



NHTSA Region 9 Driving Under the Influence of Drugs (DUID) Blueprint

**Best Practices, Benchmarking,
and Target Setting**

**What
States,
Highway Safety Offices &
Subgrantees CAN DO?**

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Drug-Impaired Driving – What is the Problem

- Serious public health and safety problem that is under-reported, under-enforced, and under-recognized
- ...“It has been proven that Tetrahydrocannabinol (THC)—the chemical responsible for most of marijuana’s psychological effects—slows reaction times, impairs cognitive performance, and makes it more difficult for drivers to keep a steady position in their lane” NHTSA Drug-Impaired Driving Fact Sheet - Dec. 2017
- “There is substantial evidence of statistical association between cannabis use and an increased risk of motor vehicle crashes”
National Academies of Sciences, Engineering, and Medicine in - Jan. 2017



Drug-Impaired Driving – What is the Problem cont..

- In 2017, 45% (up from 38% in 2014) of fatally injured drivers with known drug test results were positive for drugs

Driver Fatalities in Motor Vehicle Traffic Crashes, By State and Drug Test Results – 2017
Fatality Analysis Reporting System (FARS) - Final, August 2019

- Nearly one in four drivers tested positive for at least one potentially impairing drug or medication. The drug with the largest increase was THC, jumping from 8.6 percent of drivers testing in 2007 to 12.6 percent in 2013-14: while drivers testing positive for alcohol dropped significantly from 12.4% to 8.3%

Results of the 2013-14 National Roadside Survey of Alcohol and Drug Use by Drivers,
NHTSA, Feb. 2015



What is the Problem cont..

- In DUI cases where the determined BAC was equal to or greater than 0.08%, 38% (was 31% last year) of these drivers also tested positive for at least one additional “active” drug. THC was the drug most detected at 29%

Drug Prevalence In DUI Driver Blood Samples, 7,738 Blood Samples Evaluated Aug. 1, 2018 – July 31, 2019, Matthew Nixt, Senior Forensic Scientist, Orange County Crime Laboratory, (Jan. 6, 2020)

- “In the blood samples from drivers of 2,092 DUI cases taken between 2016 and 2018, 54% of these drivers tested positive for at least one “active” drug. Cannabis (THC positive) was the drug most detected drug at 34%, followed by Methamphetamine at 12%, cocaine at 5%, and alprazolam at 5%”

Luke N. Rodda, Ph.D., Chief Forensic Toxicologist, and Director, Forensic Laboratory Division, Office of the Chief Medical Examiner, City and County of San Francisco (Jan. 6, 2020)

- A 2003 study of seriously injured drivers admitted to a Maryland shock trauma center, found that drugs other than alcohol were present in more than half of the cases

National Institute on Drug Abuse (NIDA) Drug Facts (Dec. 2014)



What is the Problem cont...

- In experimental settings, marijuana impairs psychomotor skills and cognitive functions associated with driving, including vigilance, time and distance perception, lane tracking, motor coordination, divided attention tasks, and reaction time
Compton and Berning, 2015; Hartman and Huestis, 2013; Kelly-Baker, 2014 (Drug Impaired Driving – A Guide for What States Can Do – GHSA 2015)
- Using testing data from six states between 1999-2010, from 23,591 drivers that were killed within one hour of a crash: 39.7% tested positive for alcohol and 24.8% for other drugs
Columbia University Mailman School of Public Health (Feb. 2014)
- Fatal car crashes where the driver tested positive for the presence of marijuana use have tripled in 10 years “If this trend continues, in five or six years nonalcohol drugs will overtake alcohol to become the most common substance involved in deaths related to impaired driving.”
 - Dr. Guohua Li, Director of the Center for Injury Center for Injury Epidemiology and Prevention at Columbia University (Feb. 2014)
- A study of over 3,000 fatally injured drivers in Australia showed that when THC was present in the blood of the driver, he or she was much more likely to be at fault for the crash. Additionally, the higher the THC concentration, the more likely the driver was to be culpable.

