rowe. Mr. Pozsgay stated a Legal Notice was published in the Bensenville Independent on October 17, 2019. Mr. Pozsgay stated a certified copy of the Legal Notice is maintained in the CDC file and is available for viewing and inspection at the Community & Economic Development Department during regular business hours. Mr. Pozsgay stated Village personnel posted a Notice of Public Hearing sign on the property, visible from the public way on October 18, 2019. Mr. Pozsgay stated on October 18, 2019 Village personnel mailed from the Bensenville Post Office via First Class Mail a Notice of Public Hearing to taxpayers of record within 250' of the property in question. Mr. Pozsgay stated an affidavit of mailing executed by C & ED personnel and the list of recipients are maintained in the CDC file and are available for viewing and inspection at the Community & Economic Development department during regular business hours. Mr. Pozsgay stated the Petitioner is requesting two Variations to allow a 16' x 9' extension of a driveway parking pad. Mr. Pozsgay stated the extension was constructed without the Petitioner receiving the proper permits.

Mr. Vinh Le, homeowner, was present and sworn in by Chairman Rowe. Mr. Le explained his need for the parking pad on site. Mr. Le stated he hired a contractor and thought the parking pad was constructed properly and with a permit. Mr. Le admitted there was no permit pulled.

Public Comment:

Javier Hernandez – 9 North Ashby Way, Bensenville, Illinois

Mr. Hernandez was present and sworn in by Chairman Rowe. Mr. Hernandez stated he was the next door neighbor and was effected by the parking pad. Mr. Hernandez stated he does not know if the parking pad is on his property or not. Mr. Hernandez stated he does not want to dispute with his neighbor but would like for the parking lad to be constructed legally.

Mr. Pozsgay reviewed the approval criteria for the proposed request consisting of:

- 1) **Special Circumstances:** Special circumstances exist that are peculiar to the property for which the variances are sought and that do not apply generally to other properties in the same zoning district. Also, these circumstances are not of so general or recurrent a nature as to make it reasonable and practical to provide a general amendment to this Title to cover them.

Applicant's Response: The property's garage is located only 17.5 feet from the alley, which is not enough room for us to park all of our cars.

- 2) **Hardship or Practical Difficulties:** For reasons set forth in the findings, the literal application of the provisions of this Title would result in unnecessary and undue hardship or practical difficulties for the applicant as distinguished from mere inconvenience.

Applicant's Response: Without the approval of the paved parking area, we will not have enough space to park our vehicles. In the past we have had issues with the grass underneath the pad- it becomes very muddy, and there are tree roots, which my children have tripped over. Not only does the pave parking area beautify the property, but it also makes my family feel safer.

- 3) **Circumstances Relate to Property:** The special circumstances and hardship relate only to the physical character of the land or buildings, such as dimensions, topography or soil conditions. They do not concern any business or activity of present or prospective owner or occupant carries on, or seeks to carry on, therein, nor to the personal, business or financial circumstances of any party with interest in the property.

Applicant's Response: The property's garage is located only 17.5 feet from the alley, which is not enough room for us to park all of our cars. Muddy conditions of grass are another special circumstance/hardship that is related to my property.

- 4) **Not Resulting from Applicant Action:** The special circumstances and practical difficulties or hardship that are the basis for the variance have not resulted from any act, undertaken subsequent to the adoption of this Title or any applicable amendment thereto, of the applicant or of any other party with a present interest in the property. Knowingly authorizing or proceeding with construction, or development requiring any variance, permit, certificate, or approval hereunder prior to its approval shall be considered such an act.

Applicant's Response: The driveway parking pad was constructed without a permit from the Village.

Staff Commentary: This request has resulted from applicant action. Driveway parking pad was installed without the Applicant receiving the proper permits from the Village.

- 5) **Preserve Rights Conferred by District:** A variance is necessary for the applicant to enjoy a substantial property right possessed by other properties in the same zoning district and does not confer a special privilege ordinarily denied to such other properties.

