Drugs and Alcohol Behind the Wheel: What’s a State to Do?

NCSL’S Legislative Summit
Monday, August 14, 2023
10:30-11:45 a.m.
Data Drives the Narrative

2021 Fatal Crash Data

- 42,939 people were killed in motor vehicle traffic crashes - 2021, a 10-percent increase from 39,007 fatalities in 2020, and the largest number of fatalities since 2005.

- Speeding-related fatalities increased by 7.9 percent, seat belt non-use fatalities increased by 8.1 percent and alcohol-impaired-driving fatalities increased by 14 percent.

- 24% of fatal crashes involved drugs, where at least one driver involved tested positive for drugs.

- 41% of cannabinoid*-positive driver fatalities involved an alcohol-impaired driver.

- 60% of drug-positive driver fatalities, involved a driver who tested positive for drugs but not alcohol, and 40% were positive for both alcohol (BAC=.01+) and at least one other impairing drug.

- 18% of driver fatalities involved a driver who tested positive for two or more impairing drugs.
Complexity of Impaired Driving and Public Perception

<table>
<thead>
<tr>
<th></th>
<th>DRUGGED DRIVING</th>
<th>DRUNK DRIVING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>Hundreds of drugs</td>
<td>Alcohol is alcohol</td>
</tr>
<tr>
<td>Use by Driver, Presence in Crashes</td>
<td>Limited Data</td>
<td>Abundant Data</td>
</tr>
<tr>
<td>Use by Drivers</td>
<td>Increasing</td>
<td>Decreasing (at time of survey)</td>
</tr>
<tr>
<td>Impairment</td>
<td>Varies by type</td>
<td>Well-documented</td>
</tr>
<tr>
<td>Beliefs &amp; Attitudes</td>
<td>No strong attitudes/public indifference</td>
<td>Socially unacceptable</td>
</tr>
</tbody>
</table>

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).

Revised Roadside Survey needs to be conducted by NHTSA.
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>Alcohol</td>
<td>400</td>
<td>302</td>
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<tr>
<td></td>
<td>21.3</td>
<td>26.9*</td>
</tr>
<tr>
<td>Cannabinoids^</td>
<td>402</td>
<td>350</td>
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<tr>
<td></td>
<td>21.4</td>
<td>31.2*</td>
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<tr>
<td>Stimulants</td>
<td>190</td>
<td>115</td>
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<tr>
<td></td>
<td>10.1</td>
<td>10.2</td>
</tr>
<tr>
<td>Sedatives</td>
<td>158</td>
<td>95</td>
</tr>
<tr>
<td></td>
<td>8.4</td>
<td>8.5</td>
</tr>
<tr>
<td>Opioids</td>
<td>142</td>
<td>145</td>
</tr>
<tr>
<td></td>
<td>7.6</td>
<td>12.9*</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>37</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>2.0</td>
<td>0.4*</td>
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<tr>
<td>Over-the-Counter</td>
<td>43</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>2.3</td>
<td>1.6</td>
</tr>
<tr>
<td>Other Drugs</td>
<td>27</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>1.4</td>
<td>1.8</td>
</tr>
<tr>
<td>At Least 1 Category</td>
<td>959</td>
<td>714</td>
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<tr>
<td></td>
<td>51.0</td>
<td>63.6*</td>
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<tr>
<td>Multiple Categories</td>
<td>341</td>
<td>267</td>
</tr>
<tr>
<td></td>
<td>18.1</td>
<td>23.8*</td>
</tr>
</tbody>
</table>

^ Active THC (\(\Delta-9\)-THC or 11-OH-THC)
* Significantly different (p < .05) compared to Before Period

Systems Thinking

The list goes on!
NASID Resource: State Cannabis DUI Laws

SELECT A STATE on the map below to view statistics about and laws relating to impaired driving.

