

2022 NORTHEAST COMMERCIAL VEHICLE SAFETY SUMMIT



Darrin T. Grondel Ed.D. and Brian Swift

Foundation for Advancing Alcohol Responsibility and
the National Alliance to Stop Impaired Driving



RESPONSIBILITY.ORG

The High-Way: The ongoing challenge of Impaired Driving

October 26, 2022

Rhode Island

The National Alliance to Stop Impaired Driving



Guest Speaker



Brian Swift
Spokesperson
NASID





Family spearheads legislation

Deaths of Tom and Barbara Swift may lead to law allowing roadside drug testing

By Jenny Lancour
jlancour@dailypress.net

LANSING — Legislation allowing police to conduct roadside drug testing is being considered in Michigan. The initiative was spearheaded by family members of an Escanaba couple who were killed when their car was struck by a semi driver later convicted of driving with the presence of a controlled substance.

Tom and Barbara Swift, each 73, of Escanaba, died of injuries suffered when their car was hit by a logging truck driven by Harley Davidson Durocher, 26, of Little Lake, who failed to stop at a red light. The crash occurred on U.S. 2 & 41/M 35 at South Hill Road in Gladstone on March 20, 2013.

During Durocher's trial in April 2014, a jury found him guilty of six felonies. He was ordered to spend up to 15 years in prison on six concurrent sentences.

Durocher was sentenced to five

'Our pain never goes away, but we know my parents would want to help others and we think it's worth the fight.'

Brian Swift

Son of fatal accident victims Tom and Barbara Swift

years and six months to up to 15 years in prison on each of two counts of reckless driving causing death, five to 15 years in prison on each of two counts of driving with a suspended license causing death, and three to 15 years in prison on each of two counts of driving with the presence of a controlled substance (THC in marijuana) causing death.

The Swifts' son and daughter, Brian Swift of Fort Worth, Texas, and Patti Swift-Dringoli, of Neenah, Wis., were devastated by the loss of their parents and wanted to do something to discourage

motorists from driving while impaired by drugs.

"Our pain never goes away, but we know my parents would want to help others and we think it's worth the fight," Brian Swift stated in an email to the Daily Press.

With the assistance of Sen. Tom Casperson (R-Escanaba), Senate Bill 434 was introduced to the Michigan Senate and referred to the Senate Judiciary Committee this summer.

"We have worked hard over the past year to turn the horror of losing

See SWIFT on page 7A



Courtesy photo

Sen. Tom Casperson, R-Escanaba, right, welcomed Brian Swift, left, to the state Capitol last week to testify before the Senate Judiciary Committee. Swift joined Casperson to speak in favor of Senate Bill 434, which would create a pilot program to allow law enforcement to conduct field sobriety tests on motorists suspected of driving under the influence of controlled substances.

NASID.ORG



**FOCUSING AMERICA'S EXPERTS
AND RESOURCES TO END MULTIPLE
SUBSTANCE IMPAIRED DRIVING.**



Purpose

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



NASID Goals

Establish drug/multi-substance impaired driving as a top priority safety issue

Persuade the public and decision-makers to expand drug testing – screening/evidentiary

Explore and advocate for emerging technologies

Ensure a greater public understanding of how it works, reliability, effectiveness

Dispel myths regarding technology –oral fluid testing

Promote pilot programs and replicate them in target states

Build champions for issue among elected officials and stakeholders

Convene influencers for State and Federal legislative action

Assist practitioners with training and education



PICK UP
HERE

ESPN
10:25 PM
FIFA hands Chelsea transfer ban until 2020

ROUND PLAYED 11
ROUNDS UNDER PAR 12
SCORING AVERAGE 68.2
SCORE TO PAR -4

COMMUNITY MONDAY

Wisconsin State
Challenge the Outdoors
Papermaker Players Family Theatre
We Presally Club
Fishery Club
Friends of Winnebago County Dog Park
Appalachian Area Jaycees
Lions Club
Lions Society
For Email

