Drug-Impaired Driving: Facts, Challenges & Lessons Learned

FOUNDATION FOR
ADVANCING ALCOHOL
RESPONSIBILITY

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Is Canada ready to deal with stoned drivers?

As Canada prepares to legalize marijuana, it is totally unprepared to deal with the most dangerous side effect

Boy, 4, Found in SUV With Adults Who Allegedly Passed Out on Heroin; Ohio Police Post Pics

Overview

- State of DUI in America
- Magnitude of the DUID problem
- Marijuana-impaired driving
- Complexities and challenges of the issue
- DUID policy and enforcement
- Solutions and recommendations

State of DUI in America

Alcohol-Impaired Driving Fatalities 1982-2015

Learn more at Responsibility.org

TOTAL ALCOHOL-IMPAIRED DRIVING FATALITIES

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Why have we made progress?

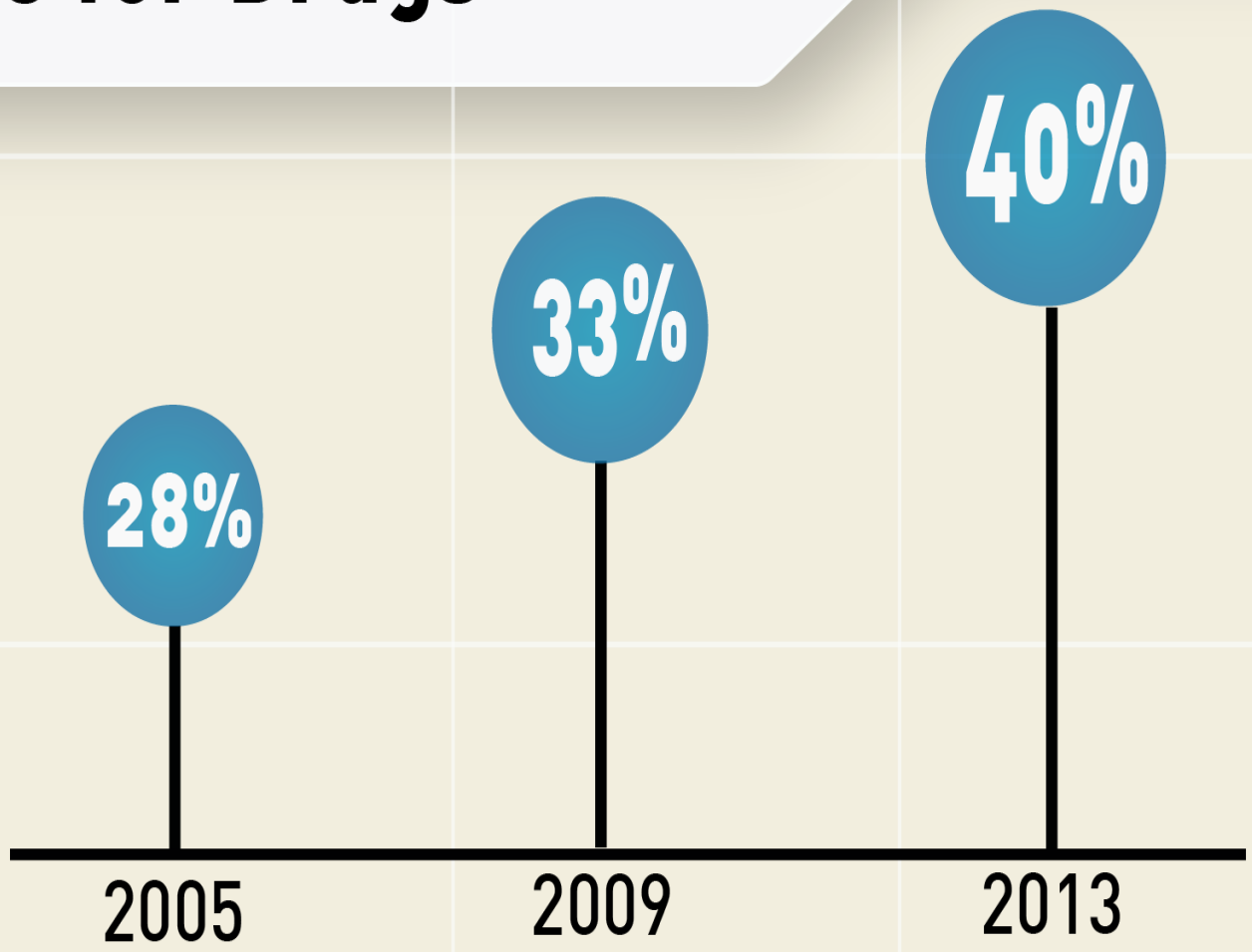
- Passage of laws to target multiple facets of the problem
- Sustained and high visibility enforcement efforts
- Identifying the countermeasures that work; evaluation and strengthening of programs
- Targeting high-risk offenders
- Assessment and treatment
- Public education and awareness
- Changing societal norms

Drugged Driving: Magnitude of the Problem

Limitations in crash data

- **States vary considerably in how they collect DUID data:**
  - How many drivers are tested?
  - What tests are used?
  - How are test results reported?
- **The rate at which states test drivers involved in fatal crashes ranges from less than 10% to over 90%.**
- **FARS data merely reflects drug presence; it does not identify drug concentrations.**

Percent of *Fatally-Injured* Drivers that Tested Positive for Drugs



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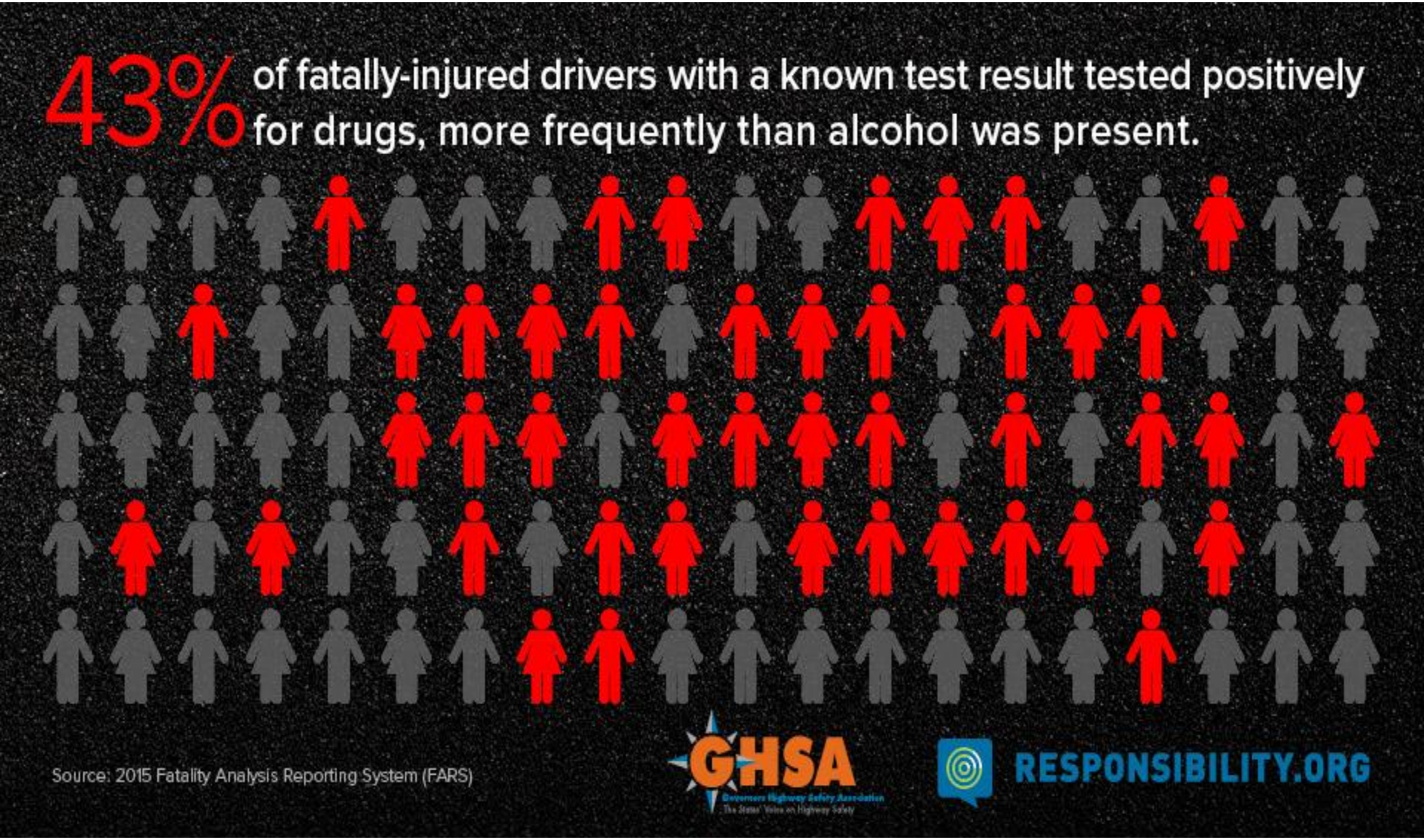
Source: NHTSA / FARS, 2015


43% of fatally-injured drivers with a known test result tested positively for drugs, more frequently than alcohol was present.
Source: 2015 Fatality Analysis Reporting System (FARS)
GHSA
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In 2015 nationwide, **57.0%** of fatally-injured drivers were tested for drugs.