Implied Consent Laws

DRUGS
CRS 42-4-1301.1 - Learn More
The law states that every driver shall be deemed to have expressed a consent to take a blood, breath, saliva, or urine test when requested to do so by a law enforcement officer who has probable cause to believe that that person is DUI or DWAI (CRS 42-4-1301(i)(g)) - Learn More

BLOOD
CRS 42-4-1301.1 - Learn More
The law states that every driver shall be deemed to have expressed a consent to take a blood, breath, saliva, or urine test when requested to do so by a law enforcement officer who has probable cause to believe that that person is DUI or DWAI (CRS 42-4-1301(i)(g)) - Learn More

URINE
CRS 42-4-1301.1 - Learn More
The law states that every driver shall be deemed to have expressed a consent to take a blood, breath, saliva, or urine test when requested to do so by a law enforcement officer who has probable cause to believe that that person is DUI or DWAI (CRS 42-4-1301(i)(g)) - Learn More

ORAL FLUIDS
CRS 42-4-1301.1 - Learn More
The law states that every driver shall be deemed to have expressed a
Polysubstance-Impaired Driving Overview

Leah Walton
Safety Advocate
Drugged driving eclipses drunken driving in tests of motorists killed in crashes

By Ashley Welch
CBS News
April 27, 2017, 5:43 PM

Drugged Driving on Rise, Passes Alcohol Alone in Fatal Crashes, Study Finds

By Ashley Halsey III

For the first time, the number of drivers under the influence of drugs was higher than drunk.

Forty-three percent of drivers killed in crashes tested positive for drugs, eclipsing the 35% who failed sobriety tests released Wednesday by the National Transportation Safety Board.

For the study, drivers were more likely to be on drugs than in a trance or under the influence of alcohol.

'Drugged driving' surpasses drunken driving among drivers killed in crashes, report finds

By Robert Jimison, CNN

Updated 11:05 AM ET, Fri April 28, 2017
What is Polysubstance Impaired Driving?

“Polydrug” Driving Examples

**Driver #1**
- Acetaminophen
- Loratadine

[Unlikely to be Impairing]

**Driver #2**
- Propofol
- Ethanol

[Medical Administration]

**Driver #3**
- Clonazepam
- 7-Aminoclonazepam
- Delta-9-THC
- Carboxy-THC
- Hydroxy-THC

[Metabolites of a Parent Drug]
Challenges to Understanding Drug Prevalence

Data Loss

Inconsistencies

Traffic Event

Who is tested?
Under what circumstances?

Sample Collection
Delay in sample collection?
Which matrix is collected?

Toxicology Testing
What is the drug panel?
What are the cutoffs?
What equipment and procedures?
Screening and confirmation? (National Standards?)
Quantification?

Reporting & Databases
All drug results?
Quantification?
Equipment and procedure?

Analysis
Drug inclusion?
Drug categorization?

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Why Should We Care About Drug Prevalence?

• Rapidly shifting legal and drug landscape
• Cannabis (and other drug) legalization/decriminalization
• Opioid epidemic
• Prescription and OTC drug usage
Cannabis Legalization 1980 - 2023

- Support Legalization (%)
- Number of States

- Gallup: Support Legalization
- Medical Legal
- Recreational Legal

NCSL Legislative Summit, 2023
Why Should We Care About Drug Prevalence?

- Rapidly shifting legal and drug landscape
- Cannabis (and other drug) legalization/decriminalization
- Opioid epidemic
- Prescription and OTC drug usage
- Countermeasure effectiveness
- Evidence-based deployment of resources
- Effective treatment for offenders
NHTSA Cautions Against Drug Data in FARS

Understanding the Limitations of Drug Test Information, Reporting, and Testing Practice in Fatal Crashes

Amy Berning & Denise D. Smith

Since 1975, the National Highway Traffic Safety Administration (NHTSA) has collected data from all 50 States, the District of Columbia, and Puerto Rico on all police-reported fatal crashes on public roads. NHTSA’s National Center for Statistics and Analysis (NCSA) includes data from these fatal crashes in the Fatality Analysis Reporting System (FARS). This dataset provides a wealth of information on fatal crashes, the roadway, vehicles, and drivers involved.