Applicant's Response: The granting of these Variations will not confer a special privilege ordinarily denied to such other properties.

- 6) **Necessary for Use of Property:** The grant of a variance is necessary not because it will increase the applicant's economic return, although it may have this effect, but because without a variance the applicant will be deprived of reasonable use or enjoyment of, or reasonable economic return from, the property.

Applicant's Response: The granting of the request of Variations will not increase my economic return, although it will allow me to park more cars on my property.

- 7) **Not Alter Local Character:** The granting of the variance will not alter the essential character of the locality nor substantially impair environmental quality, property values or public safety or welfare in the vicinity.

Applicant's Response: This request will not alter local character.

- 8) **Consistent with Title and Plan:** The granting of a variance will be in harmony with the general purpose and intent of this Title and of the general development plan and other applicable adopted plans of the Village, as viewed in light of any changed conditions since their adoption, and will not serve in effect to substantially invalidate or nullify any part thereof.

Applicant's Response: This request is consistent with the Ordinance and Plan.

- 9) **Minimum Variance Needed:** The variance approved is the minimum required to provide the applicant with relief from undue hardship or practical difficulties and with reasonable use and enjoyment of the property.

Applicant's Response: The minimum Variations needed are to allow our parking pad to extend past the width of the garage and to allow it to not be the minimum 1 foot off of the property line.

Mr. Pozsgay stated Staff recommends the Denial of the above Findings of Fact and therefore the Denial of the Variations for Vinh Le.

There were no questions from the Commission.

Motion: Commissioner Marcotte made a motion to close CDC Case No. 2019-22. Commissioner King seconded the motion.

ROLL CALL: Ayes: Rowe, Ciula, King, Marcotte, Wasowicz

Nays: None

All were in favor. Motion carried.

Chairman Rowe closed the Public Hearing at 7:05 p.m.

Motion: Commissioner Marcotte made a combined motion to approve the Findings of Fact for CDC Case No. 2019-22 as presented by Staff and to approve the variance requests as presented. Commissioner King seconded the motion.

ROLL CALL: Ayes: None
Nays: Rowe, Ciula, King, Marcotte, Wasowicz
Motion failed.

**Report from
Community
Development:**

Mr. Pozsgay reviewed both recent CDC cases along with upcoming cases.

ADJOURNMENT: There being no further business before the Community Development Commission, Commissioner Marcotte made a motion to adjourn the meeting. Commissioner Wasowicz seconded the motion.

All were in favor. Motion carried.

The meeting was adjourned at 7:09 p.m.



Ronald Rowe, Chairman
Community Development Commission

What is marijuana?

Marijuana refers to the dried leaves, flowers, stems, and seeds from the *Cannabis sativa* or *Cannabis indica* plant. The plant contains the mind-altering chemical THC and other similar compounds. Extracts can also be made from the cannabis plant (see "[Marijuana Extracts](#)").

Marijuana is the most commonly used illicit drug in the United States.¹ Its use is widespread among young people. In 2015, more than 11 million young adults ages 18 to 25 used marijuana in the past year.¹ According to the [Monitoring the Future](#) survey, rates of marijuana use among middle and high school students have dropped or leveled off in the past few years after several years of increase. However, the number of young people who believe regular marijuana use is risky is decreasing.²

Legalization of marijuana for medical use or adult recreational use in a growing number of states may affect these views. Read more about marijuana as medicine in our [DrugFacts: Marijuana as Medicine](#).

How do people use marijuana?

People smoke marijuana in hand-rolled cigarettes (joints) or in pipes or water pipes (bongs). They also smoke it in blunts—emptied cigars that have been partly or completely refilled with marijuana. To avoid inhaling smoke, some people are using vaporizers. These devices pull the active ingredients (including THC) from the marijuana and collect their vapor in a storage unit. A person then inhales the vapor, not the smoke. Some vaporizers use a liquid marijuana extract.