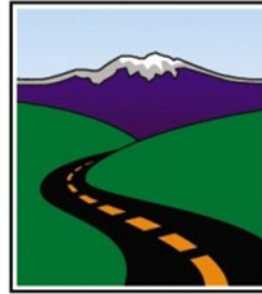
THE NORTH FACE

W

Graphic logo on hoodie

RESPONSIBILITY.ORG PARTNERS



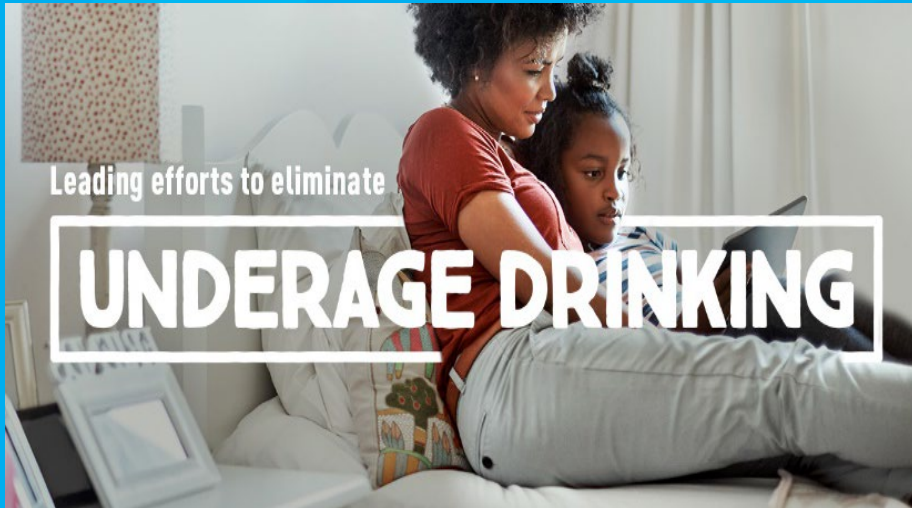


WASHINGTON
Traffic Safety
COMMISSION



FOUNDATION FOR
ADVANCING ALCOHOL
RESPONSIBILITY.ORG





INTRODUCTION TO RESPONSIBILITY.ORG

Complexity of Impaired Driving and Public Perception

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

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

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

Data Drives the Narrative



National Safety Council Data

- 1 in 12 workers dealing with an untreated substance use disorder with annual costs of \$8,255 - \$14,000 per employee and may be dependent on industry and role
- Opioid crisis alone cost the U.S. economy \$696 billion in 2018.

Fatal Crash Data

- 50.5% of fatally injured drug-positive drivers (with known drug test results) were positive for two or more drugs and 40.7% were found to have alcohol in their system (NHTSA FARS as cited in Hedlund, 2018)
- Among drug-positive drivers killed in crashes, 4% tested positive for both marijuana and opioids, 16% for opioids only, 38% for marijuana only, and 42% for other drugs (Governors Highway Safety Association, 2017)
- The percentage of traffic deaths in which at least one driver tested positive for drugs has nearly doubled over a decade. (USA Today, 2016) (Source: <https://driving-tests.org/driving-statistics/>)
- The number of alcohol-positive drivers killed in crashes who also tested positive for drugs increased by 16% from 2006 to 2016 (Governors Highway Safety Association, 2017)



CMV Driver – Alcohol/Drugs

- After alcohol, **marijuana** is the drug most often linked to drugged driving. (National Institute on Drug Abuse, 2016) (Source: <https://driving-tests.org/driving-statistics/>)
- 50 mg of **diphenhydramine** (a popular over-the-counter antihistamine) can impair your driving more than a blood alcohol concentration (BAC) of 0.10%. (The legal limit for BAC is under 0.08% in most US states.) (University of Iowa, 2000) (Source: <https://driving-tests.org/driving-statistics/>) For CMV .04
- It is estimated that 0.08% of commercial drivers have a blood alcohol concentration (BAC) of at least 0.04% (the legal limit for commercial drivers) while on the road. (The standard error of this estimate is 0.03%.)
- Furthermore, it is estimated that 0.8% of commercial drivers have used drugs while on the road. (The standard error for this estimate is 0.3%.) (FMCSA, 2019) (Source: <https://driving-tests.org/driving-statistics/>)