“Impaired driving” includes use of alcohol, or drugs, or both. Blood alcohol concentration (BAC) results are not known for all drivers in fatal crashes. For crashes with missing alcohol data, NHTSA uses a statistical model called “multiple imputation” to estimate the BAC of a driver at the time of the crash. In contrast, the variables regarding drug test information in crashes is evolving. It does not include estimates for missing data or impairment levels and therefore needs further interpretation.

This paper summarizes some of the complexities related to drug-involved driving, some limitations of drug data collected in FARS, and presents challenges in interpreting, reporting, and analyzing the data.

Drug Presence Versus Drug Impairment

An important distinction to make when evaluating impaired driving data is the mere presence of a drug in a person’s system, as compared to the person being impaired by a drug in addition, while the impairing effect is understood, there is limited research on specific drugs, impairment, and related skills. Current knowledge abs other than alcohol on driving performance make judgments about connections be performance and crash risk (Eom, 2022).

Every State has enacted a law defining above 38 grams per deciliter BAC as there is no similar, commonly accepted other drugs. Some State laws have no drugs at which it is illegal to operate. Basu, E., & Seidman, T. (2019). Walsh, M. (2018) based on evidence concerning the drug across the population to function well evidence is not currently available for drugs. Additionally, not all drugs meet over-the-counter and prescription, reported. The legal status of a drug testing a drug’s potential for decreasing increasing crash risk.

Differences in Drug Testing Protocols

There is no consistent policy or set of procedures even within States for de
Challenges in Drug-Impaired Driving Research

Hundreds of potentially impairing drugs and drug combinations

Drug effects can vary based on several factors

• User characteristics
• How drugs are used

Drugs may affect driving performance in different ways

Biological measurements may not correlate with impairment
Highway Drug Screening vs. Aviation Drug Screening

NHTSA Drug Testing and Traffic Safety:
There is a patchwork of laboratory procedures, capabilities, and toxicological reporting that result in substantial inconsistencies in toxicology data both across and within States.

There is no “standard” drug test panel.
Testing performed at one laboratory can vastly differ from testing performed at another laboratory with regard to the drugs tested for and the detections levels used.

FAA Toxicology Testing:
While there is no official comprehensive list, the FAA Forensic Sciences laboratory has the capability to test for around a thousand substances including toxins, prescription and over-the-counter medications, and illicit drugs.
Data Analysis Approach

- Drug toxicology data are expansive and complex
- A novel approach was developed to code and analyze drug data
- Only potentially impairing drugs were included in the analysis
- Metabolites were “coded up” to the highest parent drug
- Development of a drug categorization scheme
Four Study Toxicology Laboratories

<table>
<thead>
<tr>
<th>Data Provided</th>
<th>Orange County Laboratory</th>
<th>Wisconsin Laboratory</th>
<th>Wisconsin Laboratory</th>
<th>San Francisco Laboratory</th>
<th>New York Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver Population</td>
<td>Impaired driving arrests</td>
<td>Crash-involved impaired driving arrests</td>
<td>Crash-involved fatally injured</td>
<td>Impaired driving arrests</td>
<td>Crash-involved suspected impaired-driving cases involving fatality or serious injury</td>
</tr>
<tr>
<td>Potentially Impairing Compounds Tested</td>
<td>183</td>
<td>136</td>
<td>136</td>
<td>54</td>
<td>39</td>
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<tr>
<td>Data Start Date</td>
<td>8/1/2018</td>
<td>1/1/2019</td>
<td>1/1/2019</td>
<td>3/20/2015</td>
<td>5/7/2020</td>
</tr>
<tr>
<td>Data End Date</td>
<td>7/30/2020</td>
<td>3/31/2021</td>
<td>3/31/2021</td>
<td>12/31/2018</td>
<td>6/8/2021</td>
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<tr>
<td>Sample Size</td>
<td>14,051</td>
<td>9,569</td>
<td>406</td>
<td>2,075</td>
<td>217</td>
</tr>
</tbody>
</table>
Percentage of Drivers Positive by Each Drug Category