National Institute on Drug Abuse (NIDA) Drug Facts (Dec. 2014)



What is the Problem cont..

...“Many states don’t include consistent information on driver drug use in crash reports, and policies and procedures for drug testing are inconsistent. More drivers in crashes are tested for alcohol than drugs. When drivers are tested, other drugs are often found in combination with alcohol, which makes it difficult to isolate their separate effects”...

Insurance Institute for Highway Safety, Status Report, Vol. 53, No. 6,
Oct. 18, 2018

- “Despite mounting evidence that driving under the influence of illegal drugs other than alcohol is common, drugged drivers are less frequently detected, prosecuted, or referred to treatment when compared with drunk drivers”

Drug Toxicology for Prosecutors, Targeting Hardcore Impaired Drivers,
American Prosecutors Research Institute, Oct. 2004

- “DUI is the only crime where police stop investigating once they obtain a minimum amount of evidence, saving time and money but clouding the ability to accurately measure drug-impaired driving involvement”

Marijuana Use is a Serious Highway Safety Threat: 5 ng/ml Marijuana Impairment Limits Give Drivers a Free Pass to Drive Stoned, Institute for Behavior and Health, 2013, Stephen Talpins



What is the Problem cont..

- Study from data collected from 302 full DRE evaluations from cannabis-only cases, found that in 72.3% of cases, one or more moving violations were listed as reasons for the traffic stop. Moving violations included improper speed (27.7%), weaving(19.0%); crash (9.3%), improper turn (7.7%), disobeying traffic control devices (7.0%), and failure to yield (3.3%)
- The most reliable impairment indicators included elevated pulse, dilated pupils, lack of convergence, rebound dilation, and documented impairment in 2 of 4 psychophysical tasks
- Combined observations on psychophysical and eye exams produced the best indicators of cannabis impairment. The results of this research support the cannabis impairment training taught in the DECP

Drug Recognition Expert (DRE) Examination Characteristics of Cannabis Impairment Rebecca L. Hartman, Jack E. Richman, Charles E. Hayes, Marilyn A. Huestis, April 2016



Colorado

- ... “Since recreational marijuana was legalized, traffic deaths in which drivers tested positive for marijuana increased 109 percent while all Colorado traffic deaths increased 31 percent.
- Since recreational marijuana was legalized, traffic deaths involving drivers who tested positive for marijuana more than doubled from 55 in 2013 to 115 people killed in 2018.
- Since recreational marijuana was legalized, the percentage of all Colorado traffic deaths that were marijuana related increased from 15 percent in 2013 to 23 percent in 2018”....
 - The Legalization of Marijuana in Colorado: The Impact Volume 6, Sept. 2019



Washington

- WA State roadside survey found that one year after implementation of MJ legalization, drivers testing positive for THC increased from 14.6 percent to 21.8 percent
Report No. DOT HS 812 299 – July 2016
- Among drivers in fatal crashes 2008-2016 that tested positive for alcohol or drugs, 44 percent tested positive for two or more substances (poly-drug drivers). The most common substance in poly-drug drivers is alcohol, followed by THC. Alcohol and THC combined is the most common poly-drug combination.
- On fatally injured drivers,... “The dominate age group for THC-only were drivers ages 20 and younger, comprising nearly a quarter of all THC-only drivers”
- “Interestingly, nearly one out of three THC-only drivers were speeding, and had the highest rate of distraction at 26 percent. Poly-drug users had the highest rate of not having a valid license at the time of the fatal crash”
- “While it is still largely unknown what role marijuana alone plays in fatal crash risk, it is clear that marijuana mixed with other substances, most commonly alcohol, is contributing to fatal crashes in Washington State”

Washington Traffic Safety Commission, Marijuana Use, Alcohol Use, and Driving in Washington State – Emerging Issues with Poly-Drug Use on Washington Roadways, Darrin Grondel, Staci Hoff Ph.D., Dick Doane, April 2018