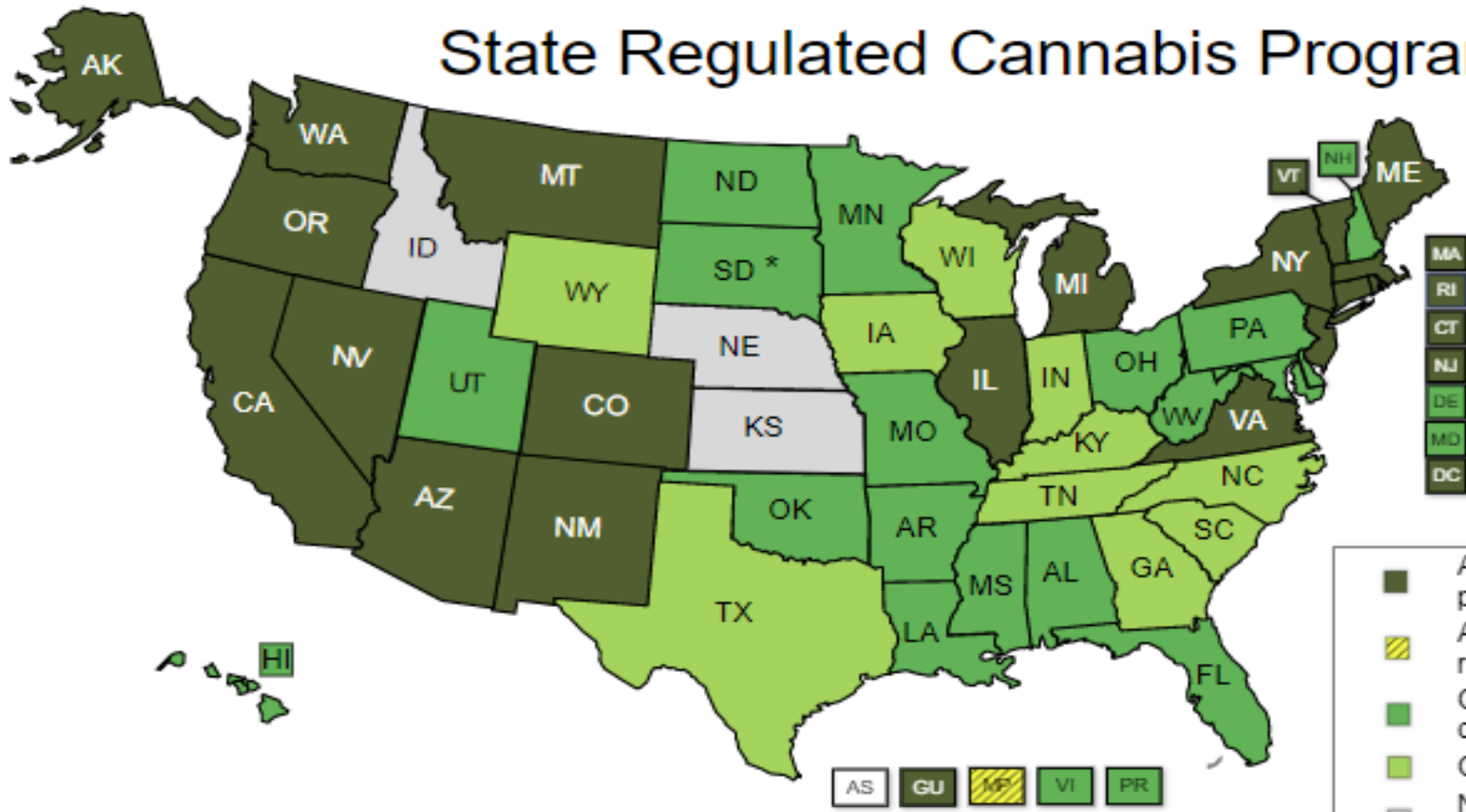


Data Drives the Narrative

- 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 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).
- Sadly, we don't have a good system of data collection and consistency between states to see the real picture. [GAO Report from Infrastructure Bill.](#)



State Regulated Cannabis Programs



37 Medical Cannabis
19 Adult Use
5 States - Ballots

Limited adult possession and growing allowed, no regulated production or sales: DC

May 2022

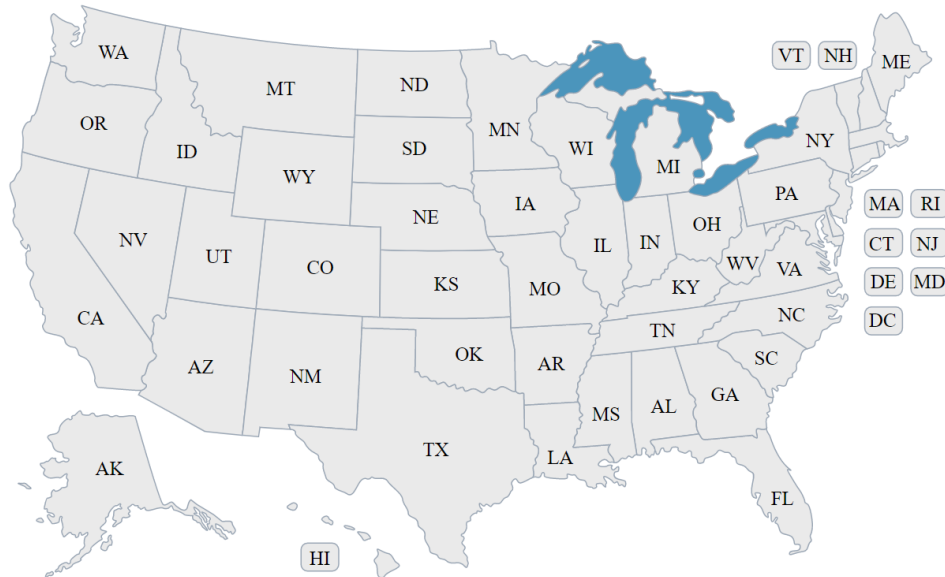
* = Measures approved by voters in Mississippi for medical use and South Dakota for non medical use were overturned in 2021. The Mississippi legislature passed new medical cannabis legislation which the governor signed on Feb. 2, 2022.

