



# Impaired Driving: What's New and Trending

## 2021 Lifesavers National Conference on Highway Safety Priorities

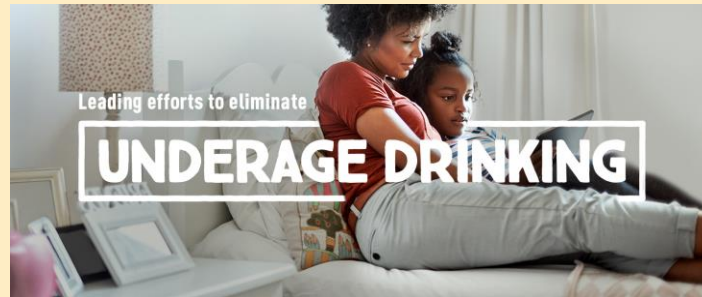
**Speakers: Darrin T. Grondel**  
**April 26, 2021**

# COMMITMENT TO RESPONSIBILITY

Responsibility.org members have invested nearly \$300 million in policy development, educational programs and public awareness campaigns to fight drunk driving and underage drinking.



Leading efforts to **eliminate** drunk driving and working with others to **end** all impaired driving.



Leading efforts to **eliminate** underage drinking.



Empowering adults to make a lifetime of responsible alcohol choices as part of a balanced lifestyle.



# Responsibility.org Position Statements



## Oral Fluid Screening for Impaired Drivers

Increases in drug and multi-substance impaired driving call for expanded drug testing on the roadside. For officers who are not specially trained in drug impairment detection, oral fluid screening can aid in identifying drivers that may have recently consumed drugs who would otherwise escape detection.

**How oral fluid field screening works.** Oral fluid screening detects recent drug use but does not detect impairment. It is collected and analyzed in under 10 minutes which is important as drug levels dissipate quickly while impairment remains. Oral fluid screening devices typically include an oral fluid collection system consisting of a collection device and test cartridge and an analyzer. Law enforcement officers obtain samples using the collection device and insert them into the analyzer which determines drug presence by an objective reading of the test strip.



Oral fluid test devices screen for specific drugs or drug classes that commonly appear among impaired drivers [cannabis (Tetrahydrocannabinol (THC)), cocaine, methamphetamine, amphetamine, opioids, and benzodiazepines]. A positive result indicates recent drug use which alongside the officer's evaluation of impairment, can aid in detecting recent consumption of drugs (i.e., not several days or weeks prior to arrest).

Oral fluid screening devices are preliminary screening tests that can be used to establish probable cause in combination with other evidence. At the time of testing, the officer has concluded that a driver is impaired using the SFST and is subsequently unable to safely operate a motor vehicle. The on-site oral fluid screen is used to identify what drug class(es) is/are likely causing the observed impairment. The devices indicate drug presence above established cut-off levels. They do not detect quantifiable drug levels and are not admissible in court as evidence. Only a confirmation sample analyzed in a forensic laboratory, such as a blood test or a secondary oral fluid sample, can be used for evidentiary purposes.

Oral fluid screening device performance is variable and depends on the quality of the instrumentation. Therefore, agencies must be careful when determining which instruments to deploy in the field. Pilot testing is one option available to assess the overall accuracy of devices and obtain officer feedback about performance and usability. The Society of Forensic Toxicologists (SOFT) offers [guidelines](#) for establishing oral fluid pilots.

### Oral fluid screening offers the following advantages:

- Identifies **recent drug use (within 24 hours)**;
- Easy, fast, gender neutral collections that are minimally invasive;
- No warrant required to collect samples;
- Demonstrated accuracy, sensitivity, and specificity;
- Results may support search warrant requests for additional chemical samples;
- Quick identification of both drug and multi-substance impaired drivers (including those with a BAC above .08);
- Admissible in certain hearings (e.g., probable cause);



## Increase Drug Testing in Impaired Driving Cases

As more drivers are tested for drugs, it has become apparent that many alcohol-impaired drivers are actually multi-substance impaired drivers who avoid detection (see WA and CO data in Grondel, 2018 and Bui & Reed, 2019). **Driving under the influence (DUI) is the only crime where the investigation stops after minimal evidence is obtained due to standard operating procedure.** If a law enforcement officer observes impairment and detects a blood alcohol concentration (BAC) above the legal limit, the investigation typically ends, saving time and money. Many laboratory policies prohibit drug testing if a BAC is above .08 or .10 unless a request for additional testing is made, allowing drivers impaired by multiple substances to avoid accountability. If drug use is not identified, it cannot be monitored or treated and multi-substance impaired driving, which poses a much higher crash risk, remains significantly underreported. **Every impaired driving investigation – whether it involves alcohol, drugs, or both – is a race against the clock.**

When DUI cases involve drugs, time delays are significant, and the most compelling evidence (i.e., drug levels in the blood) dissipates quickly. In most states, blood tests confirm drug presence in a DUI suspect's system. However, due to delays in obtaining blood draws, test results often do not reflect drug concentration levels at the time of driving on account of rapid metabolism. When a suspect refuses to voluntarily submit to a breath test or a blood draw, a warrant must be obtained. Additionally, in most jurisdictions, a certified healthcare professional must perform the blood draw in a medical facility. This process can add up to two additional hours, possibly more in rural areas. To guard against the loss of evidence, officers must efficiently collect blood or other chemical samples that are then analyzed to confirm drug presence in DUI cases. **Four strategies are being implemented in a growing number of jurisdictions to increase the efficiency of this process:**

- **Electronic warrant systems (e-warrants)** that facilitate timely blood sample collection in DUI cases when people refuse to voluntarily submit to testing.
- **Law enforcement phlebotomy programs** that reduce time required to obtain a blood sample and safeguard against other issues.
- **Oral fluid drug testing** for DUI suspects, regardless of BAC level, to identify drug presence at roadside and determine the need for a blood draw.
- **Building laboratory capacity** to ensure toxicology labs can handle testing demands, are adequately staffed, and using advanced technology.