Most Frequently Identified Drug Categories by DRE's

- 1) Cannabis with 13,215 opinions
- 2) Central Nervous System (CNS) Stimulants with 11,716 opinions
- 3) Narcotic Analgesics with 9,500 opinions
- 4) CNS Depressants with 8,730 opinions

NOTE: The two drug categories making the most significant increases from previous years were CNS Stimulants and Narcotic Analgesics (opioids)

2018 Annual Report of the IACP Drug Evaluation & Classification Program, Oct. 2019



“Benchmarking” “Best Practices” “Target Setting”

- Best Practice Strategies are as a result of an exhaustive and comprehensive search of respected DUID research, from successful efforts undertaken, interviews, and from lessons learned while in CA
- Helps NHTSA Regional Offices/States/Counties/Cities conduct a self assessment of current DUID legislation, programs, systems, and strategies
- Provides examples of how to leverage grant funding to secure the adoption of strategies that will enhance performance and result in systematic and institutional change
- Some States/Local Communities will find their level of DUID activity may in some cases exceed that described in the Blueprint, but most will find gaps in their DUID strategies that can be addressed through implementation of the Blueprint “Best Practices”



“Benchmarking” “Best Practices” “Target Setting”

- Dynamic and evolving process and document
- Not designed to address all DUID best practices
- Serves as a resource to States that are developing their own DUID Blueprint
- R9 States and Territories have developed DUID Blueprints (CA draft/HI/GU/WA/IA(2) have also developed Statewide Blueprints)



Areas of Concentration

- **Legislation** – NOTE: The legislation in this section is for State consideration only. NHTSA does not have a position of support or non support for the legislation listed in this section. States should review their existing laws to see if they apply equally to alcohol and drug impaired driving.
- Enforcement
- Toxicology
- Prosecution
- Public Awareness and Education



Legislation

- Separate statutes for alcohol and drug impaired driving – including a separate statute for combo cases
- The combination of alcohol plus drugs, (or poly-drug use) should be considered an aggravated circumstance with enhanced or greater penalties
 - No States
 - However, 28 states have high BAC level enhancements
- Mandatory Testing of Drugs AND Alcohol for All Drivers Killed in Crashes
 - 31 states have mandatory BAC testing



Legislation cont.

- Adopt Per Se (“zero tolerance”) Drug Impairment Laws

16 States (AZ,DE,GA,IL,IN,IA,KY,MI,MN,NC,OK,PA,RI,SD,UT,WI) have zero tolerance for some drugs

5 States (MT,NV,OH,VA,WA) have Per se limits greater than zero for some drugs

Drug Impaired Driving – A Guide for States – GHSA and Foundation for Advancing Alcohol Responsibility, updated April 2017

- Adopt Per Se (“zero tolerance”) Drug Impairment Laws for Persons Under Age 21

NC, SD, and WA

&

SD is the only State with zero tolerance for THC and Metabolites for under age 21



Legislation cont.

- Oral Fluid Drug Screening - States are encouraged to explore the benefits of policies that would allow the use of oral fluid drug screening devices as part of the criminal justice process

NOTE: 16 states allow the use of oral fluid in their statutes - AL, AZ, CO, GA, IL, KS, LA, MI, MO, OK, NY, NC, OH, OR, SD, UT

- Expand existing Administrative License Revocation (ALR) laws or enact new ALR laws for drug-impaired drivers who fail or refuse a drug test
 - Only AZ and MI have ALR for drugs
 - 41 states and DC have ALR for alcohol

Impaired Driving Update – Spring 2014 Issue - License Revocation as a Tool for Combating Drugged Driving – Stephen K. Talpins, J.D., Robert L. DuPont, M.D., Robert B. Voas, Ph.D., Erin Holmes, M.A., Kevin A. Sabet, Ph.D., and Corinne L. Shea, M.A.