- Orange County Laboratory
- Wisconsin Laboratory: Crash-Involved Impaired Driving Arrest
- New York Laboratory
- San Francisco Laboratory
- Wisconsin Laboratory: Fatally Injured

Drugs categories include:
- Alcohol
- Cannabis
- Stimulants
- Sedatives
- Narcotic Analgesics
- PINM
- Dissociative Anesthetics
- OPID
- Inhalants
- Hallucinogens
- Non-Ethanol Alcohols
- NPS

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Percentage of drivers testing positive for multiple drug categories

<table>
<thead>
<tr>
<th>Laboratory</th>
<th>Percentage of drivers testing positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orange County Laboratory</td>
<td>51.3 (None Detected) 1.1 (One) 32.3 (Two) 4.0 (Three) 11.3 (Four+)</td>
</tr>
<tr>
<td>Wisconsin Laboratory - Arrest*</td>
<td>46.2 (None Detected) 5.2 (One) 31.8 (Two) 3.9 (Three) 12.9 (Four+)</td>
</tr>
<tr>
<td>San Francisco Laboratory</td>
<td>54.0 (None Detected) 1.7 (One) 34.0 (Two) 8.9 (Three) 1.3 (Four+)</td>
</tr>
<tr>
<td>New York Laboratory</td>
<td>37.3 (None Detected) 21.2 (One) 30.9 (Two) 9.2 (Three) 1.4 (Four+)</td>
</tr>
<tr>
<td>Wisconsin Laboratory - Fatally Injured</td>
<td>43.6 (None Detected) 28.8 (One) 20.2 (Two) 5.4 (Three) 2.0 (Four+)</td>
</tr>
</tbody>
</table>

NTSB Legislative Summit, 2023
## Frequency of Drug Categories Combinations in Orange County

<table>
<thead>
<tr>
<th>Drug Categories and Combinations of Drug Categories</th>
<th>Frequency</th>
<th>Overall Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Only</td>
<td>5,926</td>
<td>42.17</td>
</tr>
<tr>
<td>Alcohol and Cannabis</td>
<td>2,022</td>
<td>14.39</td>
</tr>
<tr>
<td>Alcohol and Stimulants</td>
<td>739</td>
<td>5.26</td>
</tr>
<tr>
<td>Cannabis Only</td>
<td>685</td>
<td>4.88</td>
</tr>
<tr>
<td>Stimulants Only</td>
<td>455</td>
<td>3.24</td>
</tr>
<tr>
<td>Alcohol, Cannabis, and Stimulants</td>
<td>376</td>
<td>2.68</td>
</tr>
<tr>
<td>Alcohol and Sedatives</td>
<td>356</td>
<td>2.53</td>
</tr>
<tr>
<td>Cannabis and Stimulants</td>
<td>264</td>
<td>1.88</td>
</tr>
<tr>
<td>Cannabis and Sedatives</td>
<td>175</td>
<td>1.25</td>
</tr>
<tr>
<td>Alcohol, Cannabis, and Sedatives</td>
<td>166</td>
<td>1.18</td>
</tr>
<tr>
<td>Narcotic Analgesics and Stimulants</td>
<td>157</td>
<td>1.12</td>
</tr>
<tr>
<td>No Alcohol or Other Drugs Detected</td>
<td>148</td>
<td>1.05</td>
</tr>
<tr>
<td>Alcohol and Inhalants</td>
<td>143</td>
<td>1.02</td>
</tr>
<tr>
<td>Alcohol and Potentially Impairing Neuropsychiatric Medications</td>
<td>143</td>
<td>1.02</td>
</tr>
<tr>
<td>All Other Single Drug Categories or Combinations of Drug Categories</td>
<td>2,296</td>
<td>16.34</td>
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<tr>
<td>Total</td>
<td>14,051</td>
<td>100.00</td>
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</table>
### Alcohol Prevalence Across Laboratory Samples