**Electronic warrant systems (e-warrants)** help officers quickly obtain a search warrant for blood to accurately determine BAC or toxicology results and streamline the arrest process. Other benefits of e-warrants include reduced workloads, fewer errors, stronger DUI cases, speedier case resolutions, fewer burdens on the system, reduced refusal rates, and public deterrence. Minnesota's e-Charging platform reduced error rates from 30% to nearly zero and practitioners report increased ease in obtaining warrants. With an e-warrant system, submissions can be prepared in under 10 minutes and the review, approval, and return process can be completed in 15-20 minutes. Implementation recommendations and examples of robust systems can be found in our [Guide to Implementing Electronic Warrants](#). Both the International Association of Chiefs of Police (IACP)



## Multi-substance Impaired Driving

Multi-substance impaired driving is the operation of a motor vehicle while impaired by drugs and alcohol or a combination of drugs. Research has continually shown that drugs used in combination or with alcohol produce greater impairment than substances used on their own (Compton, et al., 2009; Romano et al., 2014; Schulze et al., 2012). In describing this increased level of impairment, the analogy of **1+1=3** is often used to convey the higher risk associated with using multiple substances at the same time. This multiplicative impairment effect poses a higher crash risk on our roadways.

### Research & Data Highlights:

- In 2016, 50.5% of fatally injured drug-positive drivers (with known drug test results) were positive for two or more drugs and 40.7% were found to have alcohol in their system (NHTSA FARS as cited in Hedlund, 2018).
- The Driving under the Influence of Drugs, Alcohol and Medicines (DRUID) project of the European Commission found that individuals who drive under the influence of alcohol and drugs are up to 200 times more likely to be involved in a crash (Schulze et al., 2012; Griffiths, 2014).
- Washington State data revealed that multi-substance impairment was the most common type of impairment found among drivers involved in fatal crashes between 2008 and 2016. Among drivers involved in fatal crashes during this timeframe, 44% tested positive for two or more substances with alcohol and Tetrahydrocannabinol (THC) being the most common combination (Grondel et al., 2018).
- The National Survey on Drug Use and Health (NSDUH) revealed that of the 19.3 million individuals age 18 and over who had a substance use disorder in 2018, 12.9% (2.5 million) struggled with the use of both illicit drugs and alcohol (SAMHSA, 2019).



### Current Detection Challenges:

Multi-substance impaired driving is underreported. Most law enforcement officers are trained to identify alcohol-impaired drivers, but unfortunately, many do not receive specialized training to identify the signs and symptoms of drug impairment [e.g., Advanced Roadside Impaired Driving Enforcement (ARIDE) training or Drug Recognition Expert certification].

# Complexity of Impaired Driving and Public Perception

	DRUGGED DRIVING	DRUNK DRIVING
Number:	Hundreds of drugs	Alcohol is alcohol
Use by Driver, Presence in Crashes:	Limited Data	Abundant Data
Use by Drivers:	Increasing	Decreasing (at time of survey)
Impairment:	Varies by type	Well-documented
Beliefs & Attitudes:	No strong attitudes/public indifferent	Socially unacceptable

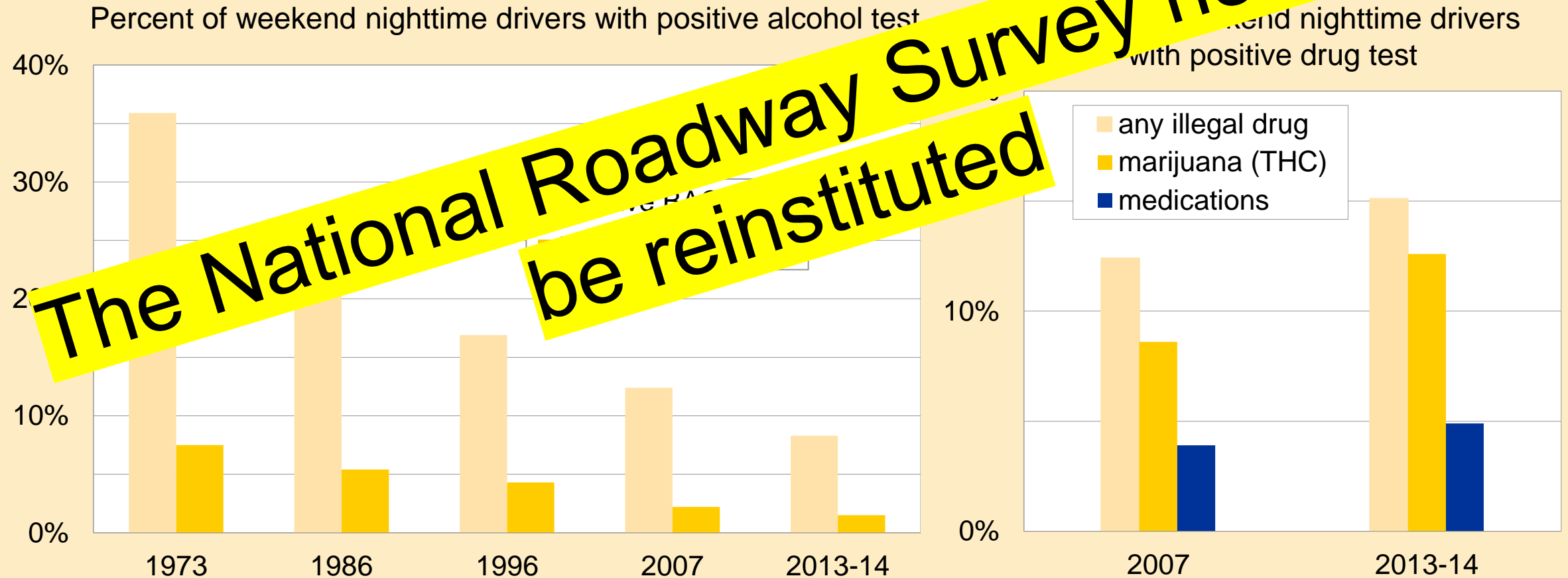
NHTSA National roadside survey: ~1-4 drivers tested positive for drugs 22.4% daytime weekday drivers and 22.5% weekend nighttime drivers (20% increase from 2007).

Percentage of drivers with cannabis in their system increased 50% (8.6% in 2007 to 12.6% in 2013-14).



# The National Roadside Survey

Random survey including collection of biological specimens for estimating alcohol (since 1973) and drugged driving (since 2007) prevalence.