Enforcement

- **VISION: all suspected impaired drivers are tested for drugs AND alcohol**
- Explore new strategies to increase drug testing of drivers suspected of being under the influence of alcohol and/or drugs (most departments or jurisdictions omit drug testing if BAC is .08 or higher)
- ***Goal: All traffic and patrol officers are Advanced Roadside Impaired Driving Enforcement (ARIDE) classroom trained (16 hours)***
- Obtain commitment from State Police/Highway Patrol agencies to train all Officers in ARIDE classroom training
 - 21 States have completed training or are in the process - AZ, CA, CO, ID, IL, IN, LA, MN, MT, NE, NV, NC, ND, OH, OK, SD, TN, UT, VT, WA, WY Source: IACP Oct. 2016



Enforcement – **Set Annual and Long-Term Statewide Targets**

- Increase the number of classroom trained ARIDE officers
(2015- 1,766) (2016 - 1,638) (2017 – 5,013) (2018 – 1,384)
International Association of Chiefs of Police (IACP)
- Increase the number of Officers that are Drug Recognition Expert (DRE) trained
(2015 - 389) (2016 - 448) (2017 - 416) (2018 - 495) - IACP
- Annually increase the number of credentialed DRE's
(2015 - 1,470) (2016 - 1,445) (2017 - 1,527) (2018 - 1,759) (2019 - 1,983) - IACP
NOTE: Only 1,000 in 2011 - IACP
Nationally as of Dec. 2019 there were 10,107 DRE's - IACP
- Increase the average number of evaluations per year per DRE
(CA average is 4.1 – National average is 3.4)
IACP 2018 Annual Report - Drug Evaluation & Classification Program (Oct. 2019)



Enforcement cont.

- Incorporate Standardized Field Sobriety Test (SFST) training into all law enforcement basic recruit academies
27 States: AL, AK, CO, DE, FL, HI, ID, IN, IA, KS, KY, MD, MA, NV, NM, NY, ND, OK, OR, PA, RI, SC, SD, TX, VA, WI, WY Source: CHP Survey in 2012
- Increase the number of officers trained in “refresher” SFST (set annual and long term targets)
IACP Technical Advisory Panel recommends Officers participate in refresher course every 3 years
- Track annually statewide: 1) DUI arrests 2) DUID arrests and 3) combo DUI/DUID arrests (Include 5-Years of most recent data in HSP and Annual Report)
- Fund statewide DRE and ARIDE coordinators with dedicated support staff



Enforcement cont.

- Share DRE officers as a resource between jurisdictions
- DRE Coordinator(s) should follow up on cases where the evaluation and the driving cues indicate impairment, but no measurable drugs were detected by the lab
- Use DRE officers to help with on scene investigations of all fatal/serious crashes and vehicular assaults and vehicular homicides
- Use DRE's and if possible DRE Instructors to review for accuracy officer written DUID reports
- Require entry into National Tracking System (NTS) mandatory to maintain DRE certification and/or to receive grant funding for DRE training

In 2018, IACP estimates that 60-65% of all DRE's nationally made data entry into the NTS



Enforcement cont.

- Provide grant funding for computer tablets and software if appropriate for DRE Officers to use during evaluations to allow for the direct input of impairment information into the NHTSA DRE National Tracking System (NTS). The tablets serve to streamline the evaluation process and provide more consistent and reliable data on impaired drivers, and have been shown to increase the number of reported evaluations. Project Agreement documents must include text that requires tablet subrecipients to enter impairment data into the NTS.

NOTE: Connecticut, Massachusetts, Kansas, New York, Ohio, Vermont, West Virginia, and Indiana are using tablets in the field, Dec. 2018. According to the IACP, States using tablets had an average of 5.6 evaluations per DRE, as compared to the national average of all states at 3.4 evaluations per DRE

- **Reduce post-arrest blood collection times. Delaying blood collection may result in substantially lower concentrations than those present at the time of the traffic stop or crash**
- Implement a rapid electronic search warrant process that allows an Officer to send a warrant from a patrol car's computer directly to a judge to help expedite approval to draw blood from a suspected impaired driver

AZ 6-8 minutes on average

- Determine the feasibility of having Officers trained to be phlebotomists OR establish contracts through grants for nurse phlebotomists

AZ statewide Phlebotomy program 1,100 Officers trained, ME has the Law Enforcement Phlebotomy Technicians (LEPT) program, UT Highway Patrol 90 Officers Phlebotomy trained



Enforcement cont.

