The National Conference of State Legislators

Denver, Colorado

July 31, 2022

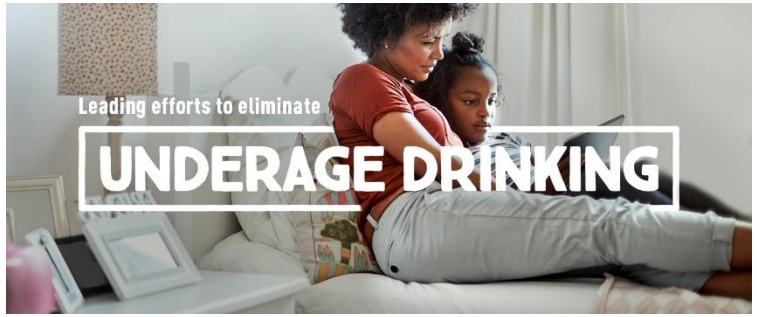
Darrin T. Grondel, VP of Government Relations and Traffic Safety, Responsibility.org

NASID
National Alliance to Stop Impaired Driving
Established By
RESPONSIBILITY.ORG

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.

National Alliance to Stop Impaired Driving

NASID
National Alliance to Stop Impaired Driving

A coalition established and led by Responsibility.org to eliminate all forms of impaired driving, especially multiple substance impaired driving. www.nasid.org

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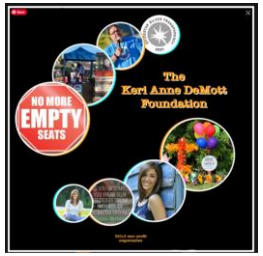


Complexity of Impaired Driving and Public Perception and why this matters to you?

	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**).

Revised Roadside Survey is planned for 2022-2023.

Panelists

Sabra Jones - Board-Certified Forensic Toxicologist

Assemblyman Steve Yeager, Nevada

Fist to Five: How familiar are you with the topic of Polysubstance-impaired driving?

1

I am new to the topic, but I am excited to learn more!

2

I know a little bit about issues related to polysubstance-impaired driving, but I'm not sure what role legislation plays in addressing the issue.

3

I've seen legislation related to polysubstance-impaired driving in my state, but I haven't been involved.

4

I'm familiar and considering proposing legislation next session.

5

I've introduced legislation and I'm excited to share my experience!

Why should you care about Polysubstance impaired driving?

Alcohol and Other Substance Use

Polysubstance use is when two or more substances are used together or within a short time period, either intentionally or unintentionally. Polysubstance use involving alcohol includes drinking and using other substances such as marijuana, opioids, heroin or other illicit drugs, or medications not as prescribed. Whether intentional or not, **using alcohol and other substances is unsafe because the effects may be stronger and more unpredictable than one drug alone, and even deadly**.

Polysubstance use involving alcohol can increase the chance of health risks including:

- Overdose.
- Injury.
- Violence.
- Risky sexual behavior.
- Chronic disease.
- Alcohol or other substance use disorders.

Drinking alcohol while using opioids increases the risk of overdose and death.

www.cdc.gov/alcohol

CDC U.S. Department of Health and Human Services Centers for Disease Control and Prevention

CS 306178-I

[Alcohol and Other Substance Use | CDC]

What is polysubstance use?

The use of more than one drug, also known as polysubstance use, is common. This includes when two or more are taken together or within a short time period, either intentionally or unintentionally.

Intentional polysubstance use occurs when a person takes a drug to increase or decrease the effects of a different drug or wants to experience the effects of the combination.

Unintentional polysubstance use occurs when a person takes drugs that have been mixed or cut with other substances, like fentanyl, without their knowledge.

Whether intentional or not, mixing drugs is never safe because the effects from combining drugs may be stronger and more unpredictable than one drug alone, and even deadly.

Whether intentional or not, mixing drugs is never safe because the effects from combining drugs are often stronger, more unpredictable, and even deadly.

What about prescription drugs?

The dangers of polysubstance use also apply to prescription drugs. Always let your doctor know what drugs you are taking to prevent any adverse reactions with newly prescribed medications. Never take pills that did not come from a pharmacy and weren't prescribed to you.

