DRUNK AND HIGH BEHIND THE WHEEL: TACKLING THE GROWING THREAT OF POLYSUBSTANCE-IMPAIRED DRIVING

WEDNESDAY, DEC. 2, 2020
3 P.M. ET / 2 P.M. CT / 1 P.M. MT / NOON PT
WHAT IS NCSL?

- National Conference of State Legislatures
- Members = 50 state legislatures and territories
  - 7,383 legislators; 30,000+ staff

NCSL...
- Provides bipartisan research and analysis
- Links legislators and staff with each other and experts
- Speaks on behalf of states in D.C.
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SPEAKERS:

Darrin Grondel
Vice President
Government Relations and Traffic Safety
Responsibility.org

Jake Nelson
Director
Traffic Safety Advocacy & Research
AAA National
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 MEMBER COMPANIES

Enhancing a legacy of responsibility and recognizing the power of collective action.
Partners & Collaboration
The Challenge of Polysubstance Use

What is Polysubstance Use?

Yes, all impairing substances!

Is Polysubstance just about drugs?

Does it include Alcohol?
It is time to repeat the National Roadside Survey

<table>
<thead>
<tr>
<th>Tested positive for</th>
<th>Weekday</th>
<th>Weekend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illegal drugs, including marijuana</td>
<td>12.1%</td>
<td>15.2%</td>
</tr>
<tr>
<td>Medication</td>
<td>10.3%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>11.7%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>1.1%</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

There is no science showing that drivers reliably become impaired at a specific level of marijuana in the blood. Depending on the individual, drivers with relatively high levels of marijuana in their system might not be impaired, while others with low levels may be unsafe behind the wheel. This finding is very different from alcohol, where it is clear that crash risk increases significantly at higher BAC levels.

High THC levels may drop below legal thresholds before a test is administered to a suspected impaired driver. The average time to collect blood from a suspected driver is often more than two hours because taking a blood sample typically requires a warrant and transport to a facility. Active THC blood levels may decline significantly and could drop below legal limits during that time.

Marijuana can affect people differently, making it challenging to develop consistent and fair guidelines. For example, frequent users of marijuana can exhibit persistent levels of the drug long after use, while drug levels can decline more rapidly among occasional users.
EMERGING ISSUE:
DRIVERS IMPAIRED BY MULTIPLE SUBSTANCES

Combining drugs or drugs and alcohol and then driving can have a multiplicative effect on impairment and a much higher crash risk.

Recent data from Washington state shows multi-substance impairment was more common than any other type of impairment in fatal crashes from 2008-2016. In fact, among drivers involved in fatal crashes, 44 percent tested positive for two or more substances with alcohol and THC being the most common combination (Grondel, et al., 2018).
# Complexity of Impaired Driving and Public Perceptions

<table>
<thead>
<tr>
<th></th>
<th>DRUGGED DRIVING</th>
<th>DRUNK DRIVING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number:</strong></td>
<td>Hundreds of drugs</td>
<td>Alcohol is alcohol</td>
</tr>
<tr>
<td><strong>Use by Driver, Presence in Crashes:</strong></td>
<td>Limited Data</td>
<td>Abundant Data</td>
</tr>
<tr>
<td><strong>Use by Drivers:</strong></td>
<td>Increasing</td>
<td>Decreasing (at time of survey)</td>
</tr>
<tr>
<td><strong>Impairment:</strong></td>
<td>Varies by type</td>
<td>Well-documented</td>
</tr>
<tr>
<td><strong>Beliefs &amp; Attitudes:</strong></td>
<td>No strong attitudes/public indifferent</td>
<td>Socially unacceptable</td>
</tr>
</tbody>
</table>
Man caught driving 130 mph was allegedly high on LSD and intended to kill Sen. Claire McCaskill

by Spencer Neale, Breaking News Reporter | November 11, 2020 07:50 PM

A Utah man who was allegedly driving at speeds of over 130 mph told police he was high on LSD and planned to kill former Sen. Claire McCaskill, according to court documents.