Of those tested:

34.3%
A drug in the FARS list was found

35.6%
Marijuana

9.3%
Amphetamine

55.1%
Other

7.4%
Drug not in the FARS list

55.4%
No drugs detected

2.9%
Unknown

Source: 2015 Fatality Analysis Reporting System (FARS)

GHSA Governors Highway Safety Association The States' Voice on Highway Safety

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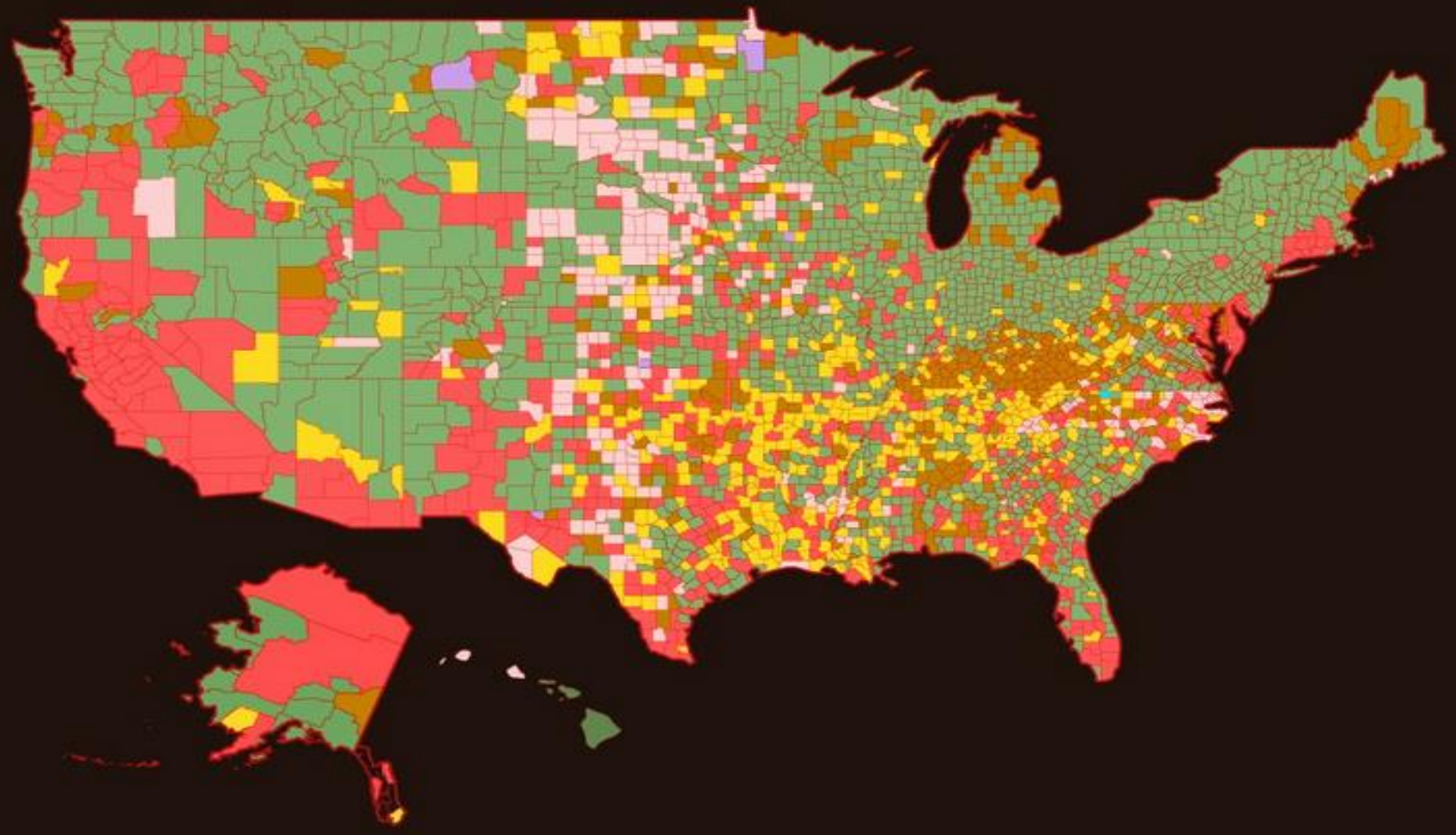
DRUGGED COUNTIES

Most **Commonly Detected Drugs** for Drivers* in Fatal Automobile Accidents From *1995–2013* by County

CANNABINOIDS
ANABOLIC STEROIDS
DEPRESSANTS
HALLUCINOGENS
NARCOTICS
NOT ENOUGH DATA
STIMULANTS



* *Includes all drivers involved in accidents that caused the death of at least one person.*

Source: *http://www-fars.nhtsa.dot.gov*

DRUGTREATMENT.COM

Roadside data

- **The most recent roadside survey data revealed an increase in drugged driving.**
- Results from the NHTSA National Roadside Survey in 2013-2014 found that more than **22.5%** of night-time drivers tested positive for illegal, prescription, or OTC medications.
  - Comparatively, only 1.5% of night-time drivers tested positive for a BAC above the legal limit of .08.
  - This is much higher than the 16.3% of weekend nighttime drivers who tested positive in 2007.

Source: Berning et al. (2015). Results of the 2013-2014 National Roadside Survey of Alcohol and Drug Use by Drivers. DOT HS 812 118.

Roadside data

- **Other key findings of the 2013-2014 NRS:**
  - Illegal drugs increased from 12.4% in 2007 to 15.1% in 2013-2014
  - Medications increased from 3.9% to 4.9%
- **Illegal drugs were more prevalent on weekend nights (15.2%) than weekday days (12.1%).**
- **The opposite was found for prescription medication – 7.3% on weekend nights and 10.3% on weekday days.**

Source: Berning et al. (2015). Results of the 2013-2014 National Roadside Survey of Alcohol and Drug Use by Drivers. DOT HS 812 118.

Marijuana: Roadside survey

- **The drug that has shown the largest increase in weekend nighttime prevalence is THC.**
- **In the 2007 NRS, 8.6% of weekend nighttime drivers tested positive for THC. This number increased to 12.6% in the 2013-2014 NRS. This reflects a 48% increase.**

Source: Berning et al. (2015). Results of the 2013-2014 National Roadside Survey of Alcohol and Drug Use by Drivers. DOT HS 812 118.

ROADSIDE SURVEYS:

	Weekday Days	Weekend Nights
Tested positive for some drug or medication	22.4%	22.5%
Illegal drugs, including marijuana	12.1%	15.2%
Medication	10.3%	7.3%
Marijuana	11.7%	12.6%
Alcohol	1.1%	8.3%

Source: Berning et al. (2015). Results of the 2013-2014 National Roadside Survey of Alcohol and Drug Use by Drivers. DOT HS 812 118.

Marijuana-impaired driving: Colorado and Washington

November 2012…

Colorado: Amendment 64

Washington: Initiative 502

DUID in Colorado: Fatalities

- Marijuana-related traffic deaths **increased 48%** in the 3-yr average since legalization (2013-2015) compared to the 3-yr average prior to legalization (2010-2012). During the same time periods all traffic deaths increased 11%.
- In 2009, marijuana-related traffic deaths involving operators testing positive for marijuana represented 10% of all traffic fatalities. By 2015, that number more than **doubled** to 21%.
- In 2015, only 49% of drivers involved in traffic deaths were tested for drugs. Of those tested, **1 in 4** tested positive for marijuana.

Source: Wong et al. (2016). The Legalization of Marijuana in Colorado: The Impact (Vol. 4). Denver: Rocky Mountain HIDTA.