Data Drives the Narrative

- In **2021**, NHTSA projects that an estimated **42,915** people died in motor vehicle traffic crashes last year, a **10.5% increase** from the 38,824 fatalities in 2020.
  - Between 2019-2021, traffic crashes increased **18%**

• 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 (Shulze et al., 2012; Griffiths, 2014).

• 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/)

• According to the provisional numbers, there were an estimated 107,622 drug overdose deaths in the United States during 2021, an increase of nearly 15 percent from the 93,655 deaths estimated in 2020 CDC: Overdose Deaths Up 15 Percent in 2021 - Drugs.com MedNews

Data Drives the Narrative

- In 2020, 12.6 million people (ages 16 and older) drove after using illicit drugs. Of that total,11.7 million people were under the influence of **marijuana** (2020 National Survey on Drug Use and Health: Detailed Tables).

    - This is a ***slight decrease*** from 2019 when 13.7 million people (aged 16 and older) admitted to driving after using illicit drugs. Drugged Driving—What You Should Know | Get Smart About Drugs

The Orange County California Crime Lab began testing all blood samples in DUI cases for the presence of drugs, **irrespective** of the BAC level, in August of 2017 with the goal of collecting better-impaired driving data. The most recent data (through December of 2018) reveals that impairing drugs were detected in **36%** of samples where the **BAC was .08** or greater which represents a **5%** increase over the previous year (Harmon, 2019).

Drug Categories and Their Common Effects

TARGET ZERO

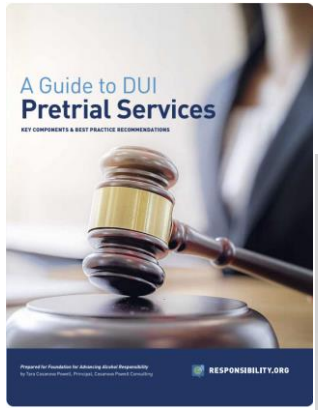
	CNS DEPRESSANTS	CNS STIMULANTS	HALLUCINOGENS	DISASSOCIATIVE ANESTHETICS	NARCOTIC ANALGESICS	INHALANTS	CANNABIS
COMMON EXAMPLES	Alcohol Valium Prozac Xanax Soma Rohypnol (roofies) GHB	Cocaine Crack Methamphetamine Adderall Ritalin Dexedrine MDPV (bath salts)	LSD (acid) MDMA (ecstasy) Peyote Psilocybin mushrooms	PCP Ketamine DXM (cough medicine)	Heroin Hydrocodone Vicodin Morphine Oxycontin Percodan Methadone	Solvents (gasoline, paint thinner, cleaning fluid, model glue) Aerosols (spray cans) Anesthetic gases (chloroform, whipped cream spray cans, nitrous oxide)	Marijuana Hash Hash oil Marinol Dronabinol K2 Spice
PUPIL SIZE	Normal	Dilated	Dilated	Normal	Constricted	Normal	Dilated
REACTION TO LIGHT	Slow	Slow	Normal	Normal	Little or none	Slow	Normal
BODY TEMPERATURE	Normal	Up	Up	Up	Down	Up/Down/Normal	Normal
MUSCLE TONE	Flaccid	Rigid	Rigid	Rigid	Flaccid	Normal or Flaccid	Normal
OTHER INDICATORS (users will not typically show all indicators)	•Euphoria •Depression •Laughing/crying for no reason •Reduced ability to divide attention •Disoriented •Sluggish •Thick, slurred speech •Drunk-like behavior •Droopy eyes •Fumbling •Relaxed inhibitions •Slowed reflexes •Uncoordinated •Drowsy	•Restlessness •Body Tremors •Excitement •Euphoria •Talkative •Exaggerated reflexes •Anxiety •Redness to nasal area •Runny nose •Loss of appetite •Increased alertness •Dry mouth •Irritability •Grinding teeth	•Hallucinations •Paranoia •Nausea •Perspiring •Dazed appearance •Flashbacks •Body tremors •Disoriented •Memory loss •Uncoordinated •Synesthesia (transposition of senses) •Difficulty in speech •Huge pupils (MDMA)	•Blank stare •Confused •Cyclic behavior •Perspiring •Chemical odor •Hallucinations •Possibly violent and combative •Warm to the touch •Increased pain threshold •Incomplete verbal responses •Repetitive speech	•Droopy eyelids •On the nod •Drowsiness •Depressed reflexes •Dry mouth •Low, raspy slow speech •Euphoria •Fresh puncture marks •Itching •Nausea •Track marks	•Confusion •Flushed face •Intense headaches •Bloodshot, watery eyes •Lack of muscle control •Odor of substance •Non-communicative •Disoriented •Slurred speech •Possible Nausea •Residue of substance around mouth and nose	•Odor of marijuana •Marijuana debris in the mouth •Body tremors •Increased appetite •Relaxed inhibitions •Disoriented •Possible paranoia •Eylid tremors •Reddened eyes