Missouri police arrested 36-year-old George William Stahl, who was allegedly recklessly driving during a snowstorm and later told officers he wanted to kill McCaskill “if she wasn’t dead already.”

“He smelled of an alcoholic beverage and his eyes were glassy and bloodshot,” stated the affidavit. “Stahl stated that he was on Adderall and LSD and beer.”
Data Drives the Narrative for Action!

- 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)

- 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)

- 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)
Data Drives the Narrative for Action!

- In 2017, there were 8,585 fatal crashes where at least one driver tested positive for drugs, accounting for 25% of all fatal crashes. There were 9,561 fatalities in crashes involving drugs where at least one driver involved in the crash tested positive for drugs, accounting for 26% of fatal crashes.

- In 2017, drugs were present in nearly **48% of fatally** injured drivers with a known test result, up from 38% in 2010.

- In 2018, 8,867 people were killed in motor vehicle crashes were at least one driver tested positive for drugs, accounting for 24% of fatal crashes. Twenty-three percent (or 7,890) of fatal crashes involved drugs (i.e., at least one driver tested positive).

Multi-substance impaired driving enforcement

DUI is the *ONLY* crime where the investigation stops after obtaining a minimum amount of evidence.

- Current protocols prevent drug testing once a suspect registers an illegal BAC.
- Implications:
  - Hinders the ability to measure the true magnitude of the drug-impaired driving problem.
  - Many DUI arrests are inaccurately attributed to alcohol alone.
# Drug Categories and Their Common Effects

<table>
<thead>
<tr>
<th>CNS DEPRESSANTS</th>
<th>CNS STIMULANTS</th>
<th>HALLUCINOGENS</th>
<th>DISASSOCIATIVE ANESTHETICS</th>
<th>NARCOTIC ANALGESICS</th>
<th>INHALANTS</th>
<th>CANNABIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>Cocaine</td>
<td>LSD (acid)</td>
<td>PCP</td>
<td>Heroin</td>
<td>Solvents</td>
<td>Marijuana</td>
</tr>
<tr>
<td>Valium</td>
<td>Crack</td>
<td>MDMA (ecstasy)</td>
<td>Ketamine</td>
<td>Hydromorphone</td>
<td>(gasoline,</td>
<td>Hash</td>
</tr>
<tr>
<td>Prozac</td>
<td>Methamphetamine</td>
<td>Peyote</td>
<td>DXM (cough medicine)</td>
<td>Viscidin</td>
<td>paint thinner)</td>
<td>Hash oil</td>
</tr>
<tr>
<td>Xanax</td>
<td>Ritalin</td>
<td>Psilocybin</td>
<td>Palude</td>
<td>Morphine</td>
<td>Aerosols (spray cans)</td>
<td>Marlinol</td>
</tr>
<tr>
<td>Soma</td>
<td>Xyrem</td>
<td>mushrooms</td>
<td>Methadone</td>
<td>OxyContin</td>
<td>Anesthetic gases (chloroform, whipped cream spray cans, nitrous oxide)</td>
<td>Dronabinol</td>
</tr>
<tr>
<td>Rohypnol (roofer)</td>
<td></td>
<td></td>
<td></td>
<td>Percodan</td>
<td></td>
<td>K2</td>
</tr>
</tbody>
</table>

**COMMON EXAMPLES**

<table>
<thead>
<tr>
<th>PUPIL SIZE REACTION TO LIGHT</th>
<th>BODY TEMPERATURE</th>
<th>MUSCLETEONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>Normal</td>
<td>Flaccid</td>
</tr>
</tbody>
</table>

**OTHER INDICATORS**

- Euphoria
- Depression
- Laughing/crying for no reason
- Reduced ability to divide attention
- Disoriented
- Sluggish
- Thick, slurred speech
- Drunken-like behavior
- Droopy eyes
- Fumbling
- Relaxed inhibitions
- Slowed reflexes
- Uncoordinated
- Droopy

**POLY DRUG USE**

The use of two or more drugs of different categories will cause the body to display a combination of effects. This is because each drug works independently. The results of poly drug use may be unpredictable but will generally show some indicators of each drug used. Alcohol and cannabis are the most common mixers with other drugs.