DUID in Colorado: Fatalities

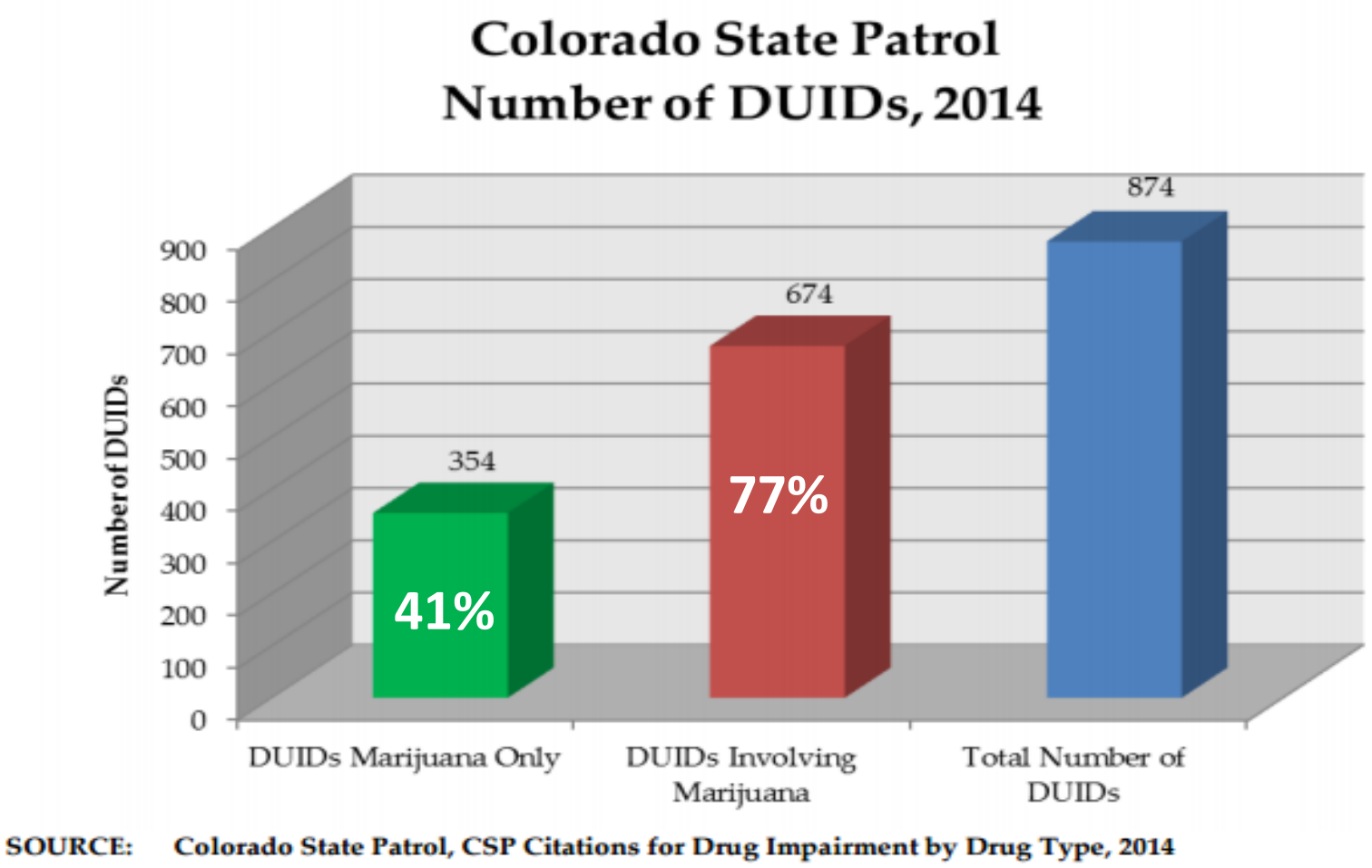
Traffic Deaths Related to Marijuana*			
Crash Year	Total Statewide Fatalities	Fatalities with Operators Testing Positive for Marijuana	Percentage Total Fatalities (Marijuana)
2006	535	37	6.92%
2007	554	39	7.04%
2008	548	43	7.85%
2009	465	47	10.10%
2010	450	49	10.89%
2011	447	63	14.09%
2012	472	78	16.53%
2013	481	71	14.76%
2014	488	94	19.26%
2015	547	115	21.02%

*Fatalities Involving Operators Testing Positive for Marijuana

SOURCE: National Highway Traffic Safety Administration, Fatality Analysis Reporting System (FARS)

Source: Wong et al. (2016). The Legalization of Marijuana in Colorado: The Impact (Vol. 4). Denver: Rocky Mountain HIDTA.

DUID in Colorado: Arrests



Source: Wong & Clark (2015). The Legalization of Marijuana in Colorado: The Impact (Vol. 3). Denver: Rocky Mountain HIDTA.

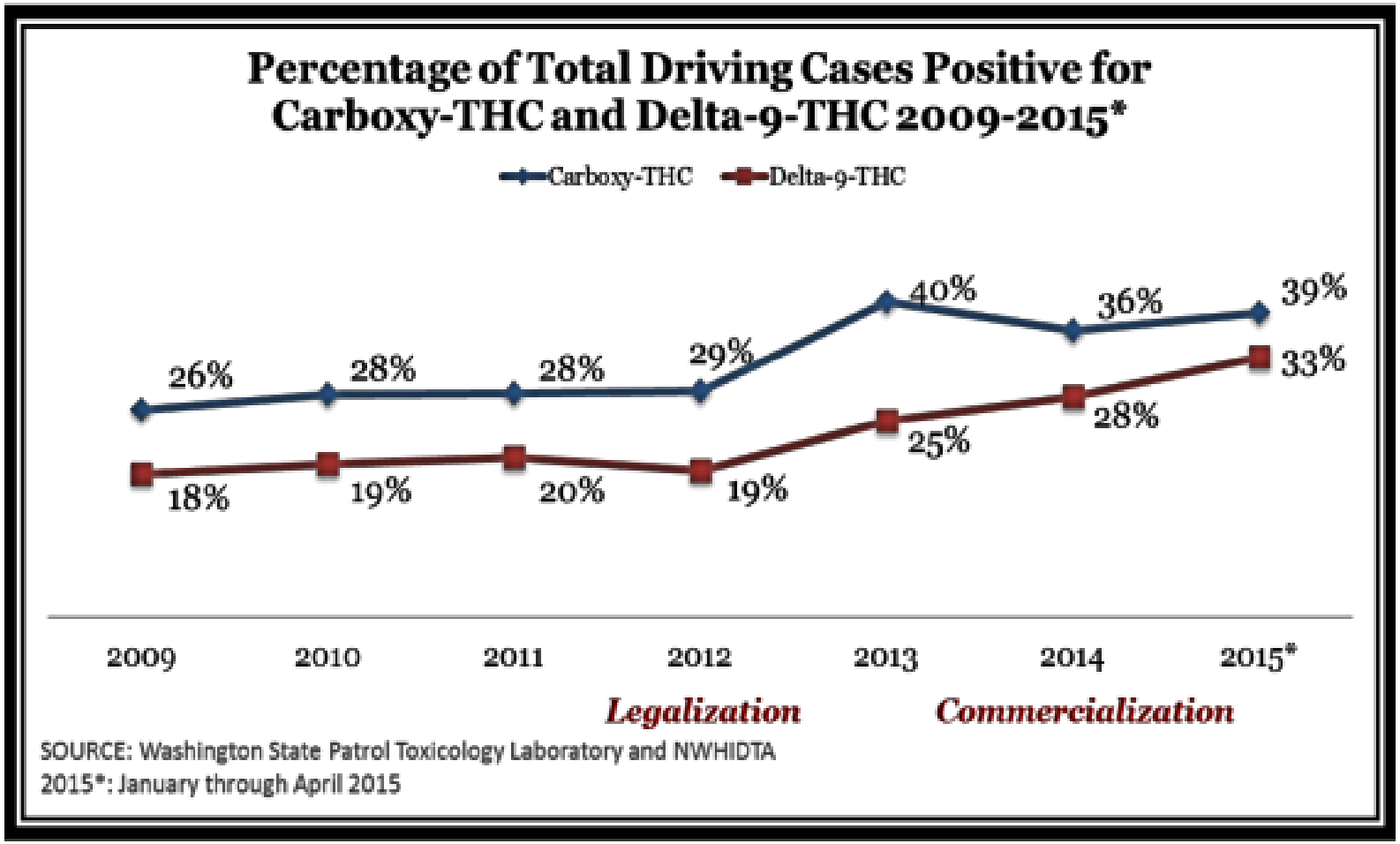
DUID in Washington: Fatalities

- **Washington Traffic Safety Commission examined marijuana involvement in fatal crashes from 2010-2014:**
  - In 2014, the 75 THC-positive drivers comprised the highest number in any year during the five-year period studied.
  - Half of the THC-positive drivers tested above Washington's legal 5 ng/mL legal limit in 2014.
  - THC positive drivers were most likely to be males age 16-25.
  - THC positive drivers in fatal crashes were more likely to be involved in day-time crashes.
  - Most drivers had **multiple substances** in their system (34% tested positive for the presence of alcohol only; 8% tested positive for the presence of marijuana only).