- Actively engage State & Regional LEL's in DUID efforts
- Establish ongoing communication and training between DRE's and Toxicologists
- **Conduct more Checkpoints - fund large cities to conduct as many checkpoints as possible (set annual statewide targets)**
 - All DUI checkpoint screeners should be DRE and/or ARIDE trained (HI & CA)
 - News releases should mention that specially trained drug detection Officers will be working saturation patrols and/or DUI checkpoints. (CA, HI, & AZ)



Enforcement cont. (Oral Fluid Devices)

- **Investigate the feasibility of using Oral Fluid Drug Devices (similar to PAS devices for alcohol) to be used as a screening tool for drugs by Officers at the roadside** (may require legislation or other special approval for use in a state)
- “Oral fluid is the most accessible alternative matrix for drug tests, making it ideal for use at the roadside in impaired driving investigations. On-site oral fluid test devices have proven valuable for screening”
 - Advancing Drugged Driving Data at the State Level: Synthesis of Barriers and Expert Panel Recommendations – AAA Foundation for Traffic Safety – March 2016
- “Because Labs will most likely need lab support to perform confirmatory tests on oral fluids, seek grant funding for labs for equipment, validation, interpretation, etc.”
 - Jennifer Limoges ,Associate Director of Forensic Science/Toxicology, NY State Police
- Oral Fluid Drug studies have been conducted in AL, CA, KS, MI, VT, OK, and WI (5 mins to test/6 drug classes or 90% of all drugs normally found/\$20 per test)



Enforcement cont. (Oral Fluid Devices)

- Alabama (Curt Harper Ph.D., Dept. of Forensic Science) is the first state to offer a comprehensive Oral Fluid Drug Testing program at the State Crime Laboratory level for screening at the roadside and evidentiary confirmation testing. The lab has validated and approved (3) “roadside” oral fluid drug screening devices that law enforcement can use during a DUI stop or crash to identify drug use
- The Oklahoma State Board of Tests has approved two oral fluid devices for use by law enforcement
- ...”88 of the 92 oral fluid roadside test results were confirmed by the independent laboratory and/or evidentiary blood test results”...
Oral Fluid Roadside Analysis Pilot Program – Michigan State Police (MSP), Final Report (Feb. 2019)
- ..“Roadside oral fluid testing continues to show promise and by expanding this pilot, we’ll have a larger body of results by which to determine the tool’s effectiveness.”...
Lt. Col. Richard Arnold, Commander of MSP’s Field Operations Bureau (Oct. 2019)



SAMHSA Issues New Guidelines to Now Include Oral Fluid Testing – Oct. 2019

-”The Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Dept. of Health and Human Services (HHS), has established scientific and technical guidelines for the inclusion of oral fluid specimens in the Mandatory Guidelines for Federal Workplace Drug Testing Programs.
- For example, oral fluid collection devices and procedures that protect against biohazards and tampering, maintain the stability of specimen materials, and provide sufficient oral fluid for testing have been developed. Developments in analytical technologies have provided efficient and cost-effective methods with the analytical sensitivity and accuracy required for testing oral fluid specimens.
- The scientific basis for the use of oral fluid as an alternative specimen for drug testing has now been broadly established, and the advances in the use of oral fluid in detecting drugs have made it possible for this alternative specimen to be used in federal programs with the same level of accuracy as urine specimens”

Substance Abuse and Mental Health Services Administration (SAMHSA), News Release
Oct. 29, 2019