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A project of the Northwest Washington Target Zero Coalition - Thanxndyou.com

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RESPONSIBILITY.ORG
Presence of Substances Among Drivers During COVID-19

<table>
<thead>
<tr>
<th>Drug Category</th>
<th>Before (N=1,880)</th>
<th>During (N=1,123)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>400</td>
<td>21.3</td>
</tr>
<tr>
<td>Cannabinoids</td>
<td>402</td>
<td>21.4</td>
</tr>
<tr>
<td>Stimulants</td>
<td>190</td>
<td>10.1</td>
</tr>
<tr>
<td>Sedatives</td>
<td>158</td>
<td>8.4</td>
</tr>
<tr>
<td>Opioids</td>
<td>142</td>
<td>7.6</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>37</td>
<td>2.0</td>
</tr>
<tr>
<td>Over-the-Counter</td>
<td>43</td>
<td>2.3</td>
</tr>
<tr>
<td>Other Drugs</td>
<td>27</td>
<td>1.4</td>
</tr>
<tr>
<td>At Least 1 Category</td>
<td>959</td>
<td>51.0</td>
</tr>
<tr>
<td>Multiple Categories</td>
<td>341</td>
<td>18.1</td>
</tr>
</tbody>
</table>

* Active THC (Δ-9-THC or 11-OH-THC)
* Significantly different (p < .05) compared to Before period

Drugs and Alcohol Prevention in Seriously and Fatally Injured Road Users Before and During the COVID-19 Public Health Emergency

### Substances Identified in Positive Drug Tests

**Positive drug tests account for 80% of the total violations reported.**

![Drug & Alcohol Clearinghouse](image)

**Substances Identified in Positive Drug Tests as of 6/1/2020**

<table>
<thead>
<tr>
<th>Substance</th>
<th># Tests Identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Identified</td>
<td>39</td>
</tr>
<tr>
<td>6-Acetylmorphine</td>
<td>113</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>2,108</td>
</tr>
<tr>
<td>Cocaine Metabolite (RZE)</td>
<td>3,192</td>
</tr>
<tr>
<td>Codeine</td>
<td>149</td>
</tr>
<tr>
<td>DILUTE</td>
<td>945</td>
</tr>
<tr>
<td>HYC</td>
<td>418</td>
</tr>
<tr>
<td>HYM</td>
<td>363</td>
</tr>
<tr>
<td>Marijuana Metabolite (A9-THCA)</td>
<td>10,388</td>
</tr>
<tr>
<td>MDA</td>
<td>11</td>
</tr>
<tr>
<td>MDMA</td>
<td>20</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>2,184</td>
</tr>
<tr>
<td>Morphine</td>
<td>171</td>
</tr>
<tr>
<td>OXYC</td>
<td>452</td>
</tr>
<tr>
<td>OXYM</td>
<td>556</td>
</tr>
<tr>
<td>PCP</td>
<td>47</td>
</tr>
<tr>
<td><strong>All substances</strong></td>
<td><strong>21,156</strong></td>
</tr>
</tbody>
</table>

*Note: More than one substance can appear in a positive drug test*
Responsibility.org Position Statements

**Oral Fluid Screening for Impaired Drivers**

Ingestion of drugs and alcohol is a major cause of impaired driving, which is a factor in nearly one in four traffic crashes. Oral fluid screening is a non-invasive test that identifies drugs in a person's oral fluid to determine if they are under the influence. The test detects oral fluid in a driver for drug-impaired driving. Oral fluid screening is performed in a mobile unit and is available at the scene of a traffic crash. The test has a high accuracy rate and is considered a validated test for drug detection. The test is performed by a trained technician who collects oral fluid from the driver and analyzes it for the presence of drugs. The test results are immediately available to the police officer and the driver. The officer can then make a determination as to whether the driver is under the influence of drugs or alcohol. Oral fluid screening is a valuable tool in traffic crashes involving impaired drivers.