Fatalities with presence of cannabinoids

Marijuana Result	2010	2011	2012	2013	2014	Total
Any Cannabinoids	81	56	63	59	89	348
Carboxy-THC	45 55.6%	24 42.9%	27 42.9%	21 35.6%	14 15.7%	131 37.6%
Any THC	36 44.4%	32 57.1%	36 57.1%	38 64.4%	75 84.3%	217 62.4%
THC <5 ng/ml	24 66.7%	19 59.4%	23 63.9%	19 50.0%	38 50.7%	123 56.7%
THC ≥5 ng/ml	12 33.3%	13 40.6%	12 33.3%	18 47.4%	37 49.3%	92 42.4%
THC Result Unk	0	0	1	1	0	2

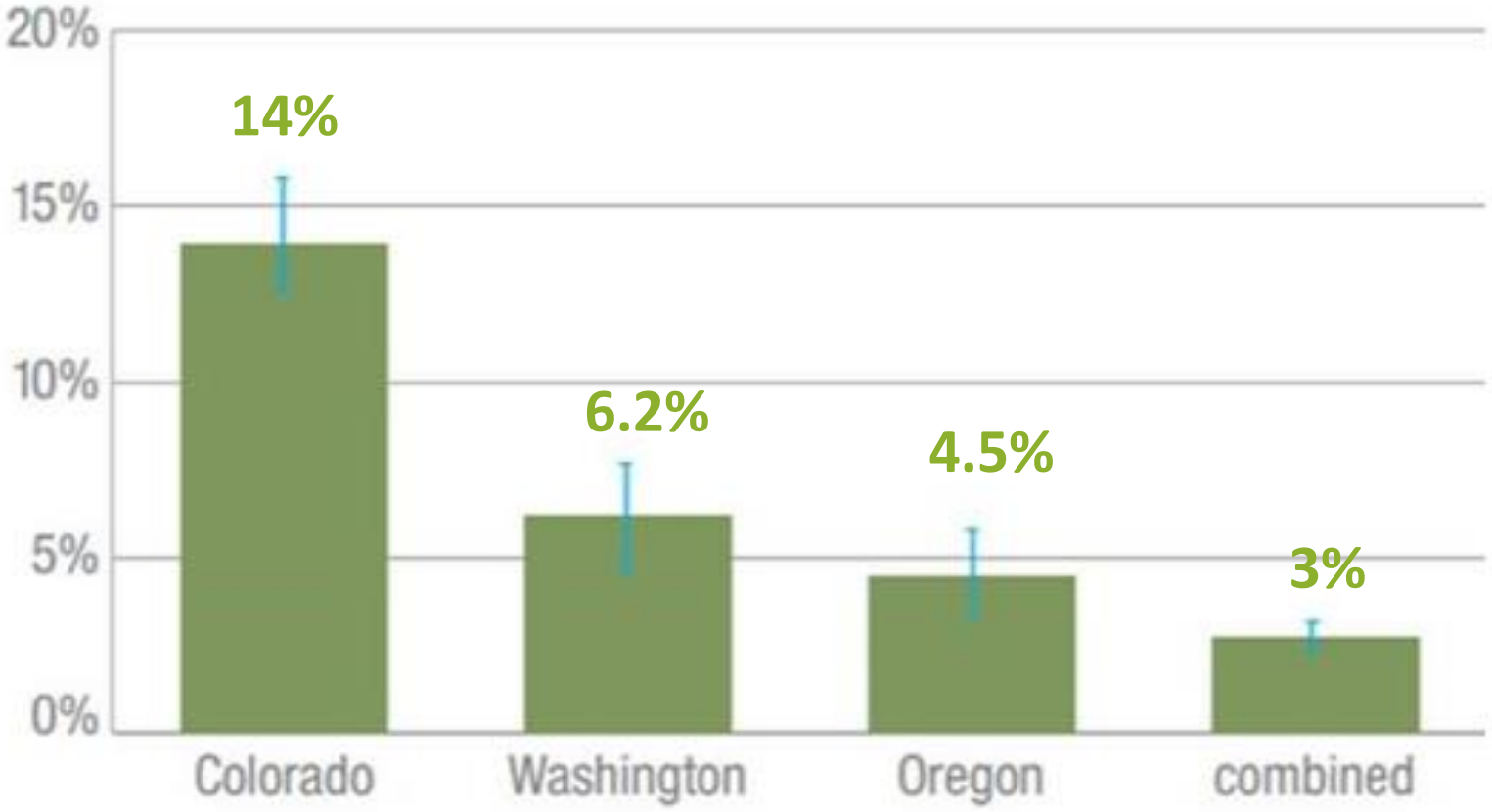
Source: WTSC (2015). Driver Toxicology Testing and the Involvement of Marijuana in Fatal Crashes, 2010-2014.



Source: Northwest HIDTA (2016). Washington State Marijuana Impact Report.

Estimated effects of recreational marijuana sales in 3 states

Change in claim frequency for vehicles up to 33 years old, 2012-16



Source: Insurance Institute for Highway Safety (2017). High claims: Legalizing recreational marijuana use is linked to increase in crashes. *Status Report,* 52(4), 2-5

Polysubstance use

1+1=3

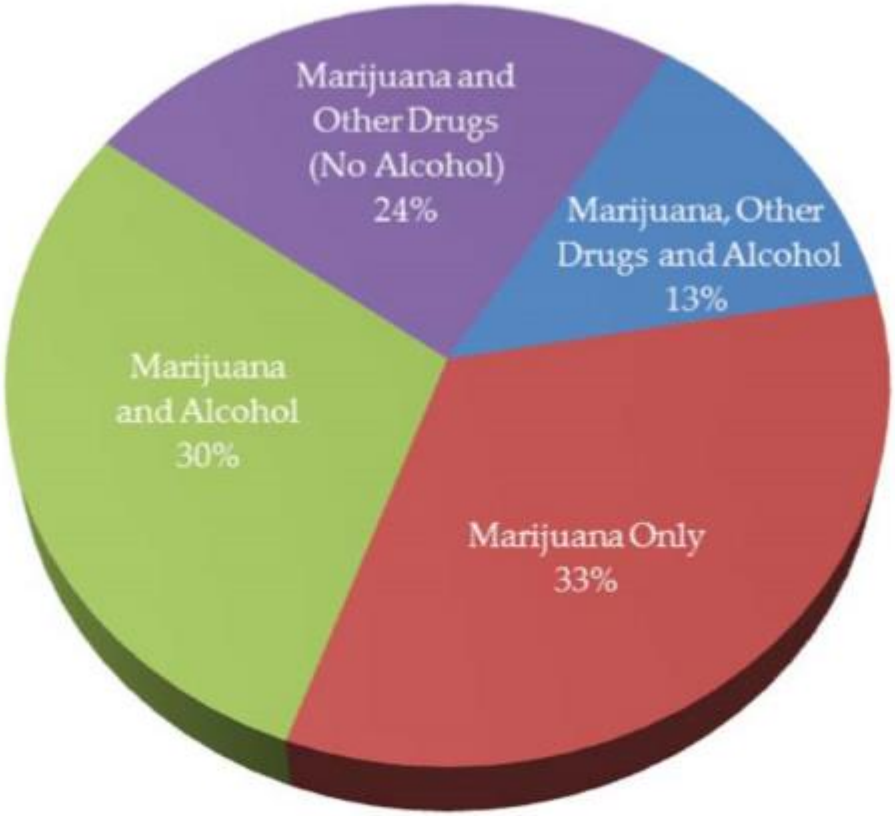
- **Drug use combined with alcohol use exponentially increases traffic crash risk:**
  - Low amounts of marijuana combined with low amounts of alcohol cause severe impairment.
  - Research has shown that combining substances has a multiplicative effect on collision risk.
  - ***Combining alcohol and marijuana*** is common among seriously and fatally injured drivers.

Fatalities by substance category

	2010	2011	2012	2013	2014	TOTAL 2010-2014	Percent Change 2010-2014
No Drugs, No Alcohol	147	151	151	147	116	712	-21.1%
Alcohol Only ≥.08	67	67	60	69	51	314	-23.9%
THC Only	9	7	13	7	20	56	122.2%
Carboxy-THC Only	11	10	7	3	6	37	-45.5%
THC + Alcohol ≥.08	16	16	12	16	23	83	43.8%
THC + Drugs	6	3	8	5	17	39	183.3%
THC + Drugs + Alcohol ≥.08	2	5	2	3	6	18	200.0%

Source: WTSC (2015). Driver Toxicology Testing and the Involvement of Marijuana in Fatal Crashes, 2010-2014.

Drug Combinations for Operators Positive for Marijuana*, 2015



*Toxicology results for all substances present in individuals who tested positive for marijuana

SOURCE: National Highway Traffic Safety Administration, Fatality Analysis Reporting System (FARS), 2006-2011 and Colorado Department of Transportation 2012-2015

Marijuana-impaired driving: Perceptions

Perceptions of risk

- **There are many common misperceptions about drugged driving, specifically marijuana-impaired driving:**
  - Drugged driving is not a serious problem.
  - Some drug use does not adversely affect driving ability.
  - Some drug use improves driving ability (due to compensation strategies).
  - Driving high is a safer alternative to driving drunk.
  - Driving high isn't illegal.
  - The likelihood of detection and apprehension for drugged driving is low.

Perceptions of risk

- According to a recent Gallup poll:

Drinking, Drugs and Traffic Safety in U.S.

Do you think people driving impaired by each of the following substances is a very serious problem on the roads today, a somewhat serious problem or not much of a problem?