Source: Insurance Institute for Highway Safety, Status Report. Vol. 50 No.4, May 12, 2015  
<http://www.iihs.org/externaldata/srdata/docs/sr5004.pdf>

# “Marijuana Opportunity Reinvestment and Expungement Act of 2020” or the “MORE Act of 2020”

116<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

## H. R. 3884

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IN THE SENATE OF THE UNITED STATES

DECEMBER 7, 2020

Received; read twice and referred to the Committee on Finance

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## AN ACT

To decriminalize and deschedule cannabis, to provide for reinvestment in certain persons adversely impacted by the War on Drugs, to provide for expungement of certain cannabis offenses, and for other purposes.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

### SECTION 1. SHORT TITLE.

This Act may be cited as the “Marijuana Opportunity Reinvestment and Expungement Act of 2020” or the “MORE Act of 2020”.

### SEC. 2. FINDINGS.

The Congress finds as follows:

- (1) The communities that have been most harmed by cannabis prohibition are benefiting the least from the legal marijuana marketplace.
- (2) A legacy of racial and ethnic injustices, compounded by the disproportionate collateral consequences of 80 years of cannabis prohibition enforcement, now limits participation in the industry.
- (3) 36 States, the District of Columbia, Puerto Rico, and Guam have adopted laws allowing legal access to cannabis, and 15 States, the District of Columbia, and the Commonwealth of the Northern Mariana Islands have adopted laws legalizing cannabis for adult recreational use.
- (4) A total of 47 States have reformed their laws pertaining to cannabis despite the Schedule I status of marijuana and its Federal criminalization.



# Cannabis Policy: Public Health and Safety Issues and Recommendations

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A REPORT

BY THE

UNITED STATES SENATE CAUCUS  
ON  
INTERNATIONAL NARCOTICS CONTROL

ONE HUNDRED SEVENTEENTH CONGRESS  
FIRST SESSION

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MARCH 2021

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<http://drugcaucus.senate.gov>

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WASHINGTON, D.C.

## Recommendations

***Recommendation:*** Given the need to better understand the public health impacts associated with cannabis use and its potential to treat serious medical conditions, the Caucus strongly supports efforts to reduce research barriers.

***Recommendation:*** National Institute of Health (NIH) and the Food and Drug Administration (FDA) to conduct research into the impacts associated with high-potency cannabis and make a recommendation on whether states should introduce **caps** on THC;

***Recommendation:*** The Caucus strongly urges the federal government to accelerate research regarding the detection of cannabis impaired driving, including the development of standardized field testing. The Caucus urges NHTSA to increase funding for the DRE and ARIDE programs so that the maximum number of law enforcement and other personnel can be trained on how best to detect cannabis impaired driving. The Caucus further urges Congress to increase federal funding for state forensic and toxicology labs to ensure that testing for cannabis impaired driving is expanded and required, so that available data more accurately reflects the scope of the problem, and to expand innovative and effective programs, such as DUI/DWI courts.

# What does Impairment look like in your State, County, City?





DUID testing is difficult  
and complex. There are

430

specific drugs or metabolites  
in the national highway safety  
fatality database.

Source: Fatality Analysis Reporting System (FARS)



**RESPONSIBILITY.ORG**

## WHAT ARE EFFECTS OF DRUGS ON DRIVING?

Driving under the influence of drugs affects you and everyone around you.



### MARIJUANA

Slows reaction time and impairs judgment of time and distance



### METHAMPHETAMINE OR COCAINE

Aggressive and reckless behaviors



### OPIOIDS

Drowsiness and impaired memory and thinking skills



### SEDATIVES

(benzodiazepines, barbiturates, etc.)  
Dizziness and drowsiness



National Institute  
on Drug Abuse

For more information, visit NIDA's Drugged Driving DrugFacts at [drugabuse.gov/publications/drugfacts/drugged-driving](https://drugabuse.gov/publications/drugfacts/drugged-driving).

**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](http://www.HeatIsOnColorado.com)



**THIS IS A SIGN THAT  
YOU SHOULDN'T  
DRIVE HIGH**







**DON'T  
OPERATE HEAVY  
MACHINERY...  
LIKE YOUR CAR.**



 **NHTSA**





# Data Drives the Narrative

- The percentage of traffic deaths in which at least one driver tested positive for drugs has nearly doubled over a decade. (USA Today, 2016) (Source: <https://driving-tests.org/driving-statistics/>).
- The number of alcohol-positive drivers killed in crashes who also tested positive for drugs increased by 16% from 2006 to 2016 (Governors Highway Safety Association, 2017).
- Among drug-positive drivers killed in crashes, 4% tested positive for both marijuana and opioids, 16% for opioids only, 38% for marijuana only, and 42% for other drugs (Governors Highway Safety Association, 2017).
- 50.5% of fatally injured drug-positive drivers (with known drug test results) were positive for two or more drugs and 40.7% were found to have alcohol in their system (NHTSA FARS as cited in Hedlund, 2018).
- In 2019, 13.7 million people (ages 16 and older) drove after using illicit drugs. Of that total, 12.8 million people were under the influence of marijuana ([2019 National Survey on Drug Use and Health: Detailed Tables](#)).

# Presence of Substances Among Drivers During

Drug Category	Before (N= 1,880)		During (N= 1,123)	
	n	%	n	%
Alcohol	400	21.3	302	26.9*
Cannabinoids^	402	21.4	350	31.2*
Stimulants	190	10.1	115	10.2
Sedatives	158	8.4	95	8.5
Opioids	142	7.6	145	12.9*
Antidepressants	37	2.0	5	0.4*
Over-the-Counter	43	2.3	18	1.6
Other Drugs	27	1.4	20	1.8
At Least 1 Category	959	51.0	714	63.6*
Multiple Categories	341	18.1	267	23.8*

^ Active THC ( $\Delta$ -9-THC or 11-OH-THC)

\* Significantly different ( $p < .05$ ) compared to Before period



U.S. Department  
of Transportation  
National Highway  
Traffic Safety  
Administration



DOT HS 813 018

October 2020

## Drug and Alcohol Prevalence in Seriously and Fatally Injured Road Users Before and During the COVID-19 Public Health Emergency

Thomas, F. D., Berning, A., Darrah, J., Graham, L., Blomberg, R., Griggs, C., Crandall, M., Schulman, C., Kozar, R., Neavyn, M., Cunningham, K., Ehsani, J., Fell, J., Whitehill, J., Babu, K., Lai, J., and Rayner, M. (2020, October). Drug and alcohol prevalence in seriously and fatally injured road users before and during the COVID-19 public health emergency (Report No. DOT HS 813 018). National Highway Traffic Safety Administration.

