Canadian Centre on Substance Use and Addiction

Evidence. Engagement. Impact.

Enhancing Drug-Impaired Driving Data Across Canada: Coroner and Medical Examiner Data

The Issue

Every year, thousands of people living in Canada are seriously injured or killed in collisions involving drugs other than alcohol (Brown et al., 2015, 2021). Coroners and medical examiners (MEs) are responsible for testing the blood (or other bodily fluids) from fatally injured drivers for the presence of impairing drugs. While coroners and MEs provide an important source of drug-impaired driving (DID) fatality data for Canada, not all agencies collect and report the same data to the same extent or in the same manner.

The Significance of the Data

Data from fatally injured drivers are critical to understanding the potential effects of different combinations and concentration levels of drugs on driving and fatalities. This information, along with details about the drivers themselves (e.g., age, sex, mental and physical health), can help identify at-risk groups of drivers who could benefit from tailored prevention and education efforts. Standardized collection and reporting of DID fatality data are needed across coroners and MEs in Canada. This data would inform the efforts of coroners and MEs, policy makers, and road safety professionals working to prevent DID deaths.

Recommended Indicators

Two data indicators are recommended for coroners and MEs to expand, enhance and standardize DID fatality data across Canada. These were developed by and in consultation with DID experts across Canada.

The table describes the two indicators, which are grouped by the extent to which coroners and MEs collect the data. Existing indicators (e.g., driver characteristics) are those already collected by coroners and MEs. In most cases, with minor adjustments to reporting procedures, these indicators likely need minimal effort to implement. Adjusted indicators (e.g., substance categories) include a mix of data already collected by coroners and MEs, with some new data elements proposed. Depending on existing data collection efforts, agencies may need minimal to moderate investments to implement them.

Data source	Indicator
Existing	Driver demographics • Number and percentage of fatally injured drivers who tested positive for different substance categories across sex (or gender where possible) • Number and percentage of fatally injured drivers who tested positive for different substance categories across standardized age groups[a]
Adjusted	Substance category[b] and polycategory use among drivers • Number and percentage of fatally injured drivers who tested positive for different substance categories • Number and percentage of fatally injured drivers who tested positive for polycategory, THC and alcohol or THC and other drugs

[a]Recommend standardization be based on the Canadian Council of Motor Transportation Administrators age groups (i.e., 16–19, 20–24, 25–34, 35–44, 45–54, 55–64, and 65 years and older).

[b]Categories are defined as the seven used by Drug Recognition Experts (Royal Canadian Mounted Police, 2018): central nervous system depressants, inhalants, dissociative anaesthetics, cannabis, CNS stimulants, hallucinogens and narcotic analgesics.

These indicators are part of a broader set of 34 national DID indicators for various agencies recommended by an expert Drug-Impaired Driving Indicators Advisory Committee, chaired by the Canadian Centre on Substance Use and Addiction. For a complete list of the recommended indicators, see the full report, *Measuring the Impact of Drug-Impaired Driving: Recommendations for National Indicators*. Also included in the report are suggestions for agencies to address potential challenges in implementing the recommendations (e.g., standardizing data, data sharing, financial costs) and more detailed information about the Advisory Committee.

Key Considerations for Implementation

- Not all fatally injured drivers are (or can be) tested for substances and not all coroners nor MEs test for the same drugs. Testing rates also differ by jurisdiction. To achieve the full benefit of the indicators, coroners and MEs should collaborate on developing national standards for conducting death investigations and collecting DID fatality data.
- There is no centralized body that manages fatality data. Investing in a centralized reporting body or electronic reporting system to store and share de-identified data would provide greater consistency, easier access to fatality data and quicker reporting of results.

For a full discussion of these and other key considerations for implementation, see the full report.

References

Brown, S. W., Vanlaar, W. G. M., & Robertson, R. D. (2015). *Alcohol and drug-crash problem in Canada: 2011 report.* Ottawa, Ont.: Canadian Council of Motor Transport Administrators. https://www.ccmta.ca/web/default/files/PDF/2011_Alcohol_and_Drug_Crash_Problem_Report_Eng.pdf

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Canadian Centre on Substance Use and Addiction

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