<table>
<thead>
<tr>
<th>Alcohol</th>
<th>Orange County Laboratory</th>
<th>Wisconsin Laboratory (Crash-Involved Impaired Driving Arrests)</th>
<th>Wisconsin Laboratory (Crash-Involved Fatally Injured Drivers)</th>
<th>San Francisco Laboratory</th>
<th>New York Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Only</td>
<td>42.2%</td>
<td>39.7%</td>
<td>26.9%</td>
<td>43.6%</td>
<td>22.6%</td>
</tr>
<tr>
<td>Alcohol and Other Drugs</td>
<td>34.9%</td>
<td>34.6%</td>
<td>17.4%</td>
<td>34.1%</td>
<td>32.3%</td>
</tr>
<tr>
<td>Alcohol Total</td>
<td>77.1%</td>
<td>74.3%</td>
<td>44.3%</td>
<td>77.7%</td>
<td>54.9%</td>
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</table>
## Cannabis Prevalence Across Laboratory Samples

<table>
<thead>
<tr>
<th>Drug Category</th>
<th>Orange County Laboratory</th>
<th>Wisconsin Laboratory (Crash-Involved Impaired Driving Arrests)</th>
<th>Wisconsin Laboratory (Crash-Involved Fatally Injured Drivers)</th>
<th>San Francisco Laboratory</th>
<th>New York Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis Only</td>
<td>4.9%</td>
<td>2.9%</td>
<td>5.2%</td>
<td>5.5%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Cannabis and Alcohol Only</td>
<td>14.4%</td>
<td>15.6%</td>
<td>6.7%</td>
<td>16.1%</td>
<td>17.1%</td>
</tr>
<tr>
<td>Cannabis, Alcohol, and Other Drug</td>
<td>5.0%</td>
<td>6.8%</td>
<td>3.2%</td>
<td>6.6%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Cannabis and Other Non-Alcohol Drugs</td>
<td>8.6%</td>
<td>7.0%</td>
<td>4.9%</td>
<td>7.0%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Cannabis Total</td>
<td>32.9%</td>
<td>32.3%</td>
<td>20.0%</td>
<td>35.2%</td>
<td>36.4%</td>
</tr>
</tbody>
</table>
Summary of Results

• Alcohol was the most prevalent drug detected among impaired drivers followed by cannabis

• About half of drivers tested positive for more than one category of drug (including alcohol)

• Alcohol was most often detected alone, without any other drugs

• Cannabis was usually detected with at least one other drug category

• While alcohol countermeasures must remain the highest priority, countermeasures that address cannabis and other drugs are also needed
New NTSB Recommendations

- **States, DC, PR:**
  - Toxicology standards: ANSI/ASB Standard 120
  - Cannabis labeling
  - E-Warrants
  - Legislative enhancements: oral fluid and drugged driving

- **NHTSA:**
  - Disseminate ANSI/ASB Standard 120
  - Toxicology Support
  - Trauma center sentinel surveillance

- **FDA:**
  - Drug labeling
  - Audit drugmaker compliance with FDA guidance on evaluation of drug effects on driving
  - Drug data surveillance
Recommendations to States

To the 50 states, the District of Columbia, and the Commonwealth of Puerto Rico:

Complete an assessment using the National Highway Traffic Safety Administration’s (NHTSA) Drug-Impaired Driving Criminal Justice Evaluation Tool, and, if gaps are identified, apply to NHTSA for support in establishing programs to reduce drug-impaired driving. (H-22-39)

Require government-funded laboratories that conduct forensic toxicology testing to adopt and routinely apply (regardless of driver blood alcohol concentration) the American National Standards Institute/American Academy of Forensic Sciences Standards Board Standard for the Analytical Scope and Sensitivity of Forensic Toxicological Testing of Blood in Impaired Driving Investigations, ANSI/ASB Standard 120, and provide funding for equipment, personnel, and training, to facilitate testing meeting that standard. (H-22-40)
Modify your impaired driving laws to allow for oral fluid collection, screening, and testing for the detection of drug use by drivers. (H-22-41)
Thank you!