**Increase Drug Testing in Impaired Driving Cases**

As more drivers are tested for drugs, it becomes apparent that many alcohol-impaired drivers are actually drug-impaired as well. Therefore, it is important to expand drug testing to include oral fluid screening in impaired driving cases. This will help to identify drug-impaired drivers and reduce the number of accidents caused by drug-impaired driving. It will also provide a more comprehensive picture of the factors contributing to traffic crashes. The expansion of drug testing in impaired driving cases will require additional resources and training for law enforcement officers. However, the benefits of this expansion will outweigh the costs in terms of reduced traffic crashes and increased public safety.

**Multi-substance impaired driving**

Multi-substance impaired driving is the operation of a motor vehicle while impaired by drugs and alcohol. It is a serious traffic safety issue and is a common occurrence on our roads. Multi-substance impaired driving can occur when a driver is under the influence of drugs and alcohol or when a driver is under the influence of multiple drugs. Multi-substance impaired driving increases the risk of a crash and can result in serious injuries or fatalities. Multi-substance impaired driving is a complex issue and requires a multi-faceted approach to address.

**Research & Data Highlights**

- **In 2016, 50.3% of fatally injured drug-positive drivers (with known drug test results) were positive for two or more drugs and 43.7% were found to have alcohol in their system (NHSTA FARS as cited in Inwood, 2018).**
- **The Driving under the Influence of Drugs, Alcohol and Medicines (DUID) 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 (Shuker et al., 2012; Griffith, 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 (Brown et al., 2018).**
- **The National Survey on Drug Use and Health (NSDUH) revealed that of the 93.9 million individuals age 18 and over who had a substance use disorder in 2016, 12.9% (12 million) struggled with the use of both illicit drugs and alcohol (SAMHSA, 2019).**

**Current Detection Challenges**

Multi-substance impaired driving is a growing concern. Most law enforcement officials are trained to identify alcohol-impaired drivers, but unfortunately, they do not receive special training to identify the signs and symptoms of drug impairment (e.g., Advanced Roadside Impaired Driving Enforcement (ARDI) training or Drug Recognition Expert certification).
The National Alliance to Stop Impaired Driving
Why is NASID Needed?

- Why NASID?
  - Drug and multiple substance impaired driving problem increasing
  - COVID-19 increases in risky driving will demand attention
  - Opportunities at state and Federal levels, new elected officials
  - The issue and technology to address it needs a national voice and leader

- How did the idea for NASID begin?
  - Brian Swift turned tragedy into action
  - Cannabis-impaired driving truck crash killed his parents
  - He advocated for passage of MI oral fluid pilot program law and united stakeholders to expand the effort
  - Brian Swift will serve as NASID’s spokesperson
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 improvements and programs to increase 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.
NASID Goals and Promoting Emerging Technology

- Establish drug/multi-substance impaired driving as top priority safety issue
- Persuade the public and decision-makers to expand drug testing
- Promote oral fluid tests and other technology as a “must have”
  - Ensure a greater public understanding of how it works, reliability, effectiveness
  - Dispel myths regarding technology
  - Promote pilot programs and replicate them in target states
- Build champions for issue among elected officials and stakeholders
- Convene influencers for State and Federal legislative action
- Assist practitioners with training and education
Visual Concept
National Alliance to Stop Impaired Driving

Responsibility.org

Industry
- Safety Advocates
- Behavioral Health
- Toxicology

Public Awareness and Education
- Promoting Technologies to fight impaired driving

State Implementation
- Training

NASID
- Policy/Legislation

Law Enforcement/Courts
- Fed. Govt.
- Insurance
- Ride Share
Contact Information to Sign up with NASID

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571-309-7615
Using Oral Fluid to Detect Drugs

Jake Nelson, MPH, MPP
AAA National Office // Washington, DC

Tackling the Growing Threat of Polysubstance-Impaired Driving
December 2, 2020
Strengths/Limitations of using oral fluid to detect drugs in impaired driving suspects.