# Marijuana over activates parts of the brain that contain the highest number of [certain] receptors, which leads to the “High.”

Other effects include:

- altered senses (for example, seeing brighter colors)
- altered sense of time
- changes in mood
- impaired body movement
- difficulty with thinking and problem-solving
- impaired memory
- hallucinations (when taken in high doses)
- delusions (when taken in high doses)
- psychosis (risk is highest with regular use of high potency marijuana)



NIDA. 2019, December 24. Marijuana DrugFacts. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/marijuana> on 2021, March 24



# Inhaling - Pulmonary

Smoking



Vaporizing



Dabbing



## Oral - Digestive Edibles



Inhaler

Capsules



## Raw Cannabis





# Trans mucosal – sublingual, intranasal, rectal, ocular

## Tincture



## Lozenges



## Spray - oral/nasal



## Suppository



## Transdermal



# Law Enforcement Tech Solutions



E-Warrants




Ocular Data Systems (DAX)



E-fingerprints

Technologies to Enhance  
Observation, Documentation,  
and Training for  
**Driving Under the Influence  
of Drugs Enforcement**




February  
2021

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 **Criminal Justice Testing  
and Evaluation Consortium**  
A Program of the National Institute of Justice

<https://cjtec.org/files/603525f4d862e>



# Dräger DrugTest 5000

## System Components



**Test Kit**  
Detection of up to  
8 drug types



**Analyzer**  
Objective result  
verification and  
advanced data  
management



**Accessories**  
Flexible use in  
multiple  
situations

# Oral Fluid



Abbott	
12:00 30 APR 19	
RESULTS:	
COC	POSITIVE
OPI	POSITIVE
MAMP	NEGATIVE
THC	NEGATIVE
BZO	NEGATIVE
AMP	NEGATIVE
OK	





# Green Lab

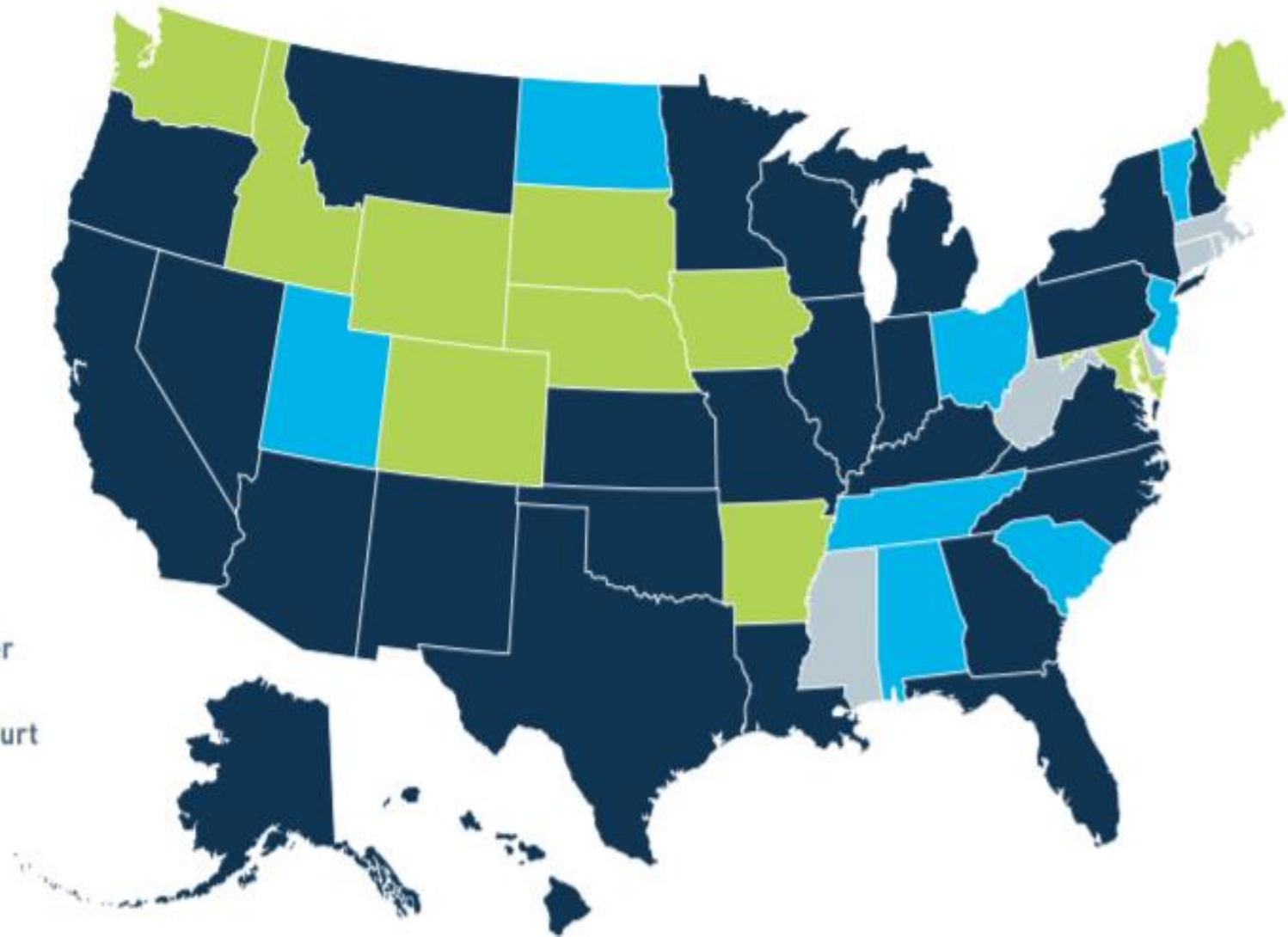
National Sheriffs Association and Responsibility.org's  
National Alliance to Stop Impaired Driving hosting a  
Cannabis Impairment Detection Workshop