Toxicology

- **Vision:** *Every driver/motorcycle operator suspected of being impaired is tested for drugs in a timely manner using standardized testing protocol and procedures to identify all drugs present*
- ***Goal:*** *All drivers killed in motor vehicle crashes are tested for drugs* **(set annual and long term statewide targets)**
 - CA 85% - National Average 66%
 - Source: Driver Fatalities In Motor Vehicle Traffic Crashes, By State and Drug Test Results - 2017 Fatality and Analysis Reporting System (FARS) Final, August 2019
- Consider conducting a State BAC & Drug Testing and Reporting Forum to better understand testing, reporting, clarifying roles, and uncover and solve problems



Toxicology

- **Establish Statewide standardized screening methodologies for drug testing**
 - (there is a lack of consistency in the range of drugs tested between laboratories and in the cut-offs or analytical thresholds used by labs)
- **Labs should be able to identify all Tier 1 drugs at the suggested detection limits as shown in Table II. Labs should also be moving towards identifying some or many of the Tier 2 drugs listed in Table V**

Recommendations for Toxicological Investigation of Drug-Impaired Driving and Motor Vehicle Fatalities—2017 Update, *Journal of Analytical Toxicology*, Volume 42, Issue 2, 1 March 2018, Pages 63–68, <https://doi.org/10.1093/jat/bkx082>
Barry K Logan, Amanda L D'Orazio, Amanda L A Mohr, Jennifer F Limoges, Amy K Miles, Colleen E Scarneo, Sarah Kerrigan, Laura J Liddicoat, Karen S Scott, Marilyn A Huestis

- NOTE: “CA Department of Justice Toxicology Lab is in the process of adopting these recommendations and the goal is to incorporate the Tier I and Tier II drugs at the suggested cutoffs, within the next two years in both blood and oral fluid” (Kristen Burke, CA DOJ Lab Director, Dec. 2018)



Toxicology cont.

- Goal; **Conduct timely drug screening and confirmation testing, (e.g., 30 days for screening and 60 days for confirmatory testing)**
(performance measures with numeric target(s) should be a grant condition for approval of subgrantee request for new testing instruments)
- Fund state-of-the-art drug testing equipment, e.g., 1) Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS) 2) Time of Flight Mass Spectrometer (TOF) 3) Automated Sample Preparation System
(Reduces time to prepare and analyze samples, less amount of sample needed, increases the number of drugs analyzed/detected, higher sensitivity to detect lower drug concentrations AND significantly reduces the overall time to conduct screening and confirming tests)



Toxicology cont.

- Condition Grant approval for new LC/MS/MS instrument so that Grantee must, within three years, be able to identify all Tier 1 drugs at the suggested detection limits as shown in Table II. The grantee should also be encouraged to move towards identifying some or many of the Tier 2 drugs listed in Table V.

Recommendations for Toxicological Investigation of Drug-Impaired Driving and Motor Vehicle Fatalities—2017 Update, *Journal of Analytical Toxicology*, Volume 42, Issue 2, 1 March 2018, Pages 63–68, <https://doi.org/10.1093/jat/bkx082>, Barry K Logan, Amanda L D’Orazio, Amanda L A Mohr, Jennifer F Limoges, Amy K Miles, Colleen E Scarneo, Sarah Kerrigan, Laura J Liddicoat, Karen S Scott, Marilyn A Huestis

- Obtain grant funding for Lab training costs, personnel to conduct the tests, the purchase of testing kits, and personnel to conduct in-depth data analysis
- Fund a statewide toxicology position to act as a technical resource to toxicologists, State Highway Safety Office, and the drug impaired driving community as a whole



Toxicology cont.

