

Drug-Impaired Driving: A Very Brief Introduction

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A GUIDE FOR WHAT STATES CAN DO





What's in the Report

- Definition: what drugs can impair
- Data: problem size and characteristics
- Science: drug levels, impairment, and crash risk
- Laws: different types, what states have in place now
- Enforcement: SFST, DEC, oral fluid, blood testing
- Prosecution and adjudication: challenges and strategies
- Training: what's available and useful
- Sanctions and treatment: what's effective
- Education: what are states doing now
- Recommendations for states

Definition: What Drugs Can Impair

- Illegal drugs
 - Narcotics, stimulants, depressants, hallucinogens
- Legal, non-medicinal
- Prescription medications
- OTC medications



Hundreds of different drugs with more created constantly

- FARS has codes for 430 specific drugs or metabolites
- Marijuana is illegal, legal, or medicinal in different states
- Designer and synthetic drugs

Report concentrates on illegal drugs and marijuana

Yes, Drugs Are Confusing

Nation & World Watch

From Gannett and wire reports

► Washington: Feds won't reclassify marijuana

The Obama administration has decided marijuana will remain on the list of most-dangerous drugs, fully rebuffing growing support across the country for broad legalization, but said it will allow more research into its medical uses.

The decision to expand research into marijuana's medical potential could pave the way for the drug to be moved to a lesser category. Heroin, peyote and marijuana, among others, are considered Schedule I drugs because they have no medical application; cocaine and opiates, for example, have medical uses and, while still illegal for recreational use, are designated Schedule II drugs.

The decision means pot will remain illegal for any purpose under federal law, despite laws in 25 states and District of Columbia that have legalized pot for either medicinal or recreational use.

USA Today Aug. 12, 2016

Data: Problem Size and Characteristics

FARS 2014, dead drivers, known test results

- 41% with drugs; just under 1/3 of these were marijuana
- 39% with alcohol (any positive BAC)

NHTSA roadside survey 2013-14

- 22.5% with drugs, both weekday days and weekend nights
- 13% with marijuana on weekend nights
- 8% with alcohol on weekend nights; 1.5% with BAC .08 or above

Survey (NSDUH)

- About 20% of young adults age 18-25 and about 6% of adults age 26+
 use illegal drugs or marijuana at least monthly
- Needed: good data on drug involvement in crashes

Science: Drug Levels, Impairment, Crash Risk

- Any drug can impair experimental studies
 - Impairment can increase for drug combinations or drugs with alcohol
- Any drug can increase crash risk
 - Good crash risk studies are difficult; lots of not-so-good studies
- Needed: crash risk for common drugs (perhaps impossible)



Science: Presence vs. Impairment

- ▶ Presence of a drug ≠ impairment
 - Some drugs or metabolites may stay in the body for days or weeks
 - Drugs affect individuals differently lots of experimental evidence

Science: Marijuana as an Example

Marijuana and impairment

 Marijuana impairs motor skills and cognitive functions including vigilance, distance perception, coordination, divided attention, and reaction time – in experimental studies

Marijuana and crash risk

- Studies show increase in crash risk anywhere from 0% to 200%
- No scientific consensus

Measuring marijuana in the body

- THC concentrations drop to 20% of peak 30 minutes after smoking,
 while impairment lasts for hours
- Marijuana metabolites can be detected weeks after smoking
- Contrast with alcohol: BAC ≈ impairment ≈ crash risk

Laws: Types, Current Status

Impairment laws (driving under the influence of drugs-DUID)

- Illegal to drive while abilities impaired
- All states
- To enforce: observe behavior, link to evidence of a drug

Per se laws

- Illegal to drive with amounts over the per se limit
- 6 states, for some drugs
- To enforce: chemical evidence of drug

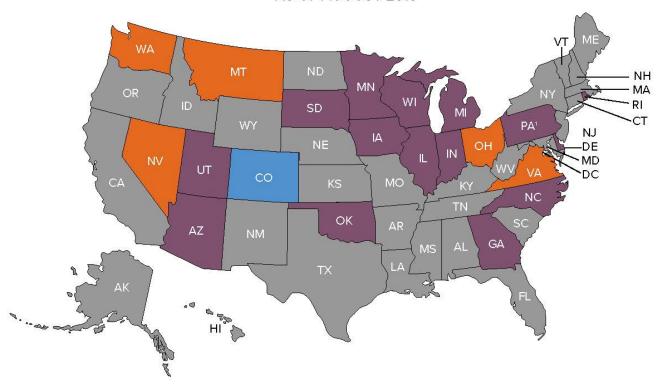
Zero tolerance laws

- Illegal to drive with any measureable amount (could include metabolites)
- 15 states, for some drugs
- To enforce: chemical evidence of drug
- Needed: evaluations of per se and zero tolerance laws

STATE BY STATE:

DUID ZT or Per se for Some Drugs

AS OF AUGUST 2015



1 Pennsylvania has both a zero tolerance law for some drugs and a1 ng per se law for THC. Pennsylvania's1 ng per se law is in effect a zero tolerance law. Click on a color to highlight the states in that category

- Per se limit greater than zero for some drugs
- Zero tolerance for some drugs
- Reasonable inference law with a limit greater than zero for THC