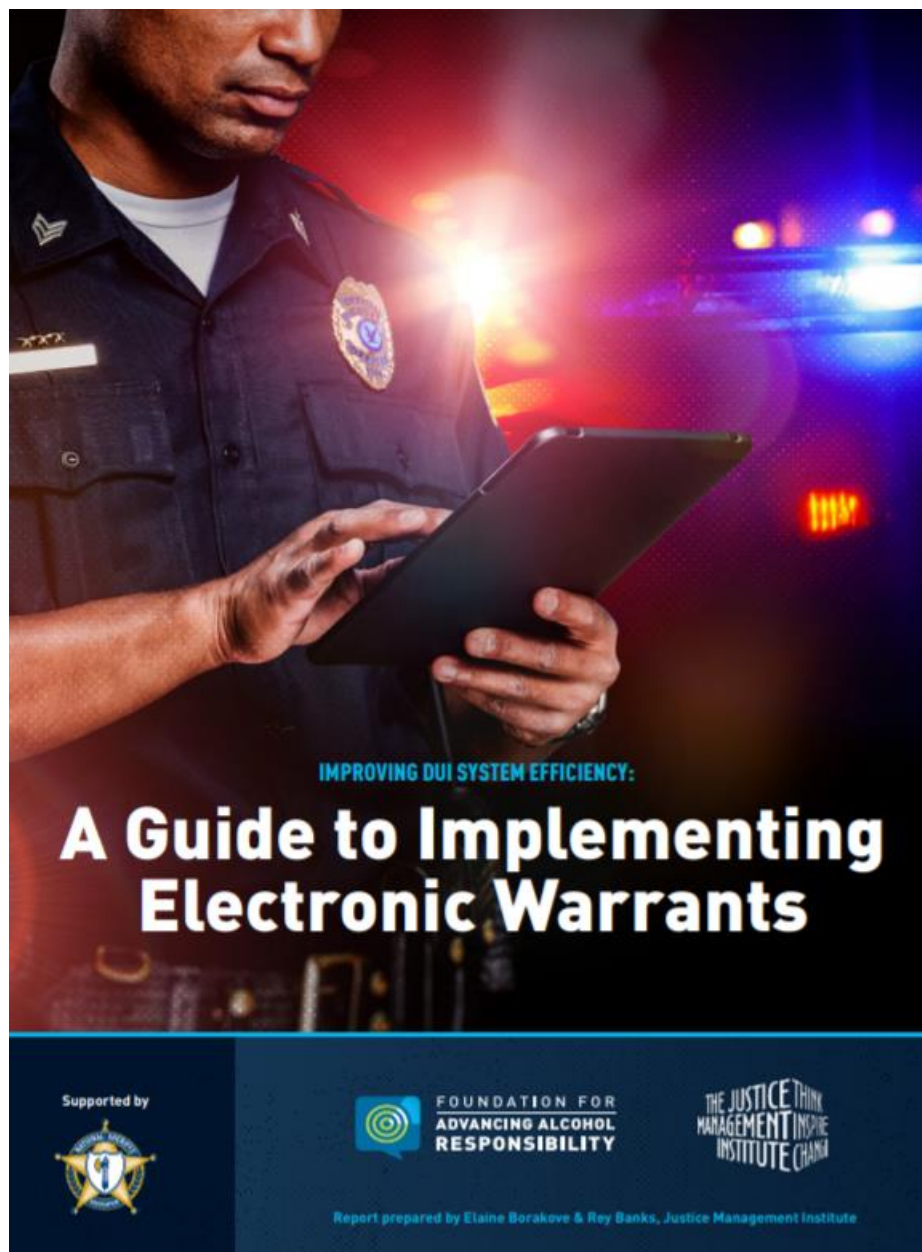
May 13, 2021 - 1:00 – 2:30 pm ET



[https://www.responsibility.org/wp-content/uploads/2020/11/FAAR\\_4090-Cannabis-Impairment-Detection-Workshop-Handbook\\_V-3-002.pdf](https://www.responsibility.org/wp-content/uploads/2020/11/FAAR_4090-Cannabis-Impairment-Detection-Workshop-Handbook_V-3-002.pdf)

# Electronic Warrants (E-Warrants) Authorization





## eWarrants Report



### eWarrants Implementation Guide

Read this guide to understand the importance of eWarrants.

DOWNLOAD



### Executive Summary

Discover why we created this eWarrants guide and why it's needed.

DOWNLOAD



### Legislative Checklist

This checklist outlines what's most critical for supporting eWarrants.

DOWNLOAD

[www.responsibility.org/ewarrants](http://www.responsibility.org/ewarrants)



