



# Enhancing Drug-Impaired Driving Data Across Canada: Considerations for Implementing a National Set of Data Indicators

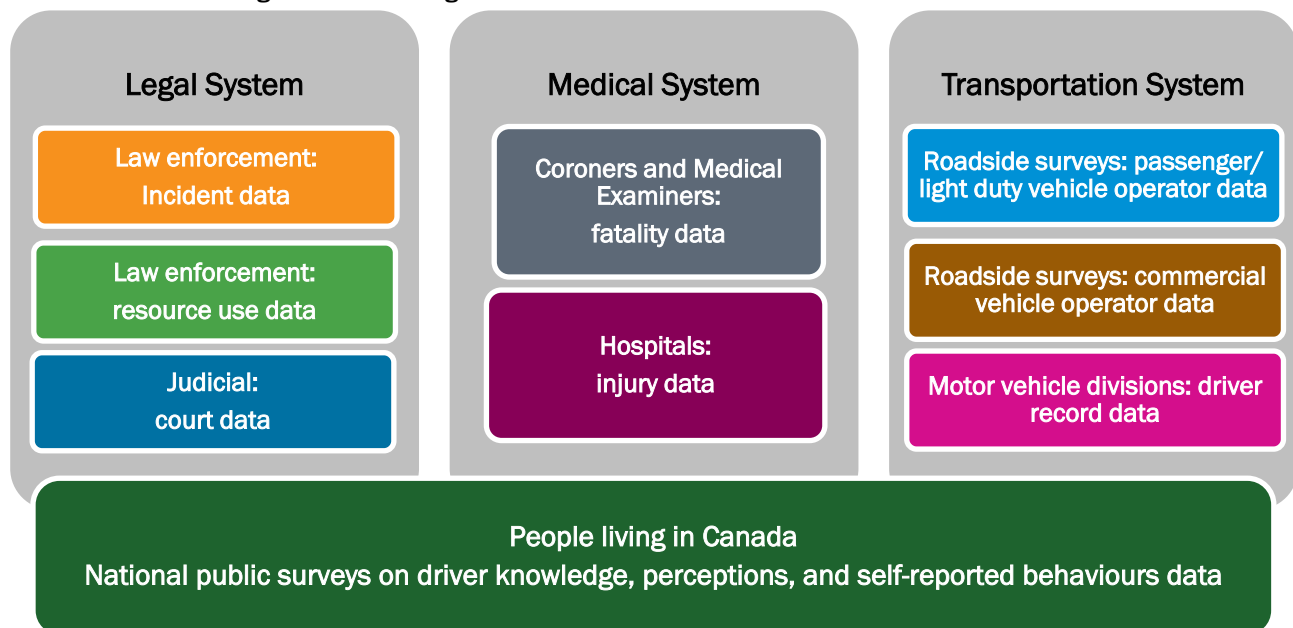
## The Issue

Every year, thousands of people living in Canada are seriously injured or killed in road collisions involving drugs other than alcohol (Brown et al., 2015, 2021; Statistics Canada, 2021). Limited data are collected in Canada on drug-impaired driving (DID) that excludes alcohol. Without additional and more detailed data on what is occurring, it is difficult to target education, direct resources or develop plans to effectively reduce DID serious injuries and deaths.

## The Indicators

To better track, understand and prevent DID in Canada, the Canadian Centre on Substance Use and Addiction formed an expert DID Indicators Advisory Committee, which developed a set of 34 recommended national indicators. These indicators span nine areas for DID data collection, involving a variety of sectors and agencies at the municipal, provincial, territorial and federal levels. Figure 1 depicts these nine areas of data collection and the sectors involved in their collection.

**Figure 1. The nine agencies or areas across which the 34 indicators are recommended**





The full report, [Measuring the Impact of Drug-Impaired Driving: Recommendations for National Indicators](#), includes the full list and description of the 34 indicators. It also covers the challenges and recommendations for implementing them in different sectors and agencies.

There are broader intra- and interagency considerations that must be addressed for agencies across Canada to adopt the indicators. This policy brief presents some of the challenges and considerations for national implementation and provides possible solutions to address them. It is intended for policy makers, decision makers, and road and public safety practitioners who may implement some or all the indicators.

## **Interpreting the Data: Systematic and Standardized Methods**

In proposing a set of national recommended indicators to work towards, there will be challenges for some agencies (i.e., law enforcement, hospitals, motor vehicle divisions) to accurately report and interpret DID data. This is because some methods for collecting, analyzing and reporting certain data are not systematic nor standardized across jurisdictions and agencies. Another potential challenge is that each jurisdiction has unique needs, priorities and funding considerations that may limit data collection, analysis and reporting activities.