- **Encourage labs to establish policy to automatically confirm the presence of these drugs upon a positive screen.** If labs are limited with their testing abilities to confirm all drugs, at a minimum labs should confirm benzoylecognine (BE- cocaine metabolite), benzodiazepines, and cannabinoids in all DUID cases that screen positive to prevent drug degradation in the blood sample(s)
 - NOTE: Delays in blood “confirmatory” testing can result in degradation where drugs are positively screened, but a confirmation test reveals negative results. Cocaine degrades within a few weeks in blood even stored at refrigeration while delta-9-THC and 11-OH-THC are typically only stable for six months (Kristen Burke, Laboratory Director, California Department of Justice)
- Ensure forensic toxicologists have training to better prepare for testifying as experts in DUID trials. (NOTE: Expert testimony on the effects of drugs on driving should be the responsibility of forensic toxicologists with expertise in DUID)



Toxicology cont.

- Consider encouraging DRE Officers to submit their face sheets to the Lab (this will enable tox staff to evaluate cases where drug testing menus may need to be expanded)
- State records systems should document which drugs drug-impaired drivers are using
- Attend DRE/ARIDE trainings to provide additional toxicology information to increase communication and to enhance working relationships between Officers and the Lab
- Incorporate Toxicology into State Strategic Highway Safety Plan, Impaired-Driving Committees and Task Forces, and Prosecutor trainings (in-service, legal updates, etc.)



Prosecution

- **Increase the filing and the successful prosecution of DUID cases**
- When prosecutors are first assigned to handle drug impaired driving cases, consider labeling them as “specialists” for the first three months and base their performance on CASES TRIED instead of CONVICTION RATES – Orange Co. DA’s Office
- Educated Prosecutors on expert testimony and scientific evidence, including how to establish a DRE’s background and qualify such an individual to give expert testimony in court, how to conduct a proper examination of a toxicologist, and how to read a toxicology report.
- Provide sufficient resources, such as funding for additional Traffic Safety Resource Prosecutors (TSRP), to enhance DUID prosecution



Prosecution Cont.

- Conduct “report writing” and “testifying in court” training for drug-impaired driving cases (Officers need to know how to adequately describe “objective signs of impairment”- much different than alcohol-impaired driving cases)
- Employ experienced Prosecutors, such as TSRP, to help coordinate and deliver training and technical assistance to prosecutors handling DUID cases throughout the state – NHTSA Impaired Driving Assessment Program
- Initiate Grants to Cities/Counties for Prosecutors dedicated to “DUID Vertical Prosecution” to work DUID cases from arrest through sentencing and to deliver specialized training to prosecutors and law enforcement
 - CA is funding 17 grants totaling \$10.5 million in 2019
- Ensure that Prosecutors & TSRP’s who handle DUID cases attend DRE/ARIDE Trainings offered by law enforcement and toxicology trainings such as the Borkenstein Drug Course and the State Association of Toxicologists Meetings



Prosecution cont.

- Prosecutors/TSRP's should attend "Prosecuting the Drugged Driver: A Trial Advocacy Course", which is curriculum developed in cooperation by NHTSA and the National Traffic Law Center and/or other similar trainings
- Prosecutors should utilize the NHTSA "Drugs and Human Performance Fact Sheets" (revised in April 2014) to assist prosecutors on what to ask investigating officers and toxicologists at trial. "I teach it in my "Concepts for DUI-THC Trials" and "Concepts for DUI Trials – New Prosecutors" courses and I have used it in three trials this year" Michael Yraceburn, Supervising Deputy District Attorney, Kern County, CA
- Coordinate with LE agencies on the development of an on-call response protocol for the investigation of fatal and major injury crashes
- Prosecutors & TSRP's should do a ride-along with LE when conducting DUI patrols, observe checkpoint operations, and DRE field certification evaluations



Prosecution cont.

