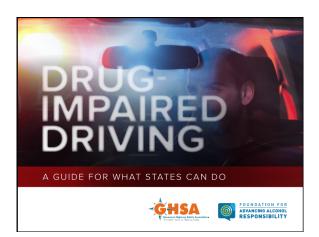


Drug-Impaired Driving: What the Research Says

(and what's still not known)

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Drug-Impaired Driving: A Guide for What States Can Do

GHSA report released Sept. 30

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- Available at <u>www.GHSA.org</u>

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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

Yes, There Is Research

Studies with key words "drugs" and "driving" in the title as of April 2016

1990 and later: 581 2000 and later: 440 2010 and later: 170

Research Areas

- ▶ **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

Background: 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 (e.g., synthetic cannibinoids/cathinones)

Report concentrates on illegal drugs and marijuana

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 BAC)
- NHTSA roadside survey 2013-14
 - 22.5% with drugs, both weekday days and weekend nights
 - 13% with marijuana on weekend nights
 - $^{\circ}~$ 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 if drugs are used in combination or together 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

- 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 or 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.

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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.

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Laws: Types, Current Status

- Impairment laws (driving under the influence of drugs-DUID)
 - Illegal to drive while abilities impaired
 - All states
 - $^{\circ}\,$ To enforce: observe behavior, link to evidence of a drug

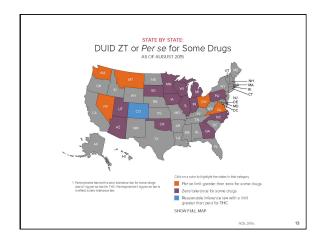
Per se laws

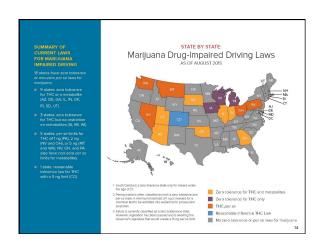
- $^{\circ}\,$ Illegal to drive with amounts over the $\it per\,se$ limit
- 6 states, for some drugs
- $^{\circ}\,$ To enforce: chemical evidence of drug

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

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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

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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

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Education Challenge: Perceptions of Risk

- There are many common misperceptions about drugged driving, specifically marijuana-impaired driving. Some people think that:
 - Drugged driving is not a serious problem.
 - Drug use does not adversely affect driving and may improve it (due to compensation strategies).
- There are no laws prohibiting drugged driving (i.e., it is not illegal).
- The likelihood of detection and apprehension for drugged driving is low.
- Needed: effective drugged driving education campaigns

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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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Drug-Impaired Driving:	
A Guide for What States Can Do	
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Recommendations for States

1. Planning

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

2. Education

Develop and implement a campaign

3. Laws and sanctions

- Zero tolerance for illegal drugs
- Zero tolerance for drivers under 21 for all drugs
- Per se law for marijuana if recreational use is legal
- · Examine your DUID laws and revise as needed
- Screening tests, implied consent, separate DUI and DUID charges, etc.

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Recommendations for States

4. Training

- Law enforcement: ARIDE and DEC
- Prosecutors and judges: through NTLC, TSRPs, NJC, JOLs

5. Testing

- Test all fatally-injured drivers for drugs
- Test all DUID arrestees for drugs
- Ensure that labs will provide timely drug test results

${\bf 6.\ Prosecution\ and\ adjudication}$

- Screen and assess all DUID and DUI offenders
- Use drug courts, intensive supervision, and drug treatment

7. Data

- $^{\circ}\,$ Track DUID and DUI separately in crash, arrest, court data
- Use surveys to track public knowledge and attitudes

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National Needs

Education

- $\,^\circ\,$ A national drug-impaired driving campaign
- · Materials for prosecutors, judges, legislators



Enforcement

- Accurate, cheap, convenient roadside oral fluid kits
- $\,{}^{\circ}\,$ Evaluate SFST usefulness for drugs

Data

- Drug testing best practices: which drugs, what thresholds
- Improved drug reporting in FARS

Research

- Evaluate drug law and program effects
- Study impairing effects of most common drugs