NASID Resource: State Cannabis DUI Laws



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](#)

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](#)

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



VIOLATIONS REPORTED TO CLEARINGHOUSE CONTINUED

Positive drug tests account for **82%** of the total violations reported.

See chart to the right for a breakdown of results reported to the Clearinghouse by year since January 6, 2020 of the number of times a driver tested positive for each substance.

The graph below shows total results reported to the Clearinghouse since January 6, 2020 of the number of times a driver tested positive for each substance.

Note: To date, there have been 6,779 reports of dilute specimens, with 1,909 occurring in 2022. A positive dilute result indicates that drugs were detected despite the dilution of the sample. Dilute specimens are therefore reflected in the total substance counts.

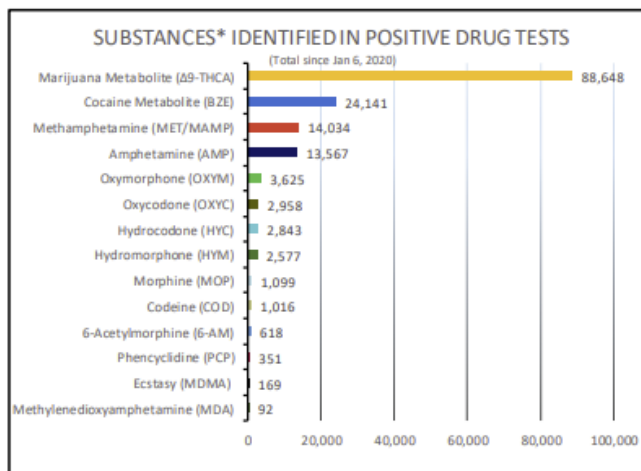
SUBSTANCES IDENTIFIED IN POSITIVE DRUG TESTS

Substance	2020	2021	2022	# Tests Identified*
Marijuana Metabolite (Δ9-THCA)	29,511	31,085	28,052	88,648
Cocaine Metabolite (BZE)	7,940	8,765	7,436	24,141
Methamphetamine (MET/MAMP)	5,187	5,082	3,765	14,034
Amphetamine (AMP)	4,953	4,904	3,710	13,567
Oxymorphone (OXYM)	1,372	1,276	977	3,625
Oxycodone (OXYC)	1,106	1,049	803	2,958
Hydrocodone (HYC)	1,082	1,048	713	2,843
Hydromorphone (HYM)	1,000	930	647	2,577
Morphine (MOP)	443	353	303	1,099
Codeine (COD)	386	329	301	1,016
6-Acetylmorphine (6-AM)	302	191	125	618
Phencyclidine (PCP)	137	118	96	351
Ecstasy (MDMA)	65	60	44	169
Methylenedioxyamphetamine (MDA)	30	33	29	92
All substances	53,514	55,223	47,001	155,738

(Reported through August 2022, as of September 1, 2022)

*Total since January 6, 2020

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



Positive drug tests reported through August 2022, as of September 1, 2022.

VIOLATIONS REPORTED TO CLEARINGHOUSE CONTINUED

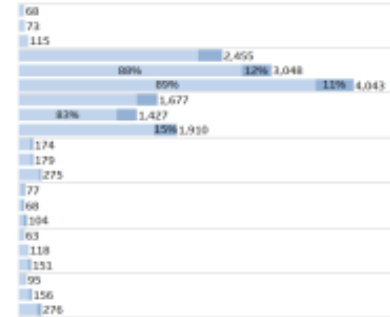
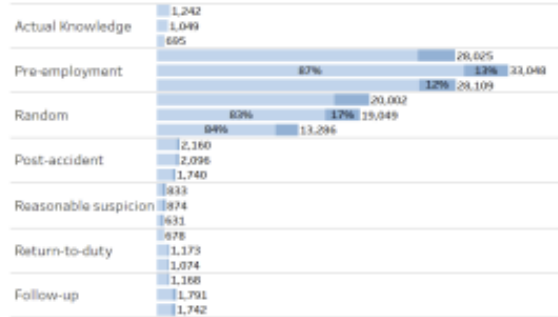
Drug and Alcohol Test Results By Test Type

Since January 6, 2020, there were 164,139 test results reported to the Clearinghouse with violations. The table below breaks out these test results by type of test, for controlled substance (drug) tests and alcohol tests. The left side depicts total test results with violations by year and the right side compares total test results with violations for the month of August across three years: 2020, 2021, and 2022.