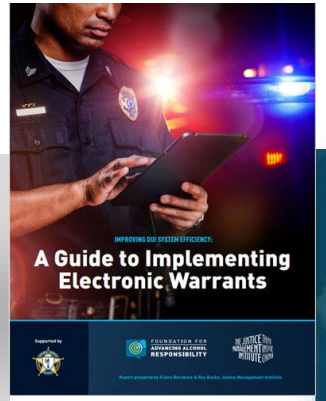
POLY DRUG USE The use of two or more drugs of different categories will cause the body to display a combination of effects. This is because each drug works independently. The results of poly drug use may be unpredictable but will generally show some indicators of each drug used. Alcohol and cannabis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

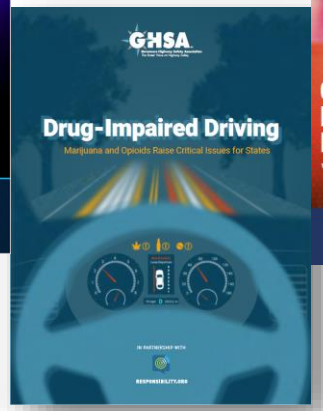
A project of the Northwest Washington Target Zero Coalition - thewisedrive.com

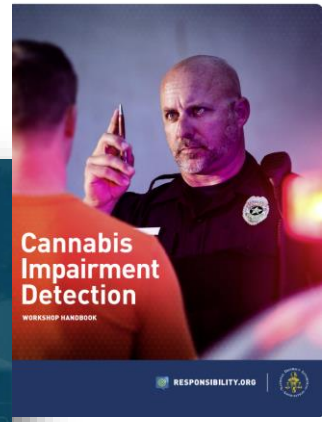
IMPAIRED DRIVING RESOURCES

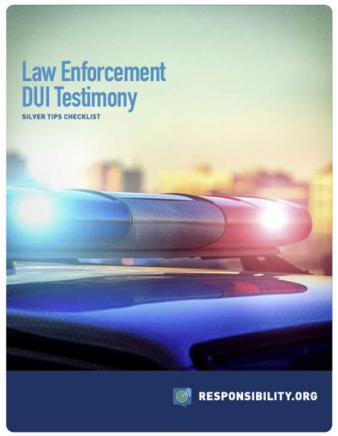
- High-Risk Impaired Driving
- Multiple substance impaired driving
- State grants with GHSA and Sheriffs
- DUI training guides
- CLE credit online prosecutor course
- Screening and assessment tools
- Ignition interlocks for all DUI offenders and other policy countermeasures