Implementing agencies should clearly define their data collection methods and explain any limitations or regional differences that may affect the interpretation of their data. Improving systematization and standardization within and across agencies and jurisdictions can address these challenges in the long term. Options include:

- Designating a lead agency (e.g., Statistics Canada, National Justice Statistics Initiative, Public Safety Canada) to bring together stakeholders and facilitate discussions;
- Establishing a national working group or co-ordinating committee (e.g., Federal-Provincial-Territorial Senior Officials group) to develop a national strategy; or
- Using an existing organization's platform or as a model to bring together relevant stakeholders (e.g., the Canadian Council of Motor Transport Administrators) to co-ordinate the work.

## **Implementing the Recommendations: A Joint Approach**

The nature of collecting and reporting DID data requires co-operation and communication between and among different sectors and agencies. Implementing the indicators needs to be a collaborative approach among the stakeholders. Any efforts to improve existing indicators or implement new ones must include consultations with affected stakeholders, including policy makers, decision makers (e.g., managers, directors) and the personnel expected to collect or manage data (e.g., hospital staff, police officers).

A balance is needed between collecting critical information and respecting each agency's capacity to adjust or scale up efforts. Stakeholders should consider ways to share tools, programs and resources to minimize some of the costs of implementing new indicators. Stakeholders should also make efforts to work together toward developing standardized protocols to ensure consistency of data collection, not just within agencies but also across jurisdictions.

## **Sharing the Data: Increasing Knowledge and Efficiencies**

A lack of interconnected data is one of the biggest challenges to understanding and addressing DID in Canada. Almost all experts consulted said data sharing and collaboration were needed. There are



no large-scale jurisdictional systems for sharing the range of critical data on impaired driving, but models do exist that could be adapted or adopted at the national level to address some of these challenges.

In Canada, several models could be drawn from. The Canadian Institute for Health Information already collects and manages patient health data from various medical and health sources across the country. Their system could serve as a model for managing national sensitive DID data without compromising privacy. Another option could be working with Statistics Canada, which is already designed and legally structured to house and manage sensitive population data.

Canada can also look to models developed by international colleagues, such as the system used in New Zealand (Stats NZ Tatauranga Aotearoa). This system integrates population data from various agencies and areas, as well as includes economic and business-related data.

To learn more about these and other possible models for DID data sharing in Canada, see the [full report](#).

## Expanding the Data: Filling Gaps and Increasing Diversity

Most DID research and data collection in Canada has focused primarily on the drivers. While important, this severely limits what is known about the effects of DID on passengers and other road users. There is a need to collect data that goes beyond what we already collect, including data on other road users (i.e., pedestrians, passengers, cyclists), polysubstance use (i.e., using two or more drugs or combining alcohol with other drugs) and other modes of transportation (e.g., off-road or all-terrain vehicles, motorized watercraft, snowmobiles).

There is also a need to better understand potential new risk groups. Traditional prevention and education efforts typically focus on drivers identified as high risk based on alcohol-impaired driving data (e.g., young adult males, late-night weekend driving). However, emerging evidence on drug-impaired drivers shows there may be differences (e.g., older adults, medications, weekday driving). Stakeholders in the DID field should consider ways in which they can begin broadening data collection or reporting to help fill these data gaps and inform future recommendations.

## Financing the Costs: Benefits of Investment

Implementing new or modifying existing indicators may be costly for some agencies. However, the financial and human costs of DID incidents are increasing, warranting greater focus and attention. Agencies considering implementing the indicators must balance the added costs with the benefits of improved data and reduced DID deaths and injuries. Having better data will benefit policy makers and decision makers working to prevent, detect and discourage DID among drivers.

## Conclusion

Despite some of the challenges presented in this brief, many agencies already collect DID data and can make small adjustments to collection and reporting procedures to improve the usability of their data. Developing a national strategy and identifying a lead agency to gather key stakeholders can allow for a more co-ordinated, national approach to implementing the recommended indicators. Models for storing and sharing data already exist, both in Canada and internationally that may be adapted or adopted in Canada. Opportunities also exist for using lessons learned from experiences in reducing alcohol-impaired driving, which has a very large, established body of evidence to draw from.



Canada has an incomplete picture of the DID problem. More data are needed to understand DID, effectively respond to the issue and save lives. The 34 indicators recommended by the DID Indicator Advisory Committee offer a solid foundation to begin expanding and enhancing DID data across Canada.

## References

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