# W FORCEMENT LEBOTOMY TOOLKIT: uide to Assist Law Enforcement ncies With Planning and ementing a Phlebotomy Program



Department of Transportation  
National Highway Traffic Safety  
Administration



March 2019

## Toolkit Contents

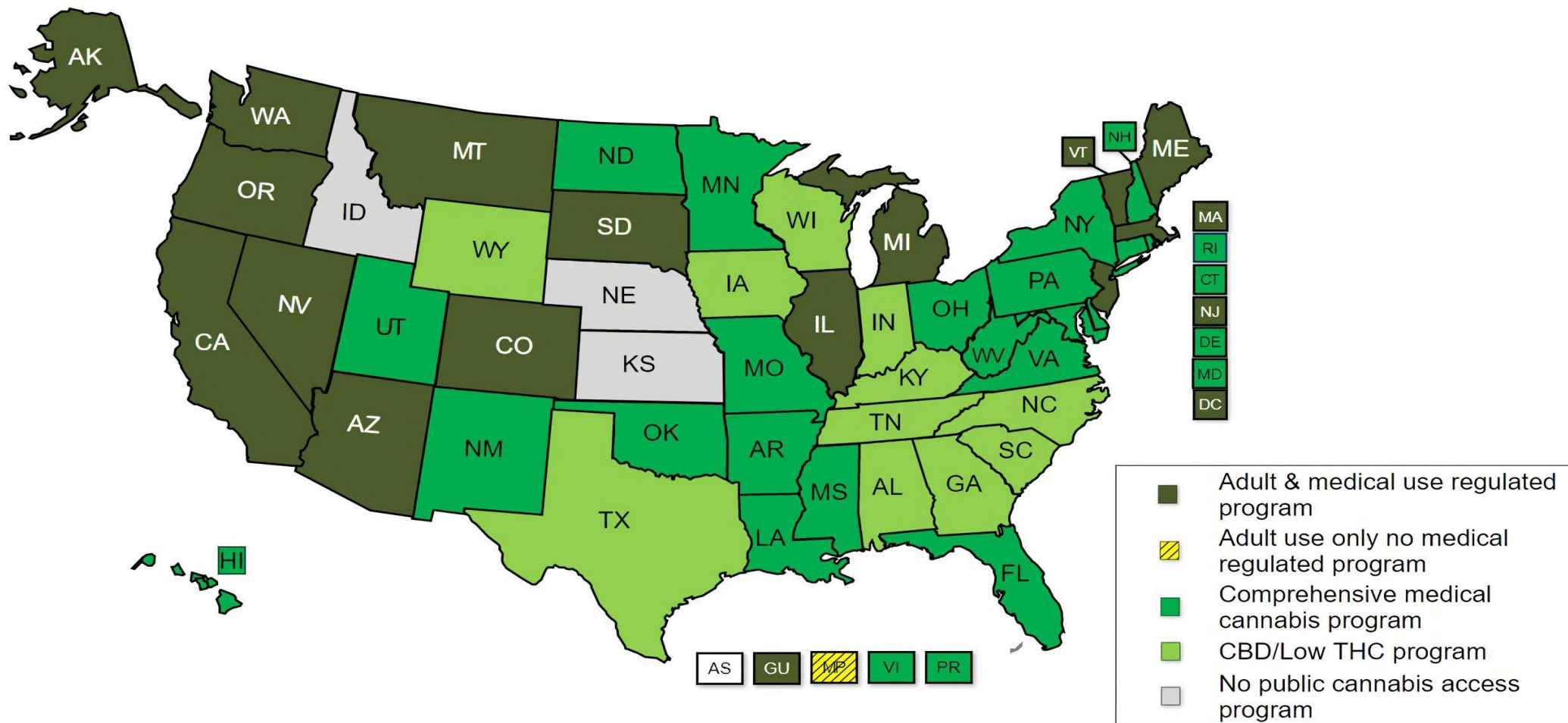
- ❖ Understanding the need for and importance of a law enforcement phlebotomy program
- ❖ Planning and implementing a phlebotomy program
- ❖ Training
- ❖ Addressing liability concerns
- ❖ Barriers and how to overcome them
- ❖ Costs
- ❖ Tips for implementing and sustaining a successful law enforcement phlebotomy program
- ❖ Additional resources

[https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/documents/14222-phlebotomy\\_toolkit\\_final-032819-v1a\\_tag\\_0.pdf](https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/documents/14222-phlebotomy_toolkit_final-032819-v1a_tag_0.pdf)





# CBD Legal States in 2021



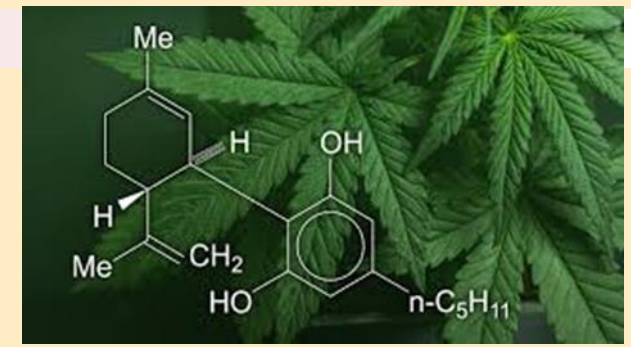
<https://cbd.market/cbdblog/cbd-oil-legality-in-usa>

# Regulation of CBD

- Is CBD legal in the U.S? Agricultural Improvement Act – the 2018 Farm Bill allows for CBD from Hemp
- Federal - Food and Drug Administration has **not** approved CBD for any disease or condition
  - **Exception** - Epidiolex – Purified form of CBD – Seizures - Lennox-Gastaut syndrome or Dravet syndrome, and tuberous sclerosis complex.
  - Prescribed by a medical provider and medication guide due the impacts
- The Federal Food, Drug and Cosmetic Act (FD&C) addresses unapproved products with product claims it treats, diagnosis, mitigates, treats or cures various diseases.
- Is it legal in your State? Check your state laws as they differ (<https://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx>)
  - Some states legalized for CBD products that are **approved by the Food and Drug Administration** (FDA), so is this a safeguard for the state?
    - Some include both FDA approval and **<0.3% THC**
  - Some **<0.3% THC**, no edibles, exception gelatin cubes (who is testing this for the quantity?)
  - Some require the CBD comes from Hemp extracts. What about consumer safety with products attractive to children?
  - Medical use in some states vary in THC concentration level (VA, GA **<5% THC** concentration in CBD)

# Regulation

- Manufacturing process of CBD products has not been assessed by the FDA
- “A regulatory standard for labeling accuracy of CBD does not exist” (Geoffrey et al, 2021)
- No third-party regulatory process nationally or at state level to verify product ingredients, contaminants, or quality.
- FDA sent out five warning letters in December of 2020 to companies who are illegally selling unapproved CBD products in violation of the FD&C.
- Impaired Driving – the FDA found that CBD can cause sleepiness, sedation, and lethargy, based on their research with **Epidiolex**. Remember, if stopped and taking CBD products with THC concentrations, the THC could be detected.





# What is something new you are seeing?

Fentanyl/etizolam seems to be replacing the Fentanyl and Methamphetamine pairing.

What is etizolam?

- It is a Thienodiazepine, which is a benzodiazepine analog
- Schedule I drug in some states and is used recreationally
- It is a central nervous system depressant – *muscle relaxant, anti-convulsion medication, sleep aid, sedative, and anti-anxiety*

The FDA has not approved Etizolam for clinical use in the US, making it susceptible to adulterations.

It is available in Japan, Italy and India.

Typically taken as an oral dose but addicts crush and snort.

Is your lab seeing etizolam? Do you test for it? Likely underreported.



In the chat box, I wonder what other drugs you are seeing that are new to the scene?