	Very serious %	Somewhat serious %	Not much of a problem %
Alcohol	79	18	2
Prescription painkillers	41	42	15
Marijuana	29	39	31
Prescription antidepressants	28	36	33

June 24-25, 2015

Perceptions of risk

- **According to a recent Gallup poll:**
  - Americans aged 18 to 29 (88%) are the most likely to say drinking and driving is a very serious problem.
  - This age group is also the least likely to consider people driving while impaired by marijuana to be a very serious problem (22%).
- **Another Gallup poll that asked what impact legalization will have on traffic safety:**

	A lot less safe	A little less safe	Not make much difference
June 24-25, 2015	30%	17%	50%

GALLUP

Washington Roadside Survey

- Survey conducted by PIRE in June 2014 (prior to start date for recreational sales).
- Voluntary participation of drivers; included THC questionnaire and oral fluid sample.
- Of the 220 drivers who stated that they had used marijuana in the past year, 44% reported using marijuana within two hours prior to driving.
  - 62% felt that their recent marijuana use did not make any difference in their driving;
  - 25% felt that recent marijuana use made their driving better;
  - Only 3% felt that recent marijuana use made their driving worse.

Drug-impaired driving: Effects

Class of drug	Effects on driving
Cannabis	Poor attention to tasks; time and distance perception; slower reaction time/slower braking; poor lane tracking/more steering corrections; poor speed maintenance
Depressants	Slower reaction time; poor attention to task; poor lane positioning; poor speed maintenance; fail to obey traffic signs
Dissociative anesthetics	Poor attention to task; poor reaction time
Hallucinogens	Slower reaction time; perceive things that are not there and react to them
Inhalants	Slower reaction time; fall asleep at wheel
Narcotic analgesics	Slower reaction time; poor lane positioning; drive slowly; fall asleep at wheel
Stimulants	May increase reaction time; may increase erratic/aggressive driving; possible rebound effect (sleepiness)

Cannabis and driving

- Poor attention to tasks
- Time and distance perception
- Slower braking/reaction time
- Poor speed maintenance
- Poor lane tracking/more steering corrections
- Drivers impaired by marijuana may compensate by driving slower and increasing following distance
- Level of impairment increases with dose

Sources: Compton and Berning, 2015; Hartman and Huestis, 2013; Kelly-Baker, 2014.

Signs of cannabis impairment

Eyelid tremors

Lowered temperature

Slow, deliberate speech

Odor of marijuana

Side-to-side, front-to-back, circular sway

Dilated pupils, bloodshot, watery eyes

Rebound dilation

Increased B/P (New users)
May be lowered for experienced users

Increased pulse rate

Body/Leg tremors

Other indicators:

- Relaxed inhibitions
- Sharpened sense of humor
- Difficulty with concentration
- Disorientation
- Short-term memory problems
- Fatigue, Lethargic
- Altered time and space perception

Image source: Chuck Hayes, 2016.

Does compensation work?

- **These strategies may not be sufficient to compensate for all of the impairing effects of marijuana.**
- **Attempts to compensate are at the expense of vehicle control (e.g., speed control, lane position variability, reaction time).**
- **It is very difficult to mitigate for deficits in attention allocation and account for unexpected events.**

DUID Challenges

Drugged driving is more complicated than drunk driving.

	DRUGGED DRIVING	DRUNK DRIVING
Number:	Hundreds of drugs	Alcohol is alcohol
Data on Use by Drivers & Crashes:	Limited	Abundant
Use by Drivers:	Increasing	Decreasing
Impairment:	Varies by type	Well-documented
Crash Risk:	Varies by type	Precise
Beliefs & Attitudes:	No strong attitudes – public indifferent	Socially unacceptable

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How many drugs are out there?

- **There are three main categories of drugs involved in impaired driving:**
  1. Illegal drugs
  2. Prescription medications
  3. Over-the-counter medications

- **FARS has codes for 430 specific drugs or metabolites.**
- **A single drug can have different names and can take different chemical forms.**
  - Cannabis is the best example as FARS has ***separate codes for marijuana, THC, $\Delta^{9\text{-THC}}$, unknown cannabinoid.***

How many drugs are out there?

- **There is an ever-expanding list of drugs and new substances are continually being developed.**
  - Since the mid-2000s, there has been a proliferation of new psychoactive drugs.
- **Designer drugs:** a reformulation of existing chemical compounds.
  - Increase potency; prolong effects; make detection more difficult; make an illegal drug legal
- **Common types:** synthetic cannabinoids (K2/spice), synthetic cathinones (bath salts), opiate derivatives, reformulated pharmaceuticals, new hallucinogens and stimulants.
- **DUID testing implications.**

Marijuana potency

- The potency of any cannabis product depends on its concentration of cannabinoids, particularly THC.
- Potency levels are **MUCH** higher today than in the 1960s.
- In fact, potency levels have more than doubled in the last 15 years (commonly over 20%).
- Higher potency = more intense, longer-lasting high.
- **Concentrates:** contain extraordinarily high THC levels that could range from 40-80%. This form of marijuana can be up to 4x stronger in THC content than high grade or top shelf marijuana.

Marijuana concentrates

Wax

Shatter

Butane hash oil

Vaporizer

Budder

Hash oil capsules

Dabbing

What about this scenario?

Tobacco or THC?

Forms of marijuana - edibles

Edible servings

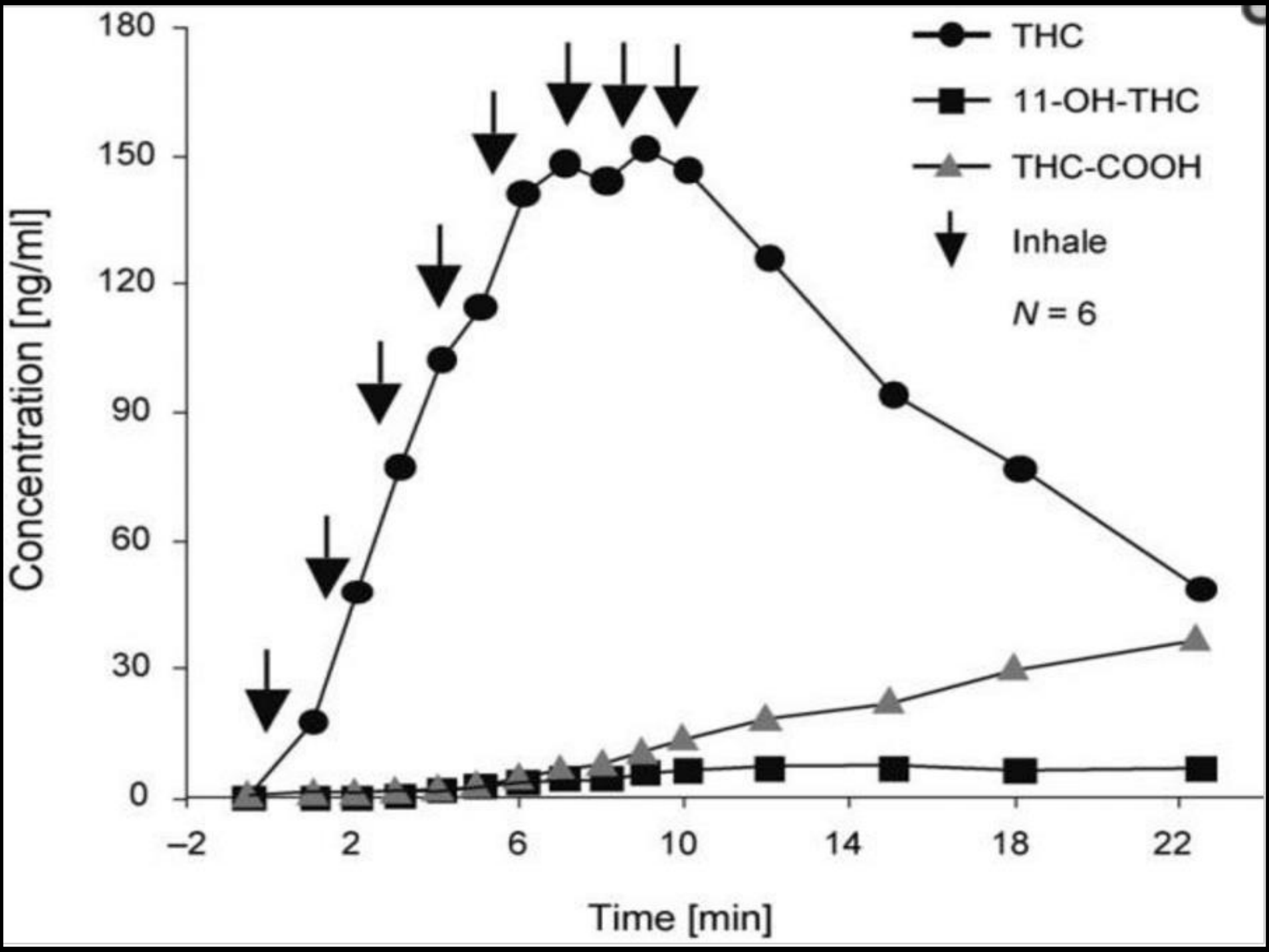
Instant gratification!