- Prosecutors should spend more time with their expert witnesses – DREs and toxicologists – in preparation for trial
- Convene periodic roundtable meetings with DUID Prosecutors, DRE and ARIDE trained Officers, and Toxicologists
- Contact the toxicology expert BEFORE making decision to reduce charges (Therapeutic drug levels can and do impair)
- Set up a phone conference with the toxicology expert as early as possible. Send any information/comments/etc. regarding statements of drug ingestion. Share the officer's observations of the defendant's driving and behavior. When possible, obtain prescription records for the defendant to assist the toxicologist in their evaluation of the case



Public Awareness & Education

- “...using the terms “sober” and “drunk” in the campaign slogans may indicate that the campaigns are about the dangers of driving after consuming alcohol as opposed to drugs
- Increased focus on information about the potential dangers of driving after using drugs could provide an important reminder to drivers that alcohol is not the only substance that may impair driving ability. Adding more explicit messaging about drug-impaired driving could be relatively simple, and could potentially reduce crashes and associated injuries and fatalities

Drug-Impaired Driving / Additional Support Needed for Public Awareness Initiatives / US Government Accountability Office / Report to Congressional Committees, Feb. 2015



Public Awareness & Education

- Transition messaging from “Drunk Driving” to “Impaired Driving”
- Use earned and paid media to build momentum and align messaging by promoting NHTSA’s “*If You Feel Different, You Drive Different, Drive High Get A DUI*” campaign
www.TrafficSafetyMarketing.gov
- Create a Statewide Drug Impaired Driving Task Force
- Create more awareness that driving after taking drugs, whether illicit, prescription, or over-the-counter, is a safety risk that can amount to a violation of the law.

NOTE: Currently, many public awareness campaigns focus exclusively on consuming alcohol and driving, not on drug use and driving



Public Awareness & Education cont.

- Promote programs such as the Drug Impairment for Educational Professionals (DITEP) to help educators detect drug impairment in students
- Launch public awareness and education campaign stressing the dangers of driving while under the influence of drugs, including prescription drugs (DE, CO, CA, WA)
- Look for opportunities to publicly recognize outstanding individual and organizational efforts to combat DUID



Blueprint Resources

- A State-by-State Analysis of Laws Dealing With Driving Under the Drugs - December 2009 Walsh/NHTSA
- The Need for Drugged Driving Per Se Laws: A Commentary Robert L. Dupont, Robert Voas, J. Michael Walsh, Corinne Shea, Stephen Talpins, and Mark M. Neil
- State of Knowledge of Drug-Impaired Driving – Mid-America Research Inst. September 2003
- Governors Highway Safety Association Policy Statements on DUID
- **SLIPPING THROUGH THE CRACKS: WHY CAN'T WE STOP DRUGGED DRIVING** - Tina W. Cafaro, Western New England College School of Law - January 2010



Blueprint Resources

- Drug-Impaired Driving: Understanding the Problem & Ways to Reduce it – A Report to Congress – NHTSA December 2009
- Impaired Driving Assessment Program – Assessment Tool – NHTSA – Jan. 2012
- National Drug Control Policy 2013 – Office of National Drug Control Policy
- State Laws AND Practices for BAC Testing and Reporting Drivers Involved in Fatal Crashes – NHTSA August 2004
- Priorities and Strategies for Improving the Investigation, Use of Toxicology Results, and Prosecution of Drug-Impaired Driving Cases Findings and Recommendations – National Meeting of Toxicologists, DRE's and Prosecutors in Seattle, May 2004



Blueprint Resources

- Dr. Jeff Michael – Former Associate Administrator for Research and Program Development - NHTSA
- Laura Liddicoat - NHTSA Toxicology Fellow – Former Director of the Wisconsin State Forensic Toxicology Laboratory
- Drug Recognition Expert (DRE) Examination Characteristics of Cannabis Impairment - Hartman, Richman, Hayes, Huestis – April 2016
- Kristen Burke - Laboratory Director - California Department of Justice - Bureau of Forensic Services - Toxicology Laboratory
- Jennifer Harmon – Assistant Director, Orange County Crime Laboratory
- Bill O’Leary - Highway Safety Specialist - Enforcement and Justice Services Division - NHTSA



Blueprint Resources

- Drug Toxicology for Prosecutors – Targeting Hardcore Impaired Drivers – American Prosecutors Research Institute – October 2004

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