People can mix marijuana in food (*edibles*), such as brownies, cookies, or candy, or brew it as a tea. A newly popular method of use is smoking or eating different forms of THC-rich resins (see "[Marijuana Extracts](#)").

Marijuana Extracts

Smoking THC-rich resins extracted from the marijuana plant is on the rise. People call this practice *dabbing*. These extracts come in various forms, such as:

- *hash oil or honey oil*—a gooey liquid
- *wax or budder*—a soft solid with a texture like lip balm
- *shatter*—a hard, amber-colored solid

These extracts can deliver extremely large amounts of THC to the body, and their use has sent some people to the emergency room. Another danger is in preparing these extracts, which usually involves butane (lighter fluid). A number of people have caused fires and explosions and have been seriously burned from using butane to make extracts at home.^{3,4}

How does marijuana affect the brain?

Marijuana has both short- and long-term effects on the brain.

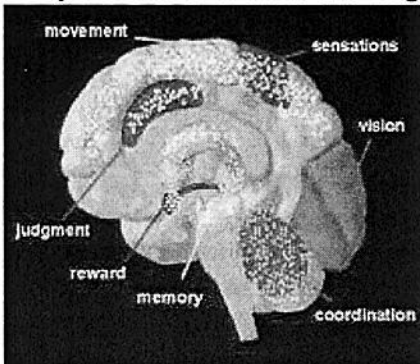


Image by NIDA THC acts on numerous areas in the brain (in yellow).

Short-Term Effects

When a person smokes marijuana, THC quickly passes from the lungs into the bloodstream. The blood carries the chemical to the brain and other organs throughout the body. The body absorbs THC more slowly when the person eats or drinks it. In that case, they generally feel the effects after 30 minutes to 1 hour.

THC acts on specific brain cell receptors that ordinarily react to natural THC-like chemicals. These natural chemicals play a role in normal brain development and function.

Marijuana over activates parts of the brain that contain the highest number of these receptors. This causes the "high" that people feel. Other effects include:

- altered senses (for example, seeing brighter colors)
- altered sense of time
- changes in mood
- impaired body movement
- difficulty with thinking and problem-solving
- impaired memory
- hallucinations (when taken in high doses)
- delusions (when taken in high doses)
- psychosis (risk is highest with regular use of high potency marijuana)

Long-Term Effects

Marijuana also affects brain development. When people begin using marijuana as teenagers, the drug may impair thinking, memory, and learning functions and affect how the brain builds connections between the areas necessary for these functions. Researchers are still studying how long marijuana's effects last and whether some changes may be permanent.

For example, a study from New Zealand conducted in part by researchers at Duke University showed that people who started smoking marijuana heavily in their teens and had an ongoing marijuana use disorder lost an average of 8 IQ points between ages 13 and 38. The lost mental abilities didn't fully return in those who quit marijuana as adults. Those who started smoking marijuana as adults didn't show notable IQ declines.⁵

In another recent study on twins, those who used marijuana showed a significant decline in general knowledge and in verbal ability (equivalent to 4 IQ points) between the preteen years and early adulthood, but no predictable difference was found between twins when one used marijuana and the other didn't. This suggests that the IQ decline in marijuana users may be caused by something other than marijuana, such as shared familial factors (e.g., genetics, family environment).⁶ NIDA's Adolescent Brain Cognitive Development (ABCD) study, a major longitudinal study, is tracking a large sample of young Americans from late childhood to early adulthood to help clarify how and to what extent marijuana and other substances, alone and in combination, affect adolescent brain development. Read more about the ABCD study on our [Longitudinal Study of Adolescent Brain and Cognitive Development \(ABCD Study\)](#) webpage.

A Rise in Marijuana's THC Levels

The amount of THC in marijuana has been increasing steadily over the past few decades.⁷ For a person who's new to marijuana use, this may mean exposure to higher THC levels with a greater chance of a harmful reaction. Higher THC levels may explain the rise in emergency room visits involving marijuana use.