Roadside Screening (Probable Cause) vs. Lab Testing (Evidentiary)
Establishing a supportive policy environment for use of oral fluid drug screening and testing in impaired driving cases is complex.

- Changes in state law
- Changes in law enforcement agency policy/practice
- Knowledge, attitudes and beliefs among judiciary
- Resources (people, time and money)
Using Oral Fluid to Detect Drugs

State Laws Relative to Use of Oral Fluid

- Implied Consent
- Impaired Driving Statute
- Pilot Program/Research Purposes
State Law

- Implied consent laws or other statute must *authorize the collection* of blood and/or oral fluid specimens.

  * and *

- Implied consent law or other statute must *extend to drugs other than alcohol*.

Notes:

**Blood**: 40 states

- Exemptions in \( \geq \) eight states limit application of the law.

**Oral Fluid**: 23 states

- In practice, most of these states don’t collect oral fluid specimens for use in impaired driving cases.
ORAL FLUID AUTHORIZED TO DETECT DRUGS?

October 2020

- Covered by implied consent law (14)
- Authorized by impaired driving statute; implied consent N/A (8)
- Authorized for state pilot program (1)
- Not authorized (27 plus DC)

In practice, oral fluid is not collected/used even if authorized.
States that collect oral fluid:

INDIANA

Roadside screening devices used to:

- Build Probable Cause, and/or
- Determine whether or not to call for a Drug Recognition Expert.
States that collect oral fluid:

**MICHIGAN**

- Implied consent law does not extend to oral fluid, but exemption made for statewide pilot program.

- Only drug recognition experts collect oral fluid specimens.
States that collect oral fluid:

ALABAMA

- Collection of oral fluid not specified by implied consent law, but impaired driving law allows for its collection.

- Statewide oral fluid drug screening at the roadside and evidentiary confirmation testing in the lab.

- Law enforcement officers collect specimens.
This just in!

VERMONT

- Not currently collecting oral fluid.

- New legislation established a lab-based program (evidentiary), not a roadside program (screening).

- There’s one big problem…
State Law: Complicating Factors

• Loopholes/Exemptions.

• Expect loopholes/exemptions (just like those we see for blood) as authorization of oral fluid collection expands.

• Law makers do not typically understand complexity of establishing oral fluid drug screening/testing programs for impaired driving.

• Funding for program implementation.
Establishing a supportive policy environment for use of oral fluid drug screening and testing in impaired driving cases is complex.

- Changes in state law
- Changes in law enforcement agency policy/practice
- Knowledge, attitudes and beliefs among judiciary
- Resources (people, time and money)
Law Enforcement Agency Policy

- Researchers identified common reasons oral fluid is not collected by law enforcement officers even in states where they are authorized to do it.
- Existing backlog at labs
- Scientific uncertainty and reliability of roadside oral fluid devices and admissibility of results in court.
- Law enforcement agency policy that BAC ≥ .08 is sufficient for arrest/conviction such that drug screening/testing is unnecessary.
Establishing a supportive policy environment for use of oral fluid drug screening and testing in impaired driving cases is complex.

- Changes in state law
- Changes in law enforcement agency policy/practice
  - Knowledge, attitudes and beliefs among judiciary
- Resources (people, time and money)
Establishing a supportive policy environment for use of oral fluid drug screening and testing in impaired driving cases is complex.

• Changes in state law
• Changes in law enforcement agency policy/practice
• Knowledge, attitudes and beliefs among judiciary
• Resources (people, time and money)
Law Enforcement Agency Perspective on Use of Oral Fluid to Detect Drugs:

- Priority is to double down on police training (back to the basics).
- Lack of confidence in oral fluid roadside screening devices.
- High degree of interest in collection of oral fluid for evidentiary testing in labs.
Strategies to Boost Use of Oral Fluid

- Significant education effort within states on strengths and limitations of use of oral fluid for:
  - Roadside screening
  - Lab testing

- Coalition to advocate for amendments to state law (if needed) and shift in law enforcement agency policy.