# What are you seeing in your Drug Data?

## 2020 Top Ten Drugs in One Community

- \* **Methamphetamine** - 1874
- \* **Heroin** - 752
- \* **Fentanyl** - 533
- \* **Marijuana** - 391
- \* **Alprazolam** - 175
- \* **Delta 9-Tetrahydrocannabinol (THC)** - 156
- \* **Cocaine** - 132
- \* **Buprenorphine** - 74
- \* **Psilocin** - 34
- \* **Tramadol** - 32

## Novel Psychoactive Drugs/ Fentanyl Analogs – Indicated or Confirmed

- Flualprazolam
- Etizolam
- Clonazolam
- Delta 8 THC (Yes, Delta 8)
- 4' Methyl Acetylfentanyl
- Valeryl fentanyl

# National Toxicology Resource Program

## **Responsibility.org and Wisconsin State Laboratory of Hygiene Launch Pilot Program to Assess Nationwide Toxicology Lab Resources**

- Conduct a national assessment on toxicology laboratories to identify challenges, success, gaps, and funding considerations:
  - Utilize research and best practices to promote standardized toxicology methodologies, concentration levels, and procedures to enhance toxicology evidence and national data.
  - Work with state, local, and private labs to determine obstacles precluding drug testing in all DUID cases (examples: instrumentation needs, personnel, legislative policies, funding, cut off procedures such as .08 or .10 BAC, other limitations).
  - Provide training in conjunction with the Society of Forensic Toxicologists (SOFT), Law Enforcement Liaison (LEL) Program, Traffic Safety Resource Prosecutor (TSRP) programs, judges, state highway safety offices, National Governors Association, National Center of State Legislators, National District Attorneys Association, and other opportunities the expand the reach and understanding of toxicology.
  - And so much more...!







### VIOLATIONS REPORTED TO CLEARINGHOUSE CONTINUED

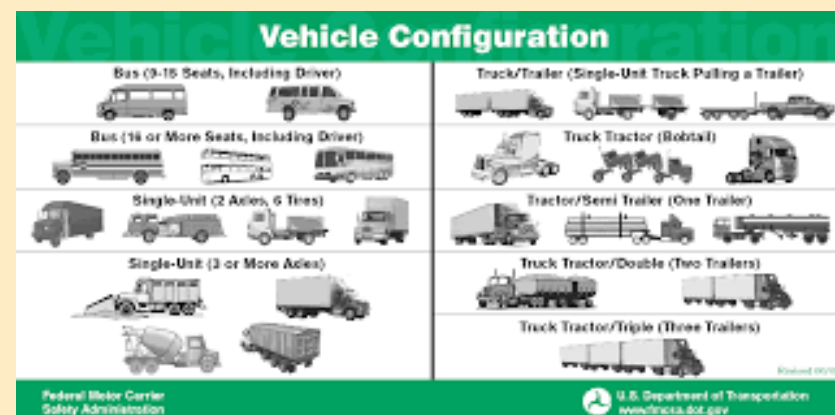
Positive drug tests account for **81%** of the total violations reported.

See chart to the right and the graph below for a breakdown of the number of times a driver tested positive for each substance.

#### SUBSTANCES IDENTIFIED IN POSITIVE DRUG TESTS as of 3/1/2021

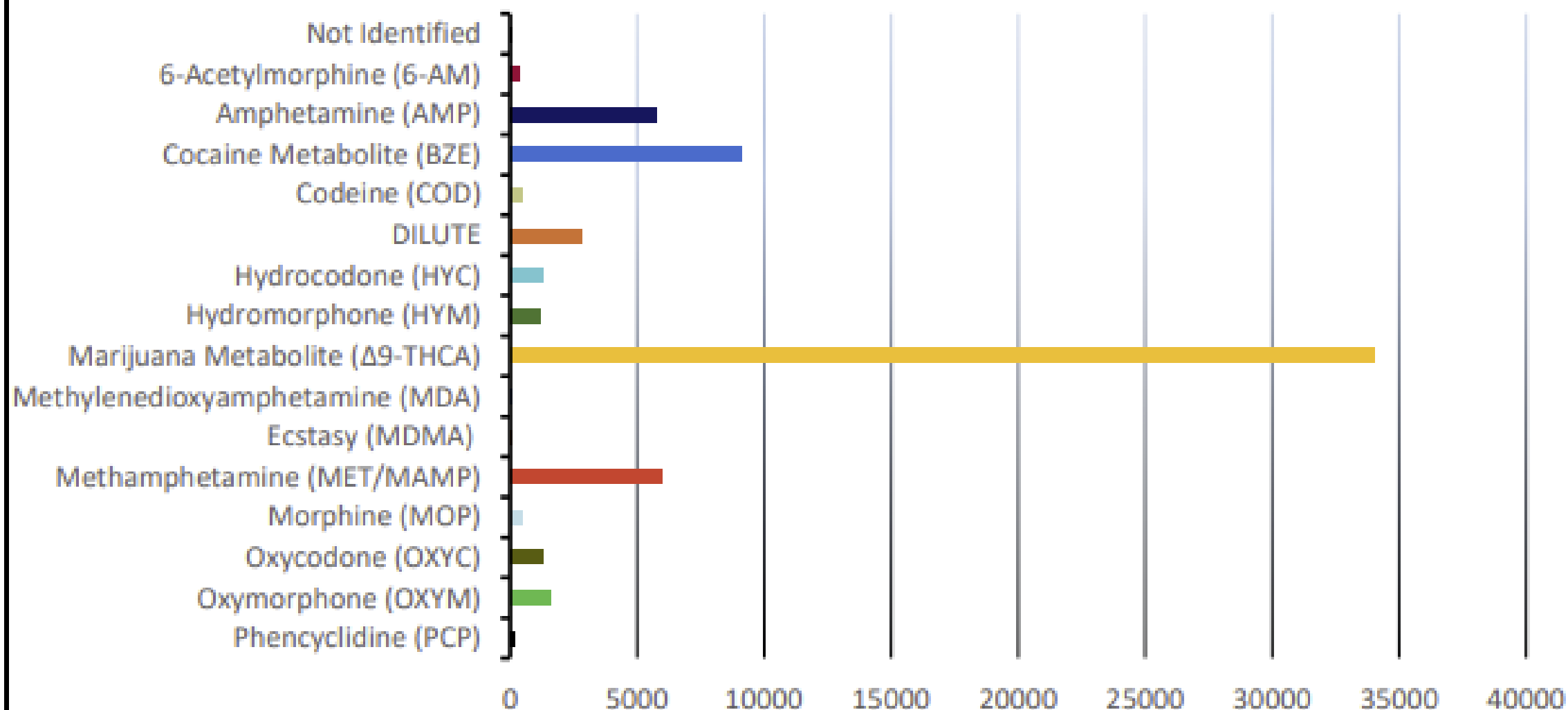
Substance	# Tests Identified (Total since January 6, 2020)
Not Identified	43
6-Acetylmorphine (6-AM)	328
Amphetamine (AMP)	5,702
Cocaine Metabolite (BZE)	9,047
Codeine (COD)	433
DILUTE	2,806
Hydrocodone (HYC)	1,223
Hydromorphone (HYM)	1,136
Marijuana Metabolite ( $\Delta$ 9-THCA)	34,018
Methylenedioxymphetamine (MDA)	34
Ecstasy (MDMA)	71
Methamphetamine (MET/MAMP)	5,947
Morphine (MOP)	493
Oxycodone (OXYC)	1,265
Oxymorphone (OXYM)	1,568
Phencyclidine (PCP)	159
<b>All substances</b>	<b>64,273</b>