The popularity of edibles also increases the chance of harmful reactions. Edibles take longer to digest and produce a high. Therefore, people may consume more to feel the effects faster, leading to dangerous results.

Higher THC levels may also mean a greater risk for addiction if people are regularly exposing themselves to high doses.

What are the other health effects of marijuana?

Marijuana use may have a wide range of effects, both physical and mental.

Physical Effects

- **Breathing problems.** Marijuana smoke irritates the lungs, and people who smoke marijuana frequently can have the same breathing problems as those who smoke tobacco. These problems include daily cough and phlegm, more frequent lung illness, and a higher risk of lung infections. Researchers so far haven't found a higher risk for lung cancer in people who smoke marijuana.⁸
- **Increased heart rate.** Marijuana raises heart rate for up to 3 hours after smoking. This effect may increase the chance of heart attack. Older people and those with heart problems may be at higher risk.
- **Problems with child development during and after pregnancy.** One study found that about 20% of pregnant women 24-years-old and younger screened positive for marijuana. However, this study also found that women

were about twice as likely to screen positive for marijuana use via a drug test than they state in self-reported measures.⁹ This suggests that self-reported rates of marijuana use in pregnant females is not an accurate measure of marijuana use and may be underreporting their use. Additionally, in one study of dispensaries, nonmedical personnel at marijuana dispensaries were recommending marijuana to pregnant women for nausea, but medical experts warn against it. This concerns medical experts because marijuana use during pregnancy is linked to lower birth weight⁴⁰ and increased risk of both brain and behavioral problems in babies. If a pregnant woman uses marijuana, the drug may affect certain developing parts of the fetus's brain. Children exposed to marijuana in the womb have an increased risk of problems with attention,¹¹ memory, and problem-solving compared to unexposed children.¹² Some research also suggests that moderate amounts of THC are excreted into the breast milk of nursing mothers.¹³ With regular use, THC can reach amounts in breast milk that could affect the baby's developing brain. Other recent research suggests an increased risk of preterm births.²⁷ More research is needed. Read our [Marijuana Research Report](#) for more information about marijuana and pregnancy.

- **Intense Nausea and Vomiting.** Regular, long-term marijuana use can lead to some people to develop Cannabinoid Hyperemesis Syndrome. This causes users to experience regular cycles of severe nausea, vomiting, and dehydration, sometimes requiring emergency medical attention.¹⁴

Reports of Deaths Related to Vaping

The Food and Drug Administration has [alerted](#) the public to hundreds of reports of serious lung illnesses associated with vaping, including several deaths. They are working with the Centers for Disease Control and Prevention (CDC) to investigate the cause of these illnesses. Many of the suspect products tested by the states or federal health officials have been identified as vaping products containing THC, the main psychotropic ingredient in marijuana. Some of the patients reported a mixture of THC and nicotine; and some reported vaping nicotine alone. No one substance has been identified in all of the samples tested, and it is unclear if the illnesses are related to one single compound. Until more details are known, FDA officials have warned people not to use any vaping products bought on the street, and they warn against modifying any products purchased in stores. They are also asking people and health professionals to [report](#) any adverse effects. The CDC has posted an information [page](#) for consumers.

Photo by ©iStock/Adrian Hillman

Mental Effects

Long-term marijuana use has been linked to mental illness in some people, such as:

- temporary hallucinations
- temporary paranoia
- worsening symptoms in patients with *schizophrenia*—a severe mental disorder with symptoms such as hallucinations, paranoia, and disorganized thinking

Marijuana use has also been linked to other mental health problems, such as depression, anxiety, and suicidal thoughts among teens. However, study findings have been mixed.

Are there effects of inhaling secondhand marijuana smoke?

Failing a Drug Test?