Presence vs. Impairment

- **Relationship between a drug's presence in the body and its impairing effects is complex and not well understood.**
- **Presence of a drug ≠ impairment**
  - Some drugs/metabolites may remain in the body for days or weeks after initial impairment has dissipated.
  - Individuals differ considerably in the rate of absorption, distribution, action, and elimination of drugs.
  - Some people are more sensitive to the effects of drugs, particularly first-time or infrequent users.
  - Wide ranges of drug concentrations in different individuals produce similar levels of impairment in experimental situations.

Presence vs. Impairment: Marijuana

- **Marijuana metabolites can remain in the body for 30 days or longer.**
- **THC concentrations fall to about 60% of their peak within 15 minutes after smoking; 20% of their peak 30 minutes after smoking; impairment can last 2-4 hours.**
- **There is no DUID equivalent to .08 BAC.**
  - It is currently impossible to define DUID impairment with an illegal limit as drug concentration levels cannot be reliably equated with a specific degree of driver impairment.


180
150
120
90
60
30
0
Concentration [ng/ml]
–2
2
6
10
14
18
22
Time [min]
THC
11-OH-THC
THC-COOH
Inhale
N = 6

DUID crash risk

- Any drug may increase a driver's crash risk but effects vary greatly between drivers.
- Impairing effects do not necessarily produce increased crash risk on account of compensation strategies.
- **The causal relationship between drug use and collision involvement has not been clearly established.**
- The recent NHTSA crash-control study found unadjusted increases in crash risk of 21% associated with illegal drugs and 25% associated with marijuana.

Source: Compton & Berning. (2015). Traffic Safety Facts: Drug and Alcohol Crash Risk. DOT HS 812 117.

DUID crash risk

TABLE 3. CRASH RISK ASSOCIATED WITH DRUG USE IN EUROPEAN STUDIES

Risk level	Relative risk	Drug category
Slightly increased risk	1-3	marijuana
Medium increased risk	2-10	benzodiazepines cocaine opiods
Highly increased risk	5-30	amphetamines multiple drugs
Extremely increased risk	20-200	alcohol together with drugs

Shulze et al., 2012; Griffiths, 2014

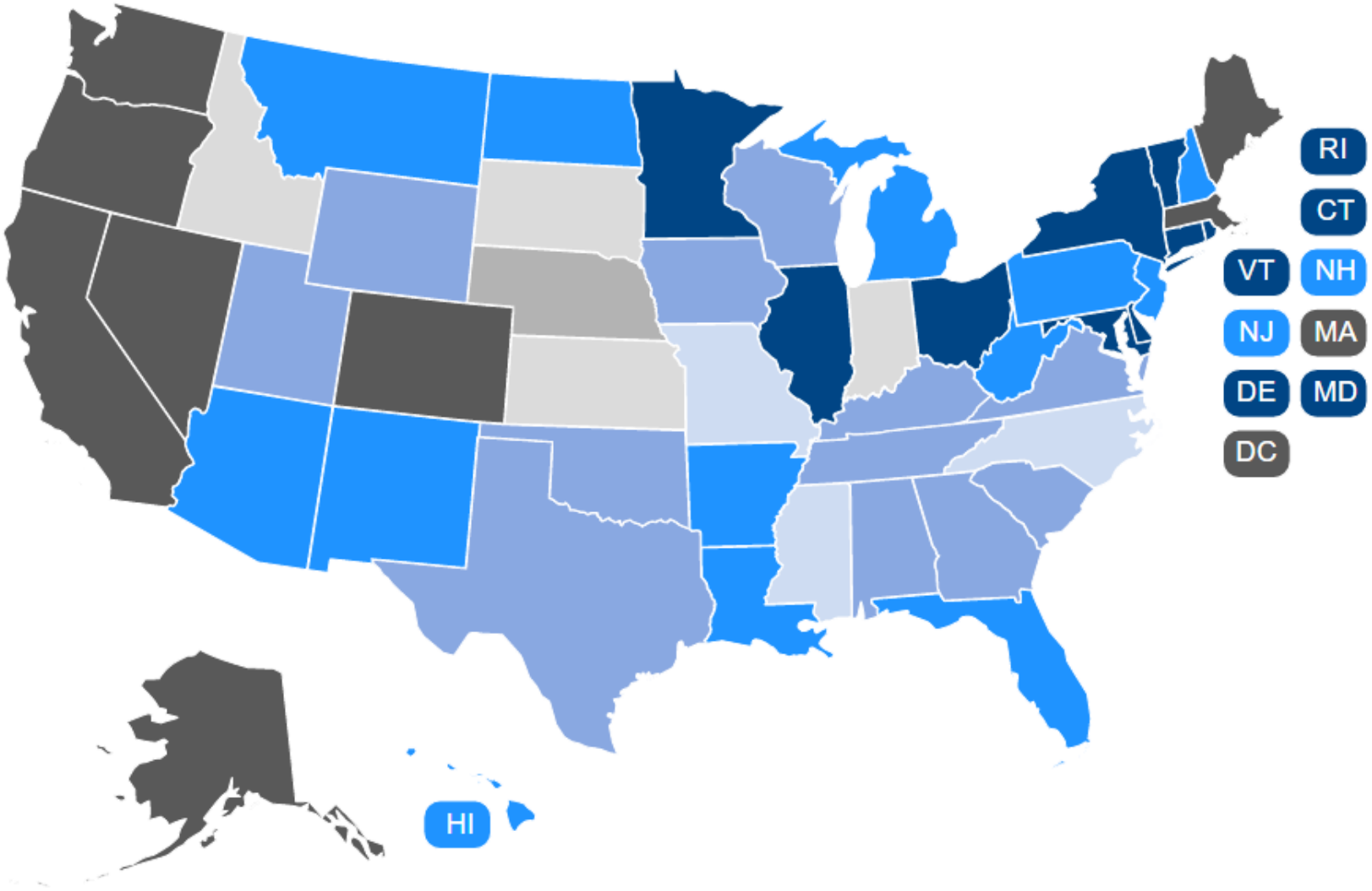
Marijuana crash risk

- **The crash risk found in the NHTSA study was no longer statistically significant after adjusting for driver age and gender.**
  - Young males are more likely to engage in risky driving behavior; they are also the demographic most likely to use cannabis.
- **A comprehensive review conducted by Elvik et al. (2013) found that marijuana increased crash risk by 26%.**
- **The DRUID project found that marijuana increases crash risk by a factor of 1 to 3 and that THC concentrations of 3.8ng causes impairment comparable to a BAC of .05.**
- **Other studies have found a doubling of risk of a driver being involved in a fatal or serious injury crash.**

Marijuana crash risk

- **NASEM report** (2017) - contains a rigorous review of scientific research published since 1999 regarding the health impacts of cannabis/cannabis products.
- Committee explored whether there was evidence of a statistical association between cannabis use and motor vehicle crashes.
- ***"Substantial evidence of a statistical association."***
- These findings indicate a need for research to ***"further specify the strength of this association and to identify any mediating factors."***

Marijuana and DUID Policy



STATE LAW: STATUS OF MARIJUANA LAWS - 2017

- Recreational and medical marijuana (8 states and DC)
- Medical marijuana and decriminalized (9 states)
- Medical marijuana (13 states)
- Non-psychoactive medical marijuana (cannabidiol: CBD) (12 states)
- Decriminalized and CBD medical marijuana (3 states)
- Decriminalized (1 state)
- Marijuana prohibition (4 states)

Why legalize?