Note: More than one substance can appear in a positive drug test



## SUBSTANCES IDENTIFIED IN POSITIVE DRUG TESTS

(since January 6, 2020)



*Positive drug tests reported as of 3/1/2021*

# NASID

**National Alliance to Stop Impaired Driving**

Founded By

**RESPONSIBILITY.ORG**







# Mission

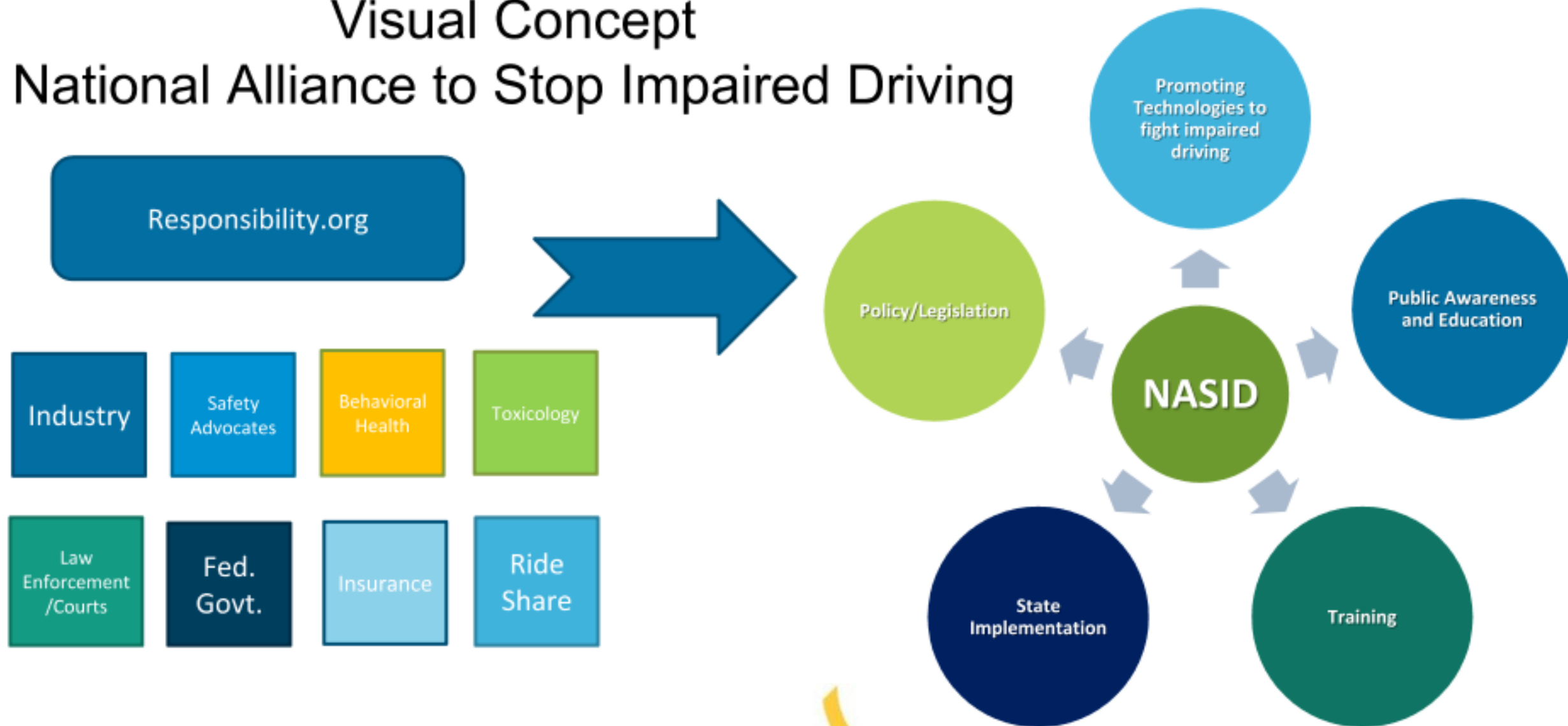
The National Alliance to Stop Impaired Driving (NASID) works to eliminate all forms of impaired driving, especially multiple substance impaired driving, through DUI system reform, DUI detection, data improvements and technology to effectively fight impaired driving. NASID is a broad coalition of stakeholders working in a public/private partnership to achieve these goals. We encourage collaboration between law enforcement, prosecutors, judges, toxicologists, academics, safety advocates, and industry to work together toward the goal of eliminating impaired driving.

## Purpose

NASID provides national leadership to identifying and promoting solutions to impaired driving, including expanded chemical testing among impaired drivers, training for criminal justice practitioners, toxicology lab capacity, improvement and programs to increase the likelihood of recovery and reductions in recidivism. Our work includes state and federal advocacy efforts, public awareness and education, and state implementation of effective programs.

# Visual Concept

## National Alliance to Stop Impaired Driving





**Eliminate Impaired driving**

**IT'S NOT  
IMPOSSIBLE  
– IT JUST HASN'T  
BEEN DONE YET.**



## Contact Information to Sign up with NASID

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Vice President – Government Relations and Traffic Safety

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