- Align incentives for law enforcement agencies to pursue drug testing even when BAC ≥ .08

- Facilitate diverse coalition of key players to help advance use of oral fluid to meet the needs w/in that state, and to close loopholes.

- Articulate the ROI in terms of public health/safety of better/faster identification of drugs other than alcohol in impaired driving cases.
Enhancing Drugged Driving Data: State-Level Recommendations

This report presents the results of state-by-state analysis identifying the specific legislative, regulatory and/or resource changes required for states to align with recommended policies and practices.

December 2019

ALABAMA: Laws and Policies to Improve Data on Drugged Driving

<table>
<thead>
<tr>
<th>RECOMMENDED STATE/POLICIES LAWS</th>
<th>BARRIERS AND ACTION STEPS FOR IMPROVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Implied consent laws should extend to drugs and support the collection of blood and/or oral fluid;</td>
<td>The implied consent law applies primarily to alcohol only. In cases of crash or death, implied consent can be used to test for alcohol, amphetamines, opiates, THC, and other drugs. If drugs are suspected, tests for them require a search warrant or consent.</td>
</tr>
<tr>
<td>Identify barriers to including drug impairment in implied consent law:</td>
<td></td>
</tr>
<tr>
<td>a. Changes must be made legislatively</td>
<td></td>
</tr>
<tr>
<td>b. Mistrust of law enforcement and prosecutors</td>
<td></td>
</tr>
<tr>
<td>c. Misunderstanding of how other drugs impair differently than alcohol</td>
<td></td>
</tr>
<tr>
<td>Action Steps:</td>
<td></td>
</tr>
<tr>
<td>a. Submit a bill proposal</td>
<td></td>
</tr>
<tr>
<td>b. Education programs &amp; PSAs needed for general public and decision makers</td>
<td></td>
</tr>
<tr>
<td>Comments: Currently, the majority of our implied consent laws only apply to alcohol. For those cases of crash or death, implied consent is a useful tool. In cases of crash or death, implied consent can be used to test for alcohol, amphetamines, opiates, THC. Any other drug that is suspected to be on board, the LEO has to get consent.</td>
<td></td>
</tr>
<tr>
<td>1b. Implied consent laws should include the collection of a specimen or specimens for multiple tests;</td>
<td>LEOs are authorized to collect a specimen or specimens to conduct multiple tests for blood and/or oral fluid.</td>
</tr>
<tr>
<td>Comments: Although allowed by law, the option to collect a urine sample has been removed. The Alabama's well-developed Oral Fluid Pilot Program recently developed specimen collection kits for blood collection and an oral fluid collection device.</td>
<td></td>
</tr>
<tr>
<td>1c. Implied consent laws should not permit suspects to choose the type of test(s);</td>
<td>LEOs choose the type of test used. Suspects can request a blood test, but LEOs must decide.</td>
</tr>
<tr>
<td>Identify barriers to changing the law to prohibit suspects from choosing the test:</td>
<td></td>
</tr>
<tr>
<td>a. Case law as it relates to invasiveness affects how we can change these laws</td>
<td></td>
</tr>
<tr>
<td>Action Steps:</td>
<td></td>
</tr>
<tr>
<td>a. Develop new technologies that are not invasive</td>
<td></td>
</tr>
<tr>
<td>2. Authorize LEOs to collect and test specimens for drugs on all DUl/DUID arrestees with probable cause (and with a warrant for a blood test).</td>
<td>LEOs are authorized to test for drugs via blood, urine and other bodily substances.</td>
</tr>
</tbody>
</table>

https://aaafoundation.org/enhancing-drugged-driving-data-state-level-recommendations/
Looking Ahead to 2021…

New Study

National survey of motorists.

Risky behaviors among drivers who report recent use of alcohol, other drugs, both or neither while behind the wheel.
Thank you!

Jake Nelson
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