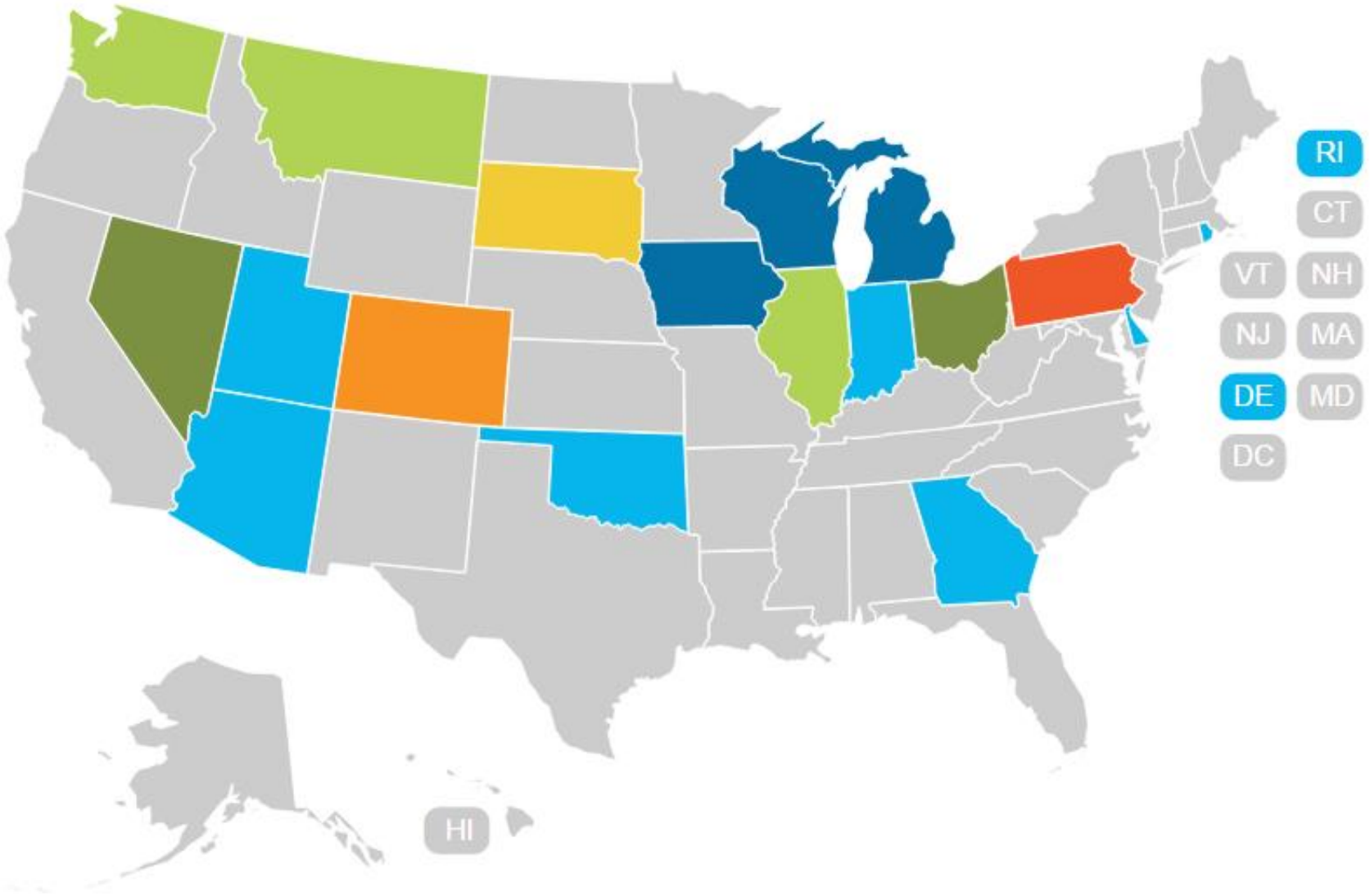
Colorado 2016: $1 billion in sales = $200 million in tax revenue

Policy implications: DUID laws

- **Drugged driving legislation is not as straightforward as other established impaired driving laws:**
  - Existing technology is limited in determining drug levels and resulting impairment; there is no agreed upon limit for which impairment can be reliably demonstrated.
  - Some drugs can be detected for days or even weeks after initial consumption further complicating the issue of proving impairment.
  - There is an ever expanding number of substances (synthetic and designer drugs) being manufactured that could potentially impair driving ability.

DUID laws

- There are three main policy typologies in which drugged driving statutes can be categorized:
  1. **Impairment laws:** requires law enforcement to prove impairment of the driver through the gathering/documentation of evidence. Linkages must be made to the documented behavioral evidence and recent drug use.
  2. **Per se laws:** specifies a legal limit for controlled substances; a person commits an offense if they have a detectable amount of the substance that exceeds the legal limit.
  3. **Zero tolerance laws:** a specific type of per se statute whereby the legal limit is set at zero. Driving with any measurable amount of a drug is classified as an offense (could include parent drug and its metabolites).



STATE LAW: MARIJUANA DRUG-IMPAIRED DRIVING LAWS

- Zero tolerance for THC only
- Zero tolerance for THC and metabolites
- Zero tolerance for THC and metabolites (applies only to drivers under age 21)
- THC per se (1 nanogram)
- THC per se (2 nanograms)
- THC per se (5 nanograms)
- Reasonable inference THC law (5 nanograms)
- No marijuana-specific drugged driving law

Marijuana DUID statutes

- **Zero tolerance for THC or metabolites: 9 states**
  - Arizona, Delaware, Georgia, Indiana, Illinois, Oklahoma, Rhode Island, South Dakota,* and Utah
- **Zero tolerance for THC only: 3 states**
  - Iowa, Michigan, and Wisconsin
- **Per se limits for THC: 5 states**
  - Pennsylvania (1ng); Nevada and Ohio (2ng); Montana and Washington (5ng)
- **Reasonable inference THC law:** Colorado (5ng)
- **Marijuana exemption in zero tolerance or per se laws: 3 states**
  - Minnesota, North Carolina, Virginia

Emerging trends in DUID legislation

- Increased nanogram limits
- Implied consent language
- Oral fluid/saliva testing
- Open container laws
- Enhanced penalties for poly-substance use
- ZT for under 21

DUID Enforcement & Prosecution

Traditional impaired driving enforcement

- **DUI is the *ONLY* crime where the police stop investigating once they obtain a minimum amount of evidence according to standard operating procedure.**
- **Current protocols prevent drug testing once a suspect registers an illegal BAC limit (.08>).**
- **Implications of this practice:**
  - Hinders the ability to measure the true magnitude of the drug-impaired driving problem is unknown.
  - Many DUI arrests are **inaccurately attributed to alcohol alone**.

Enforcement challenges

- **Many officers are not trained to identify the signs and symptoms of drivers impaired by drugs.**
- **Delays in collecting a chemical sample may allow drugs to metabolize; the driver's concentration levels may not reflect levels at the time of arrest.**
  - Warrant requirements for blood draws.
- **Drug testing is expensive and time-consuming (lab backlogs).**

DUID detection training

- **A variety of different detection strategies are available to law enforcement to identify drug-impaired drivers.**
- **It all begins with training:**
  - SFST academy and refresher training
  - Advanced Roadside Impaired Driving Enforcement (ARIDE) program
  - Drug Evaluation and Classification Program (DEC)

Drug Recognition Experts (DREs)

- **The DEC program was established in 1980 by the LAPD.**
- **Officers are required to go through three phases of training totaling more than 100hrs before they are eligible to receive DRE field certification.**
  - DRE Pre-School: 16hrs of classroom training
  - DRE School: 56hrs of classroom training
  - DRE Field Certification: approximately 80hrs
  - A total of **152 hours of training**
- **DREs must be recertified every two years (they must perform a minimum of four evaluations and attend eight hours of training in the process)**

Drug Recognition Experts (DREs)

- **DREs use a standardized 12-step protocol that allows them to determine whether a suspect:**
  - is impaired;
  - if that impairment is caused by drugs or can be attributed to a medical condition; and,
  - the category of drug(s) that are the cause of the impairment (seven categories).
- **Today, all 50 states, Canada, and the United Kingdom participate in the DEC program.**
  - But not every jurisdiction in the country has an officer trained as a DRE; often an issue of resources.
- For more information, visit www.decp.org


You can't hide driving under the influence of cannabis.
Drug Recognition Experts are trained to spot the signs.
DRUGGED DRIVING IS IMPAIRED DRIVING.
www.HeatIsOnColorado.com

ARIDE

- ARIDE was created in an effort to increase education and training among patrol officers more broadly.
- Designed to bridge the gap between SFST and the DEC program in that it is an additional 16 hours of training but does not amount to the level of knowledge and training that DREs receive.
- The program trains officers to observe and identify signs of drug-related impairment.
- Can be delivered in-person or online (free of cost to interested agencies).

DUID testing

Testing method	Location	Pros	Cons
Oral fluid/saliva	Roadside (screening)	- Identifies presence of recent use - Easy to administer - Inexpensive - Results in less than five minutes	- Quality of kits varies - Not overly sensitive, especially for cannabis - Not specific; generally test for drug classes - Short window of detection
Blood	Laboratory (evidentiary)	- 'Gold standard' - Conclusive, sensitive, and specific	- Short window of detection - Expensive (e.g., $300 in CO) - Requires trained individual to conduct blood draw
Urine	Laboratory (evidentiary)	- Long window of detection - Conclusive, sensitive, and specific	- Officers must observe suspects - Expensive
Oral fluid/saliva	Laboratory (evidentiary)	- Conclusive, sensitive, and specific	- Short window of detection - Very expensive - Few qualified labs

Oral fluid

- Would provide objective data to justify a DUID arrest and to require a blood or urine sample for an evidential test.
- Pilot testing of roadside oral fluid screening is ongoing throughout the country (e.g., CA, KY, OK).
- Several states have introduced legislation to either add oral fluid/saliva language to implied consent statutes or to establish their own pilots (e.g., MI, MD).