Leah Walton
Safety Advocacy Division
National Transportation Safety Board
leah.walton@ntsb.gov
In 1-2 words, what are the biggest challenges your state encounters in addressing polysubstance-impaired driving?
What Does an Impaired Driving Investigation Look Like?

Matthew Kling, Patrolman First Class, Angola Police Department, IN
Vehicle in Motion

• Most often this starts with a traffic violation.
  o Crashes
  o Called in
Personal Contact

• Observations of the driver while at the vehicle
• Speech
• Eyes
• Statements
• Odors
• Plain sight
• Ability to divide attention
• Questioning (interrupting questions, unusual questions, etc)
Pre-Arrest Screening

• Field Sobriety tests
  o Horizontal Gaze Nystagmus
  o Walk and Turn
  o One Leg Stand

• Advanced Roadside Impaired Driving Enforcement/Drug Recognition Expert tests
  o Modified Romberg Balance
  o Lack of Convergence
  o Finger to Nose
Field Screening, not admissible in court

- Preliminary Breath Test
Chemical Test

A person who operates a vehicle with a controlled substance listed in schedule I or II of IC 35-48-2 or its metabolite in the person's body commits a Class C misdemeanor.

Sec. 1. (a) A person who operates a vehicle with an alcohol concentration equivalent to at least eight-hundredths (0.08) gram of alcohol but less than fifteen-hundredths (0.15) gram of alcohol per:
(1) one hundred (100) milliliters of the person's blood; or
(2) two hundred ten (210) liters of the person's breath;
commits a Class C misdemeanor.

(b) A person who operates a vehicle with an alcohol concentration equivalent to at least fifteen-hundredths (0.15) gram of alcohol per:
(1) one hundred (100) milliliters of the person's blood; or
(2) two hundred ten (210) liters of the person's breath;
Behaviors of Impairment that may be Observed

- Alcohol/Depressants
- Stimulant
- Hallucinogenic
- Narcotic
- Dissociative Anesthetic
- Inhalants
- Cannabis
Indiana’s History of Combatting Impaired Driving

• SFST (Standard Field Sobriety Test) at the academy
• Impaired Driving Grants
  o High Visibility Enforcement, public announcements
• Advanced Roadside Impairment Detection Enforcement (ARIDE)
• Drug Recognition Expert (DRE Training)
• Assisting the Department of Toxicology with increased funding and equipment to lower the time needed to get results.
Indiana’s Oral Fluid Testing Program

• DUI fatalities involving drugs or a combination of drugs and alcohol, have overtaken alcohol.

• 2020: 150 fatalities from alcohol-involved crashes. 231 fatalities from drug-involved or drug and alcohol-involved crashes.

• Officers detecting impairment but that impairment was not due to alcohol. Reluctant to arrest for drug impairment without some type of confirmation of the cause.
Indiana’s Oral Fluid Testing Program

• Did not use a pilot program
  • Michigan and Wisconsin both did pilot programs using the Sotoxa Oral Fluid Instrument, with very successful results.

• Used similarly to a Preliminary Breath Test (PBT).
  o Used to confirm that the observed impairment was from a drug

• No statutory changes were needed, as a PBT/Sotoxa is not evidentiary.
Sotoxa Roadside Oral Fluid Testing Device
Indiana’s Oral Fluid Testing Program

• Deployment
  • 80 units placed in the counties with the highest number of drug-involved fatalities.
    o Agencies had to have a Standard Field Sobriety Testing Instructor that was either Advanced Roadside Impaired Driving Enforcement or Drug Recognition Expert (DRE).

• Units are only to be used once impairment was determined.