While it's possible to fail a drug test after inhaling secondhand marijuana smoke, it's unlikely. Studies show that very little THC is released in the air when a person exhales. Research findings suggest that, unless people are in an enclosed room, breathing in lots of smoke for hours at close range, they aren't likely to fail a drug test.^{15,16} Even if some THC was found in the blood, it wouldn't be enough to fail a test.

Getting high from passive exposure?

Similarly, it's unlikely that secondhand marijuana smoke would give nonsmoking people in a confined space a high from passive exposure. Studies have shown that people who don't use marijuana report only mild effects of the drug from a nearby smoker, under extreme conditions (breathing in lots of marijuana smoke for hours in an enclosed room).¹⁷

Other Health Effects?

More research is needed to know if secondhand marijuana smoke has similar health risks as secondhand tobacco smoke. A recent study on rats suggests that secondhand marijuana smoke can do as much damage to the heart and blood vessels as secondhand tobacco smoke.²⁰ But researchers haven't fully explored the effect of secondhand marijuana smoke on humans. What they do know is that the toxins and tar found in marijuana smoke could affect vulnerable people, such as children or people with asthma.

How Does Marijuana Affect a Person's Life?

Compared to those who don't use marijuana, those who frequently use large amounts report the following:

- lower life satisfaction
- poorer mental health
- poorer physical health
- more relationship problems

People also report less academic and career success. For example, marijuana use is linked to a higher likelihood of dropping out of school.¹⁸ It's also linked to more job absences, accidents, and injuries.¹⁹

Is marijuana a gateway drug?

Use of alcohol, tobacco, and marijuana are likely to come before use of other drugs.^{21,22} Animal studies have shown that early exposure to addictive substances, including THC, may change how the brain responds to other drugs. For example, when rodents are repeatedly exposed to THC when they're young, they later show an enhanced response to other addictive substances—such as morphine or nicotine—in the areas of the brain that control reward, and they're more likely to show addiction-like behaviors.^{23,24}

Although these findings support the idea of marijuana as a "gateway drug," the majority of people who use marijuana don't go on to use other "harder" drugs. It's also important to note that other factors besides biological mechanisms, such as a person's social environment, are also critical in a person's risk for drug use and addiction. Read more about marijuana as a gateway drug in our [Marijuana Research Report](#).

Can a person overdose on marijuana?

An overdose occurs when a person uses enough of the drug to produce life-threatening symptoms or death. There are no reports of teens or adults dying from marijuana alone. However, some people who use marijuana can feel some very uncomfortable side effects, especially when using marijuana products with high THC levels. People have reported symptoms such as anxiety and paranoia, and in rare cases, an extreme psychotic reaction (which can include delusions and hallucinations) that can lead them to seek treatment in an emergency room.

While a psychotic reaction can occur following any method of use, emergency room responders have seen an increasing number of cases involving marijuana edibles. Some people (especially preteens and teens) who know very little about edibles don't realize that it takes longer for the body to feel marijuana's effects when eaten rather than smoked. So they consume more of the edible, trying to get high faster or thinking they haven't taken enough. In addition, some babies and toddlers have been seriously ill after ingesting marijuana or marijuana edibles left around the house.

Is marijuana addictive?

Marijuana use can lead to the development of a substance use disorder, a medical illness in which the person is unable to stop using even though it's causing health and social problems in their life. Severe substance use disorders are also known as addiction. Research suggests that **between 9 and 30 percent** of those who use marijuana may develop some degree of marijuana use disorder.²⁵ People who begin using marijuana before age 18 **are four to seven times more** likely than adults to develop a marijuana use disorder.²⁶

Many people who use marijuana long term and are trying to quit report mild withdrawal symptoms that make quitting difficult. These include:

- grouchiness
- sleeplessness
- decreased appetite
- anxiety
- cravings

What treatments are available for marijuana use disorder?