Future testing methods

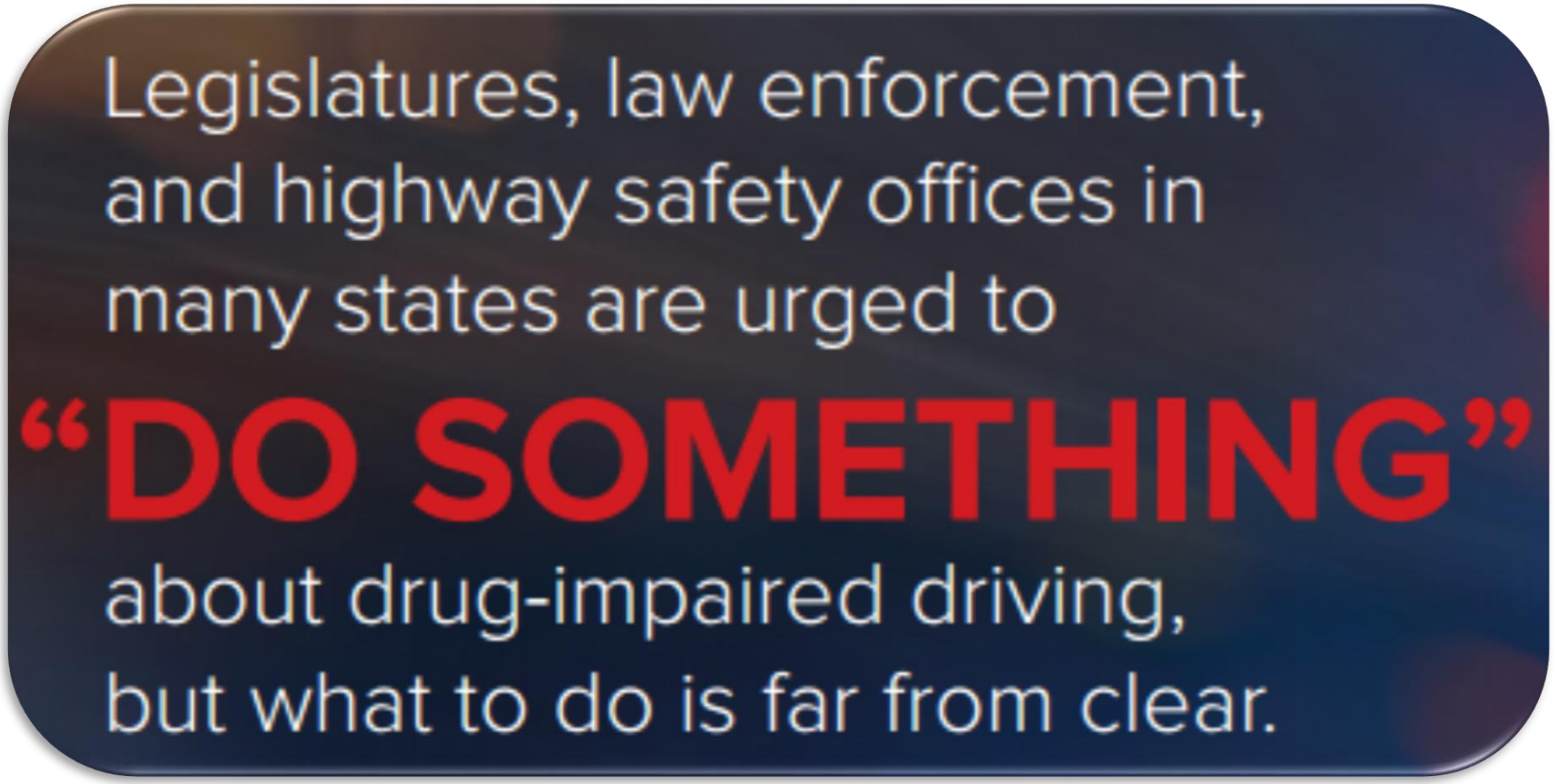
Cannabis breathalyzers

Intelligent fingerprinting

Prosecution issues

- Many prosecutors and judges are not familiar with drugged driving cases.
- Due to laboratory backlogs, drug test results may not be available when a DUID case goes to trial.
- Prosecution can be difficult because judges expect a specific drug concentration; they may not accept DRE evidence of impairment.
- Need to overcome jury perceptions with respect to marijuana harm and performance on SFSTs.

SOLUTIONS


Legislatures, law enforcement,
and highway safety offices in
many states are urged to
"DO SOMETHING"
about drug-impaired driving,
but what to do is far from clear.

Report authored by Dr. Jim Hedlund

Recommendations formed by an expert panel consisting of representatives from:

- NHTSA
- ONDCP
- GHSA
- National Traffic Law Center
- AAMVA
- Colorado HSO
- WTSC
- Institute for Behavior and Health
- Responsibility.org

What can states do?

Planning

- Assess your state's drugged driving issues
- Build broad partnerships
- Create a drugged driving strategic plan

Education

- Survey public opinions and attitudes
- Develop and implement a campaign
- Develop targeted messaging for high-risk groups

Colorado: *Drive High, Get A DUI*

RESPONSIBILITY.ORG

FOUNDATION FOR ADVANCING ALCOHOL RESPONSIBILITY

CONSUMING CAN CAUSE CRASHING.

It takes up to two hours for an edible to affect you.
Don't be behind the wheel when your high hits.

IF YOU'RE HIGH, DON'T DRIVE.

DRIVE HIGH GET A DUI

CDOT COLORADO Department of Transportation

CO COLORADO MOVING TOWARDS ZERO DEATHS

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Colorado: *Drive High, Get A DUI*

What can states do?

Laws and sanctions

- Zero tolerance for illegal drugs
- Zero tolerance for drivers under 21 for all drugs
- Enhanced penalties for polysubstance use
- ALR for drugged drivers
- Mandatory screening/assessment and treatment
- Separate DUI and DUID charges
- Modify implied consent language
- Appropriations for law enforcement training

POLICY OPTIONS

Establish a state task force to address DUID.

Include every facet of the DUI system, including advocacy groups and other interested parties, to create a strategic plan to prevent and reduce DUID.

Require treatment if indicated by an assessment.

Tie treatment completion to re-licensing as a condition of probation.

Provide more tools to law enforcement.

- Provide funding to train officers (DRE/ARIDE).
- Launch an oral fluid pilot program to identify DUID drivers effectively and efficiently.

Increase the number of DUI or hybrid DUI/Drug Courts.

Increase the number of DUI or hybrid DUI/Drug Courts in your state to deal with the highest-risk offenders (e.g., repeat offenders). These programs are highly effective in reducing recidivism and saving costs.

Establish enhanced penalties for polysubstance-impaired driving.

Drugs used in combination or with alcohol cause greater impairment and heighten crash risk. This justifies tougher sanctions similar to those in place with drivers who have high blood alcohol concentrations (BACs of .15 >).

Improve your state's DUID data collection.

- Mandate alcohol and drug testing of all fatally-injured drivers.
- Encourage alcohol and drugs testing for surviving drivers in fatal and serious-injury crashes.

Create parity in sanctions between DUI and DUID where appropriate.

Many states have unequal penalties for DUI and DUID.

Mandate screening and assessment.

All impaired drivers need substance use and mental health disorder screening/assessment to identify underlying causes of offending and to reduce recidivism.

Establish a zero tolerance law for all drugs, including marijuana, for drivers under the age of 21.

Impairment plus inexperience increases youth crash risk relative to other age groups. This law establishes parity with existing zero tolerance laws for alcohol for drivers under the age of 21.

Separate DUI and DUID statutes.

It is important to accurately quantify alcohol, drug, and polysubstance-impaired driving and not report all three as a single behavior.

Ensure that the language in your DUID statute is broad enough.

Ensure that the language in your DUID statute is broad enough to include inhalants and emerging synthetic/designer drugs.

Additional Sources

For more information about DUID, refer to **Drug-Impaired Driving: A Guide for What States Can Do**, produced by the Governors Highway Safety Association (GHSA) with funding from Responsibility.org. It summarizes the state of knowledge on DUID and identifies state actions to address the problem.

What can states do?

Train practitioners

- Law enforcement (ARIDE and DEC)
- Prosecutors (NTLC, TSRPs)
- Judges (JOLs, National Judicial College)
- Probation (NHTSA/APPA Probation Fellow)

Testing

- Test all fatally-injured drivers for drugs
- Test all DUI arrestees for drugs
- Develop accurate, inexpensive, and convenient roadside testing devices (e.g., oral fluid)

What can states do?

Prosecution and adjudication

- Screen and assess all DUI/DUID offenders to identify substance use disorders and mental health issues (CARS: www.carstrainingcenter.org)
- ***Place high-risk, high-need DUID offenders in a DUI Court setting***
- Utilize intensive supervision and treatment interventions as appropriate
- Alcohol and drug testing

What can states do?

Data collection

- Track DUID and DUI separately in crash, arrest, court data
- Use surveys to track public knowledge and attitudes

Research

- Evaluate the effectiveness of drugged driving laws and education/awareness campaigns
- Continue research on establishing the impairment produced by different concentrations of the most widely-used drugs

Why have we made progress?

- Passage of laws to target multiple facets of the problem
- Sustained and high visibility enforcement efforts
- Identifying the countermeasures that work; evaluation and strengthening of programs
- Targeting high-risk offenders
- Assessment and treatment
- Public education and awareness
- Changing societal norms

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