https://www.responsibility.org/toolkit

NASID Resource: State Cannabis DUI Laws

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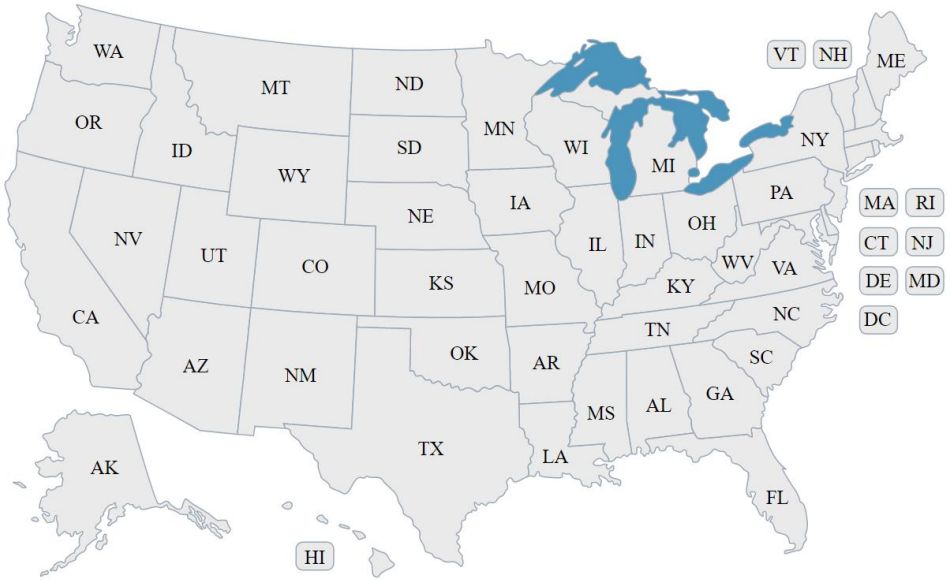
About | Impaired Driving | State-By-State Info | Framework | Members | Get Involved

State Laws

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



Colorado

Share this data

STATE LAWS | CANNABIS LAWS

Implied Consent Laws

DRUGS

CRS 42-4-1301.1 - Learn More
TThe 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(1)(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(1)(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(1)(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

On-Demand: Investigation and Prosecution of Drug-Impaired Driving Cases

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[NDAA Learning Center: On-Demand: Investigation and Prosecution of Drug-Impaired Driving Cases]

Overview | CLE | Handouts | Contents (5)

On-Demand: Investigation and Prosecution of Drug-Impaired Driving Cases

180-Minute Presentation

CLE: 3.00 Credit Hours

Impaired driving is illegal, extremely dangerous, and has life altering consequences. Impairment is impairment, regardless of the substance causing the impairment. It does not matter what type of drug a person has taken: licit, illicit, or even if that drug is properly prescribed or purchased over-the-counter; the risk of death or serious injury is the same.

The detection and prosecution of drug-impaired driving cases requires specialized knowledge and skill to combat the unique challenges and defenses presented. An officer or a prosecutor willing to take on this difficult task can keep drug-impaired drivers off of the roadways, thereby preventing unnecessary deaths and injuries and positively impacting public safety.

Oral fluid and the DUI/D investigative process

Where does it fit? What are the benefits of roadside testing?

Responsibility.org Position Statements

FOUNDATION FOR ADVANCING ALCOHOL RESPONSIBILITY

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 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);

FOUNDATION FOR ADVANCING ALCOHOL RESPONSIBILITY

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 metabolization. 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)

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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 (Shulze 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:

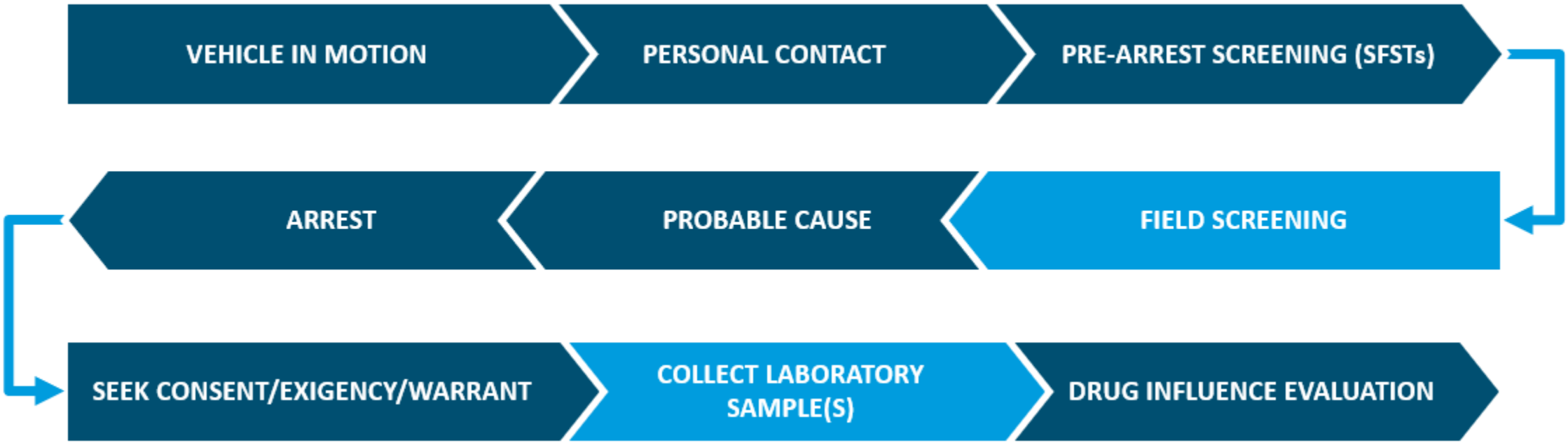
Multi-substance impaired driving is underreported. Most law enforcement officers are trained to identify alcohol-impaired drivers, but unfortunately, many do not receive specialized training to identify the signs and symptoms of drug impairment [e.g., Advanced Roadside Impaired Driving Enforcement (ARIDE)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

Roadside Drug Testing: Internationally accepted and adopted

Argentina, Australia, Austria
Belgium, Brazil
Canada, Chile, Columbia
France
Germany
Ireland, Italy
Netherlands, New Zealand
Poland, Portugal,
South Africa, South Korea, Spain, Sweden
Turkey
UAE, UK (arrests up 600% since implementation), Vietnam

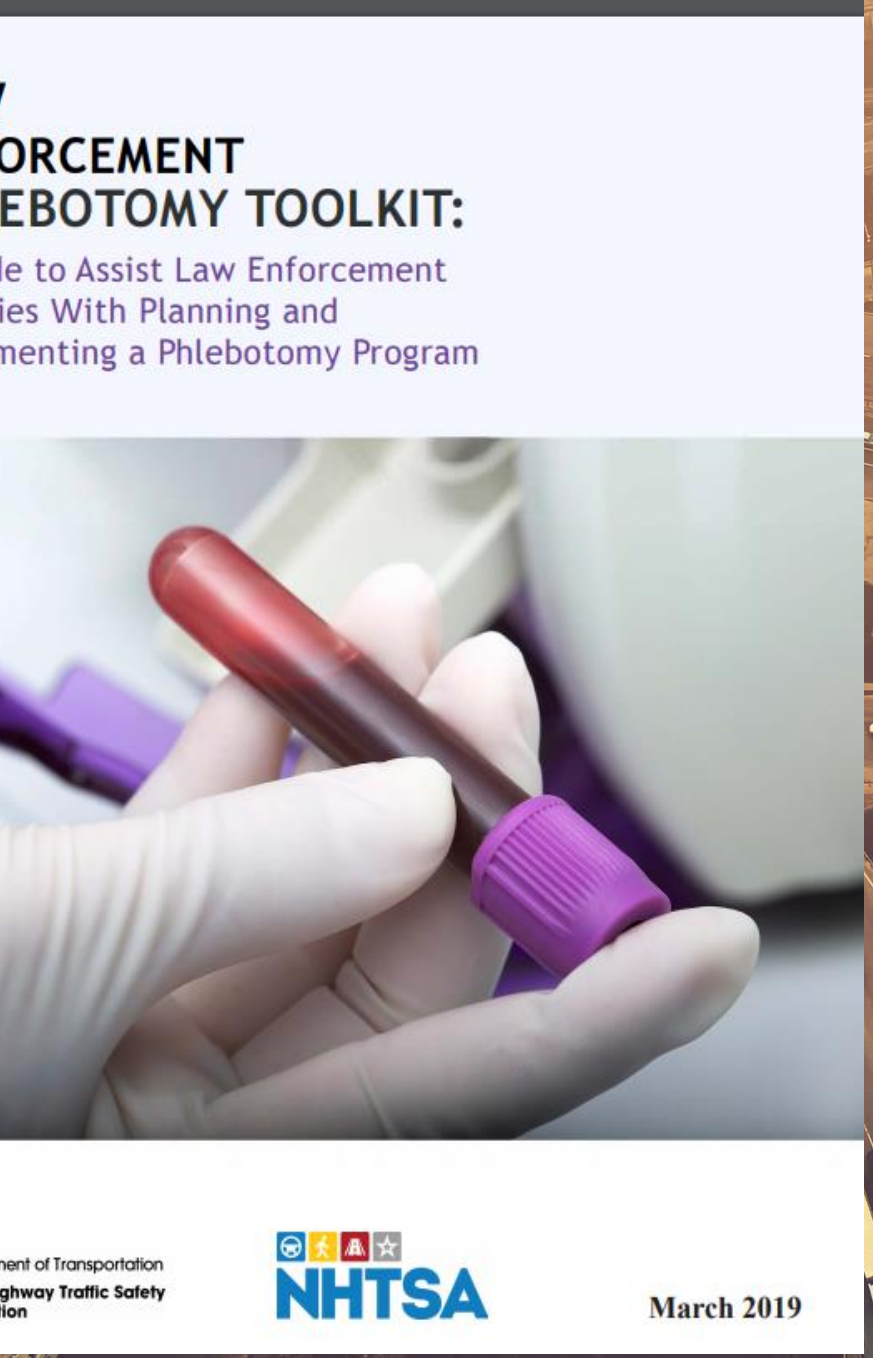
Some devices:

Impaired driving investigative process



- **Screening** = qualitative result (+/-); can aid in establishing probable cause; not admitted in court as evidence
- **Confirmation** = quantitative result (ng level); analysis performed in a forensic laboratory to confirm presence of drug(s) in body; admissible as evidence in court

SOURCE:
AAA Foundation for Traffic Safety (2020). Using Oral Fluid to Detect Drugs Handout. Available online.



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

Illegal Underage Consumption of Cannabis:

A Policymaker's Checklist

CALL TO ACTION

It is illegal for individuals under the age of 21 to possess and consume cannabis. Youth consumption of cannabis affects the developing brain, and can also increase the risk of criminality, psychosis and the likelihood of developing substance use disorders later in life. We urge legislators to pass practical cannabis laws and to look to evidence-based alcohol policies for guidance.

THE PROBLEM: While underage drinking is at historic lows, past year and daily cannabis consumption have remained steady over the years among 8th, 10th, and 12th graders.

- Daily cannabis use now outpaces cigarette use across all grades (MTF, 2018).
- A total of **10.5%** of 8th graders, **27.5%** of 10th graders, and **35.9%** of 12th graders report past year consumption (MTF, 2018).
- Cannabis vaping increased significantly between 2017 and 2018. The prevalence of cannabis was **2.6%** among 8th graders, **7%** among 10th graders, and **7.5%** among 12th graders. These numbers represent year over year increases of **62.5%**, **62.8%**, and **53.1%** respectively (MTF, 2018).
- Most high school students **(73%)** do not view regular cannabis smoking as harmful (MTF, 2017).

THE SOLUTION: Identify issues specific to your state and strengthen laws.

Starting Point:

Review your state's existing cannabis laws.

- Identify opportunities to strengthen laws as it relates to youth access and impaired driving.
- Prepare for changes in state cannabis laws by passing legislation or implementing research/pilot initiatives. Include public safety workgroups or oral fluid pilots as part of that legislation.

[Marijuana-Policy-Checklist-FinalV1-underage.pdf (responsibility.org)]

Driving Under the Influence of Drugs:

A Checklist for Policymakers

CALL TO ACTION

Driving under the influence of drugs (DUID) impairs driver performance and is a significant public safety threat. We urge policymakers to develop and pass practical DUID legislation.

The Problem

Drugged driving is increasing.