No medications are currently available to treat marijuana use disorder, but behavioral support has been shown to be effective. Examples include therapy and motivational incentives (providing rewards to patients who remain drug-free). Continuing research may lead to new medications that help ease withdrawal symptoms, block the effects of marijuana, and prevent relapse.

Points to Remember

- Marijuana refers to the dried leaves, flowers, stems, and seeds from the *Cannabis sativa* or *Cannabis indica* plant.
- The plant contains the mind-altering chemical THC and other related compounds.
- People use marijuana by smoking, eating, drinking, or inhaling it.

- Smoking and vaping THC-rich extracts from the marijuana plant (a practice called *dabbing*) is on the rise.
- THC overactivates certain brain cell receptors, resulting in effects such as:
 - altered senses
 - changes in mood
 - impaired body movement
 - difficulty with thinking and problem-solving
 - impaired memory and learning
- Marijuana use can have a wide range of health effects, including:
 - hallucinations and paranoia
 - breathing problems
 - possible harm to a fetus's brain in pregnant women
- The amount of THC in marijuana has been increasing steadily in recent decades, creating more harmful effects in some people.
- It's unlikely that a person will fail a drug test or get high from passive exposure by inhaling secondhand marijuana smoke.
- There aren't any reports of teens and adults dying from using marijuana alone, but marijuana use can cause some very uncomfortable side effects, such as anxiety and paranoia and, in rare cases, extreme psychotic reactions.
- Marijuana use can lead to a substance use disorder, which can develop into an addiction in severe cases.
- No medications are currently available to treat marijuana use disorder, but behavioral support can be effective.

www.drugabuse.gov

Revised March 2019

Drugged driving is driving a vehicle while impaired due to the intoxicating effects of recent drug use. It can make driving a car unsafe—just like driving after drinking alcohol. Drugged driving puts the driver, passengers, and others who share the road at serious risk.

Photo by [©iStock.com/jpsowin](https://www.iStock.com/jpsowin)

Why is drugged driving dangerous?

The effects of specific drugs on driving skills differ depending on how they act in the brain. For example, marijuana can slow reaction time, impair judgment of time and distance, and decrease coordination. Drivers who have used cocaine or methamphetamine can be aggressive and reckless when driving. Certain kinds of prescription medicines, including benzodiazepines and opioids, can cause drowsiness, dizziness, and impair cognitive functioning (thinking and judgment). All of these effects can lead to vehicle crashes.

Research studies have shown negative effects of marijuana on drivers, including an increase in lane weaving, poor reaction time, and altered attention to the road. Use of alcohol with marijuana makes drivers more impaired, causing even more lane weaving.¹⁻³ Some studies report that opioids can cause drowsiness and impair thinking and judgment.^{4,5} Other studies have found that being under the influence opioids while driving can double your risk of having a crash.⁶

It is difficult to determine how specific drugs affect driving because people tend to mix various substances, including alcohol. But we do know that even small amounts of some drugs can have a measurable effect. As a result, some states have zero-tolerance laws for drugged driving. This means a person can face charges for driving under the influence (DUI) if there is any amount of drug in the blood or urine. Many states are waiting to develop laws until research can better define blood levels that indicate impairment, such as those they use with alcohol.

Read more about other commonly abused drugs that can effect driving, at www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts.

How many people take drugs and drive?

According to the 2017 National Survey on Drug Use and Health (NSDUH), in 2017, 21.4 million people aged 16 or older drove under the influence of alcohol in the past year and 12.8 million drove under the influence of illicit drugs.⁷

The survey also showed that men are more likely than women to drive under the influence of drugs or alcohol. A higher percentage of adults aged 21 to 25 drive after taking drugs or drinking than do young adults aged 16 to 20 or adults 26 or older.⁷



Photo by [Rian Castillo](https://www.iStock.com/RianCastillo) (CC0, BY)

Which drugs are linked to drugged driving?