• Officers encouraged to contact DRE if available, regardless of oral fluid result.
Positive Tests

Number of Positive tests Cocaine
Number of Positive tests Meth
Number of Positive tests Amphetamine
Number of Positive tests OPI
Number of Positive tests THC
Number of Positive tests BZO

Data provided by the Indiana Criminal Justice Institute
Number of Positive In a Single Test

Data provided by the Indiana Criminal Justice Institute
<table>
<thead>
<tr>
<th>Year</th>
<th>Laboratory Case Submissions</th>
<th>Requests for Alcohol Analysis</th>
<th>Requests for Drug Analysis</th>
<th>Total # of Testing Requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>11,584</td>
<td>8,368</td>
<td>8,201</td>
<td>16,569</td>
</tr>
<tr>
<td>2019</td>
<td>12,493</td>
<td>8,989</td>
<td>8,236</td>
<td>17,225</td>
</tr>
<tr>
<td>2020</td>
<td>12,838</td>
<td>9,209</td>
<td>8,798</td>
<td>18,007</td>
</tr>
<tr>
<td>2021</td>
<td>14,522</td>
<td>10,548</td>
<td>9,466</td>
<td>20,014</td>
</tr>
<tr>
<td>2022</td>
<td>13,995</td>
<td>10,748</td>
<td>8,565</td>
<td>19,313</td>
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</table>

Data provided by the Indiana Department of Toxicology
Indiana Department of Toxicology

Effective 7-1-23, blood samples will not be tested for drugs if alcohol screen is greater than .10 BAC. This does not apply to Fatal and Serious Bodily Injury crashes
Legislative Actions that can be Taken

• Ensure that Roadside Oral Fluid Testing is an available option for law enforcement.
  o As probable Cause
  o Evidentiary

• Ensure that your state lab has the funding and personnel needed to test for both Alcohol and Drugs.

• Ensure that Advanced Roadside Impaired Driving Enforcement (ARIDE) is being taught to law enforcement.
Stakeholders that can Assist

• State Traffic Safety Resource Prosecutor
• Governor’s Council on Traffic Safety
• State Impaired Driving Coordinator
• Law Enforcement
• Do you know of any actions, legislatively or administratively, your state has taken to address polysubstance-impaired driving?

• What are some barriers or opportunities your state may encounter when considering the enforcement options discussed?
IMPAIRED DRIVING
IN WASHINGTON STATE

Sen. John Lovick
Vice President Pro Tem
Washington State Senate
Drunk/drugged driving is a choice

- In 2021 alone, there were 675 total traffic fatalities in Washington State.
- 50% of those involved an impaired driver under the influence of alcohol, marijuana, a combination of both, or other drugs.
Culture eats strategy for breakfast

SB 5032: Extending felony DUI lookback to 15 years while providing additional treatment options through drug offender sentencing alternative for DUI (2023, did not pass)

SB 5002: Lowering BAC from .08 to .05 (2023, did not pass)

SB 5573: Creating a new drug offender sentencing alternative for offenders convicted of felony impaired driving offenses; expanded the impaired driving look-back period from 10 to 15 years (2022, did not pass)

HB 1614: Made a 4th DUI a felony (2018, passed into law)
Drunk driving collisions are preventable

.05 BAC reduced 20% of fatalities in Utah

Roadside checks can potentially reduce even more fatalities

Interlocking devices could improve safety

Washington state legislators introduce bills to improve traffic safety

The proposed laws hoping to address the number of traffic deaths include lowering the legal blood-alcohol level, adding speed cameras in work zones and more.
Change the culture of drinking

- Impairment starts with the first drink
- Traffic safety bills are all about community safety

In WA we say, legal intoxication while driving up to .08%, this is wrong. The message should be if you’re going to drink, don’t drive
Drunk Driving is the Offense
We Are the DEFENSE!

Please Don't Drink and Drive
Sen. John Lovick
Vice President Pro Tem
Washington State Senate

JOHN.LOVICK@LEG.WA.GOV
What policy options discussed today are you going to explore further to address polysubstance-impaired driving challenges in your state?

What stakeholder or agency in your state are you going to collaborate with to learn more about polysubstance-impaired driving?
Questions?
In 1-2 words, what are the biggest challenges your state encounters in addressing polysubstance-impaired driving?
Reach out anytime!

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