- In 2016, 44% of fatality-injured drivers with known results tested positive for drugs, up from 28% just 10 years prior (FARS 2018, GHSA, 2018).
- Polysubstance-impaired driving is a growing concern. In 2016, 50.5% of drug-positive drivers were positive for two or more drugs and 40.7% were positive for alcohol (FARS 2018, GHSA 2018).
- The 2013-2014 National Highway Traffic Safety Administration's (NHTSA) National Roadside Survey (NRS) found that **22.5%** of night-time drivers tested positive for illegal, prescription, or over-the-counter medications while **1.5%** of night-time drivers had a .08 BAC or higher.

The Solution

Identify issues specific to your state and strengthen laws.

1. Review your state's DUID fatality, crash, and arrest data (contact your highway safety office and state police agency).

- What is the magnitude of the problem?
- Which drugs are most commonly found in drivers' systems?
- Are certain segments of the population high-risk?
- Are there gaps in the data that need to be filled?

2. Identify legislative gaps in existing impaired driving laws.

- How is drug-impaired driving defined?
- Do implied consent statutes facilitate drug testing?
- Does existing law apply equally to alcohol-impaired driving and drug-impaired driving?

3. Collaborate with stakeholders.

- Identify challenges to DUID enforcement, prosecution, sentencing, and treatment.
- Identify legislative changes to assist practitioners in addressing DUID.
- Ask practitioners how to increase system efficiency and improve outcomes.

RESPONSIBILITY.ORG

POLICY OPTIONS

Establish a state task force to address DUID.

Include every facet of the DUI system, including advocacy groups and other interested parties, to create a strategic plan to prevent and reduce DUID.

Provide more tools to law enforcement.

- Provide funding to train officers (DRE/ARIDE).
- Launch an oral fluid pilot program to identify DUID drivers effectively and efficiently.

Establish enhanced penalties for polysubstance-impaired driving.

Drugs used in combination or with alcohol cause greater impairment and heighten crash risk. This justifies tougher sanctions similar to those in place with drivers who have high blood alcohol concentrations (BACs of .15 >).

Create parity in sanctions between DUI and DUID where appropriate.

Many states have unequal penalties for DUI and DUID.

Mandate screening and assessment.

All impaired drivers need substance use and mental health disorder screening/assessment to identify underlying causes of offending and to reduce recidivism.

Establish a zero tolerance law for all drugs, including marijuana, for drivers under the age of 21.

Impairment plus inexperience increases youth crash risk relative to other age groups. This law establishes parity with existing zero tolerance laws for alcohol for drivers under the age of 21.

Require treatment if indicated by an assessment.

Tie treatment completion to re-licensing as a condition of probation.

Increase the number of DUI or hybrid DUI/Drug Courts.

Increase the number of DUI or hybrid DUI/Drug Courts in your state to deal with the highest-risk offenders (e.g., repeat offenders). These programs are highly effective in reducing recidivism and saving costs.

Improve your state's DUID data collection.

- Mandate alcohol and drug testing of all fatally-injured drivers.
- Encourage alcohol and drugs testing for surviving drivers in fatal and serious-injury crashes.

Separate DUI and DUID statutes.

It is important to accurately quantify alcohol, drug, and polysubstance-impaired driving and not report all three as a single behavior.

Ensure that the language in your DUID statute is broad enough.

Ensure that the language in your DUID statute is broad enough to include inhalants and emerging synthetic/designer drugs.

Additional Sources

For more information about DUID, refer to ***Drug-Impaired Driving: A Guide for What States Can Do*** and ***Drug-Impaired Driving: Marijuana and Opioids Raise Critical Issues for States***, produced by the *Governors Highway Safety Association* (GHSA) with funding from *Responsibility.org*. It summarizes the state of knowledge on DUID and identifies state actions to address the problem.

For more information on DUID policy or for technical assistance, please contact **Erin Holmes,** Director of Traffic Safety at **(202) 445-0334** or **erin.holmes@responsibility.org**.

To learn more about the DUID laws in your state, visit the **Responsibility.org State Maps**.

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