



Top News

Massachusetts Law Raises Drowsy Driving Issue

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A January 3 Massachusetts state law calls for the creation of a special commission to study the issue of drowsy driving. Combined with recent legal cases in the news, and state and private education efforts, the problem remains a hot issue.

Statistics from the National Highway Traffic Safety Administration show that at least 100,000 crashes and 1,500 deaths each year are the direct result of drivers falling asleep at the wheel. Moreover, a 2002 poll conducted by the National Sleep Foundation (NSF) found that 100 million drivers, close to half of American adult drivers, drive while drowsy and nearly two out of 10 admitted to having fallen asleep at the wheel. Here's a look at some recent cases as well as an overview of what some state governments and sleep professionals are doing to address the alarming statistics.

Will Tougher Laws Turn the Tide?

In addition to the staggering number of fatalities each year, drowsy driving also results in some 71,000 injuries and \$12.5 billion in monetary losses annually. Clearly, the personal and financial consequences of driver fatigue are unacceptable.

In some states, stricter laws send a clear message to drivers. Dose off at the wheel and the responsibility is squarely on your shoulders. What's more, the penalty is severe. New Jersey, for example, passed a law in 2003 that equates falling asleep at the wheel with reckless driving. If a driver falls asleep and kills someone in a crash, he or she can be charged with vehicular homicide and serve up to ten years in jail as well as pay heavy fines. According to insurance industry research, while four states have considered similar legislation, New Jersey is the only state with this particular law on the books.

Driving under the influence (DUI) laws are also coming into play in drowsy driver cases. Two recent cases—in California and Utah—point to a contemporary challenge that complicates drowsy driving cases: The proliferation of prescription drug. Nearly half of all Americans take some form of prescription medications—many of which cause drowsiness. Ignoring the prescription warning labels of possible drowsiness can mean a charge of driving under the influence of drugs—regardless of whether a patient is using the drug legally and with a prescription.

In the California case, as reported on January 3rd by an NBC News affiliate, an Irvine woman who allegedly took Xanax, Ambien, and cough syrup before getting behind the wheel of a car in August of 2006 now faces vehicular manslaughter and DUI charges. The woman admitted to passing out at the wheel and tests for all three drugs came back positive. If convicted, she could serve up to 10 years in prison.

But DUI charges in drowsy driving cases strike some as particularly harsh and even unfair. Many drivers are unaware that prescription drugs and driving are a dangerous mix. First, anecdotal research tells us that a good many people do not read the warning labels on prescription drugs. Moreover, transportation authorities say a lot of people are under the misunderstanding that if they have a prescription, they are allowed to legally drive while using the drug. Should the burden of responsibility be solely on the driver? Should doctors be held accountable for educating patients or reporting information?

In Utah, one man has been charged twice for driving under the influence of prescription drugs, most recently in July 2006.

Fortunately, in his cases, no one was killed. But like the Irvine woman in the California case, the Utah driver's blood test came back positive for Xanax. Whether or not his physical symptoms—slurred speech, lack of balance, and slow eye movements—were caused by anxiety, which he claims, or Xanax will be for a jury to decide later this month.

According to a recent news article about the case, an authority at Utah's Drivers' License Division believes physicians should be held accountable for reporting information about drivers that could lead to drowsy driving accidents. Presently, Utah law protects doctors from reprisal if they choose to disclose their patients' health information because they believe it may affect their ability to drive. However, they are not *required* to do so. Many feel that should change and that doctors should be required to report health conditions that can interfere with driving alertness, as well as all prescription medications a patient takes that cause drowsiness.

Some physicians, however, worry that mandatory reporting may cause patients to not seek treatment if they believe it will put their driving privileges at risk. What physicians can do instead of reporting patients to the authorities is better educate them about drug side effects and the tragic consequences of operating a motor vehicle while taking prescription medications.

Public Outreach Programs

Awareness and educational campaigns are a positive step towards reducing the incidence of drowsy driving. In July of 2006, the New York Legislature passed a resolution that authorizes the governor's traffic safety committee, with the cooperation of the department of motor vehicles and the department of transportation and health, to develop and implement a public outreach campaign to inform the public about the dangers of operating a motor vehicle while drowsy. The campaign is intended to build awareness of the drowsy driving problem and educate drivers about behaviors that reduce attention-to-driving.

Teen driving is another important area of focus. Better education of inexperienced drivers can reduce overall accidents, as well as those due to fatigue. In 2005, drivers between the ages of 15 and 20 accounted for 12.6% of all drivers in fatal crashes and for 16% of all drivers in police-reported crashes. To reduce high accident rates among young drivers, states are increasingly adopting graduated driver license programs, which allow young drivers to improve their skills and driving habits.

Most recently, on January 3rd, outgoing Massachusetts governor, Mitt Romney signed into law "Driver Education and Junior Operator's Licenses," a bill that requires more training for teen drivers and calls for the creation of a special commission to study the issue of drowsy driving. Under the new law, teens will have to spend 40 hours driving with a parent or adult in the car, versus 12 hours under current law, and 12 hours of behind-the-wheel training rather than 6.

In addition to lack of experience, research suggests that young drivers are at higher risk for fatigue-related crashes. Massachusetts' special commission on drowsy driving will be formed to comprehensively study the impact of drowsy driving on highway safety and the effect of sleep deprivation on drivers.

Sleep professionals, too, are creating outreach programs to address drowsy driving. Some sleep specialists and sleep laboratories provide patients with educational materials about drowsy driving and tips to avoid fatigue. One Nevada-based sleep facility, Sleep Logistics, is tackling the problem on a major scale. The company is rolling out a drowsy driving education program specifically for the Nevada State Law Enforcement Officers Association. The program, presently in development, will educate highway patrol, police officers, sheriffs, and corrections officers statewide about fatigue and driving. In addition to workshops and materials, the law enforcement officers will also receive free screening for obstructive sleep apnea.

Asked why her company was undertaking such a massive outreach effort, Deborrah Morgan, co-owner and chief operating officer of Sleep Logistics said, "There is a need and it's the right thing to do." Indeed, when it comes to drowsy driving it's not just drivers who must do the right thing. Government and safety officials, physicians and sleep professionals must work together to build awareness, create educational initiatives, and drive positive change.