SHOW FULL MAP

NCSL 2015c. 11

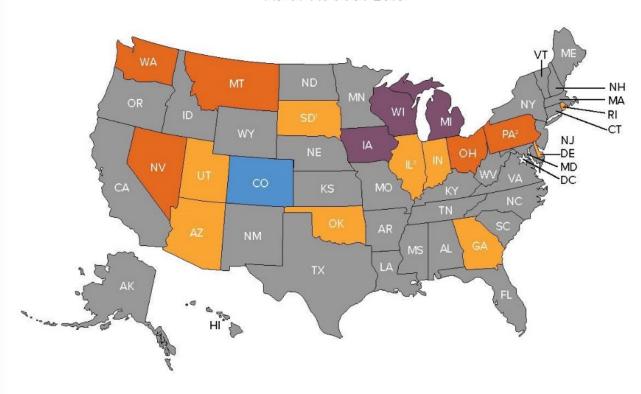
SUMMARY OF CURRENT LAWS FOR MARIJUANA IMPAIRED DRIVING

18 states have zero tolerance or non-zero *per se* laws for marijuana.

- 9 states: zero tolerance for THC or a metabolite (AZ, DE, GA, IL, IN, OK, RI, SD, UT).
- 3 states: zero tolerance for THC but no restriction on metabolites (IA, MI, WI).
- 5 states: per se limits for THC of 1 ng (PA), 2 ng (NV and OH), or 5 ng (MT and WA); NV, OH, and PA also have non-zero per se limits for metabolites.
- 1 state: reasonable inference law for THC with a 5 ng limit (CO).

STATE BY STATE: Marijuana Drug-Impaired Driving Laws

AS OF AUGUST 2015



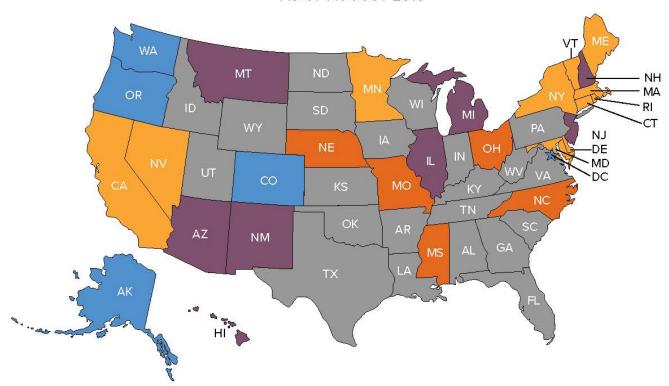
- South Dakota is a zero tolerance state only for drivers under the age of 21.
- 2 Pennsylvania is often classified as both a zero tolerance and per se state. A minimum threshold of 1 ng is needed for a chemical test to be admitted into evidence for prosecution purposes.
- 3 Illinois is currently classified as a zero tolderance state. However, legislation has been passed and is awaiting the Governor's signature that would create a 15 ng per se limit.
- Zero tolerance for THC and metabolites
- Zero tolerance for THC only
- THC per se

 Reasonable inference THC Law
- No zero tolerance or per se laws for marijuana

STATE BY STATE:

Marijuana Possession and Use Laws

AS OF AUGUST 2015



Click on a color to highlight the states in that category

- Decriminalized (not medical or recreational)
- Medical (not decriminalized or recreational)
- Decriminalized and medical but not recreational
- Everything—recreational, decriminalized, and medical

SHOW FULL MAP

Enforcement: SFST, DEC, Blood, Oral Fluid

At the roadside

- Stop driver for traffic violation, observe impairment
- Screening: SFSTs can screen for some drugs
- Oral fluid screening kits: 5 minutes, \$20

At the station

- DEC: need trained DRE, exam takes 90 minutes
- Chemical evidence, usually blood: must draw quickly

At the lab

Drug analysis can cost \$150-300; labs often backed up

Training

- Advanced Roadside Impaired Driving Enforcement (ARIDE)
- Drug Evaluation and Classification (DEC) Program
- Needed: accurate, quick, cheap roadside screening for common drugs

Prosecution and Adjudication

Prosecutors and judges

- Often not familiar with DUID cases; different from DUI
- If both alcohol and drug charges, often drop drug charge
 - Alcohol is simpler, easier to convict

Training

- National:
 - National Traffic Law Center (NTLC)
 - National Center for DWI Courts (NCDC)
 - National Judicial College (NJC)
- State:
 - Traffic Safety Resource Prosecutors (TSRP)
 - Judicial Outreach Liaisons (JOL)



Sanctions and Treatment

- Drug and alcohol screening
 - New assessment tools:

CARS: Computerized Assessment and Referral System

Cambridge Health Alliance

IDA: Impaired Driving Assessment

American Probation and Parole Association

- Drug treatment: used in most states
- Intensive supervision: used in many states
- DWI and Drug Courts
 - 448 combined DWI/drug (hybrid) courts concentrating on DUID offenders
 - 2,800 drug courts

Education Challenge: Perceptions of Risk

- Many common misperceptions about drugged driving, especially for marijuana
 - Drugged driving isn't a serious problem
 - Drugs don't impair driving and may in fact improve it
 - Drugged driving isn't illegal
 - Drugged drivers won't be detected or arrested
- Needed: effective drugged driving education campaigns

Recommendations for States

- 1. Planning
- 2. Education
- 3. Laws and sanctions
- 4. Training
- 5. Testing
- 6. Prosecution and adjudication
- 7. Data

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