After alcohol, marijuana is the drug most often found in the blood of drivers involved in crashes. Tests for detecting marijuana in drivers measure the level of *delta-9-tetrahydrocannabinol* (THC), marijuana's mind-altering ingredient, in the blood. But the role that marijuana plays in crashes is often unclear. THC can be detected in body fluids for days or even weeks after use, and it is often combined with alcohol. The vehicle crash risk associated with marijuana in combination with alcohol, cocaine, or benzodiazepines appears to be greater than that for each drug by itself.^{1,8}

Several studies have shown that drivers with THC in their blood were roughly twice as likely to be responsible for a deadly crash or be killed than drivers who hadn't used drugs or alcohol.⁸⁻¹⁰ However, a large NHTSA study found no significant increased crash risk traceable to marijuana after controlling for drivers' age, gender, race, and presence of alcohol.¹¹ More research is needed.

Along with marijuana, prescription drugs are also commonly linked to drugged driving crashes. In 2016, 19.7 percent of drivers who drove while under the influence tested positive for some type of opioid.¹²

How often does drugged driving cause crashes?

It's hard to measure how many crashes are caused by drugged driving. This is because:

- a good roadside test for drug levels in the body doesn't yet exist
- some drugs can stay in your system for days or weeks after use, making it difficult to determine when the drug was used, and therefore, how and if it impaired driving
- police don't usually test for drugs if drivers have reached an illegal blood alcohol level because there's already enough evidence for a DUI charge
- many drivers who cause crashes are found to have both drugs and alcohol or more than one drug in their system, making it hard to know which substance had the greater effect

However, according to the Governors Highway Safety Association, 43.6 percent of fatally injured drivers in 2016 tested positive for drugs and over half of those drivers were positive for two or more drugs.¹³

Effects of Commonly Misused Drugs on Driving

Marijuana affects psychomotor skills and cognitive functions critical to driving including vigilance, drowsiness, time and distance perception, reaction time, divided attention, lane tracking, coordination, and balance.

Opioids can cause drowsiness and can impair cognitive function.

Alcohol can reduce coordination, concentration, ability to track moving objects and reduce response to emergency driving situations as well as difficulty steering and maintaining lane position. It can also cause drowsiness.

What populations are especially affected by drugged driving?

Teen and older adult drivers are most often affected by drugged driving. Teens are less experienced and are more likely than other drivers to underestimate or not recognize dangerous situations. They are also more likely to speed and allow less distance between vehicles. When lack of driving experience is combined with drug use, the results can be tragic. Car crashes are the leading cause of death among young people aged 16 to 19 years.¹⁴

A study of college students with access to a car found that 1 in 6 had driven under the influence of a drug other than alcohol at least once in the past year. Marijuana was the most common drug used, followed by cocaine and prescription pain relievers.¹⁵

Mental decline in older adults can lead to taking a prescription drug more or less often than they should or in the wrong amount. Older adults also may not break down the drug in their system as quickly as younger people. These factors can lead to unintended intoxication while behind the wheel of a car.

What steps can people take to prevent drugged driving?

Because drugged driving puts people at a higher risk for crashes, public health experts urge people who use drugs and alcohol to develop social strategies to prevent them from getting behind the wheel of a car while impaired. Steps people can take include:

- offering to be a designated driver
- appointing a designated driver to take all car keys
- getting a ride to and from parties where there are alcohol and/or drugs.
- discussing the risks of drugged driving with friends in advance

Points to Remember

- Use of illicit drugs or misuse of prescription drugs can make driving a car unsafe—just like driving after drinking alcohol.
- In 2017, 21.4 million people aged 16 or older drove under the influence of alcohol in the past year and 12.8 million drove under the influence of illicit drugs.
- It's hard to measure how many crashes are caused by drugged driving, but estimates show that almost 44 percent of drivers in fatal car crashes tested positive for drugs.
- Driving under the influence of marijuana, opioids and alcohol can have profound effects on driving.
- People who use drugs and alcohol should develop social strategies to prevent them from getting behind the wheel of a car while impaired.