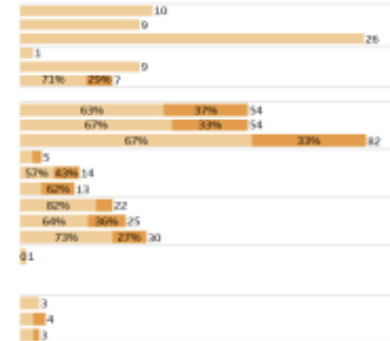
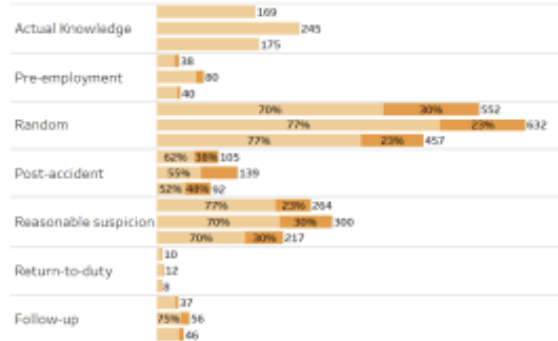
Total Test Results (Drug or Alcohol) by Test Type - Year and Month (August) Comparison



Drug Test Results (Positive or Refusal) by Test Type



Alcohol Test Results (Positive or Refusal) by Test Type



Test Results reported through August 2022, as of September 1, 2022.

Marijuana Use Soaring Among College Students While Alcohol Use Drops, Study Finds

Shore News Network

By Harry Wilmerding

September 15, 2021

Marijuana use among college students has **surged** while alcohol use dropped, according to a recent National Institute of Health and National Institute of Drug Abuse study.

The “Monitoring the Future” [study](#) found that **44% of college students** said they used **marijuana** in 2020, an increase from 38% in 2015. More, “daily” or “near daily” marijuana use among college students increased from 5% to 8% over the last five years.

The number of college students who said they consumed **alcohol**, on the other hand, **dipped** from over 62% in 2019 to 56% in 2020, according to the report. Binge drinking among college students, defined as having five or more drinks in one outing, decreased from 32% in 2019 to 24% in 2020.

The report also found that 9% of students said they used **psychedelic drugs in 2020**, a 4% **increase** from 2019.

“The COVID-19 pandemic dramatically changed the way that young people interact with one another and offers us an opportunity to examine whether drug taking behavior has shifted through these changes,” NIDA Director Nora D. Volkow said in a statement.

“Moving forward, it will be critical to investigate how and when different substances are used among this young population, and the impact of these shifts over time,” Volkow added.

The “Monitoring the Future” study has tracked drug use among college students and adults ages 19-22 since 1980. The 2020 edition was conducted online, collecting data from 1,550 college students between March 20, 2020, and Nov. 30, 2020.

John Schulenberg, the study’s lead investigator and a professor at the University of Michigan, told The Washington Post that the COVID-19 pandemic contributed significantly to the sharp decline in alcohol use.

“That’s definitely one of the greatest pandemic effects,” Schulenberg said. “We clearly see that young people use alcohol as something to be taken at parties and gatherings. With the pandemic, those weren’t happening, so the alcohol intake and binge drinking dropped.”

The study also highlighted the decline in cigarette, amphetamine and prescription drug use among college students.

Eighteen states have legalized recreational marijuana for adults over the age of 21, and 37 states allow for medical marijuana use, according to The Washington Post.

http://www.monitoringthefuture.org/pubs/monographs/mtf-vol2_2020.pdf



Drug Categories and Their Common Effects

	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 <small>(users will not typically show all indicators)</small>	<ul style="list-style-type: none"> •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 	<ul style="list-style-type: none"> •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 	<ul style="list-style-type: none"> •Hallucinations •Paranoia •Nausea •Perspiring •Dazed appearance •Flashbacks •Body tremors •Disoriented •Memory loss •Uncoordinated •Synesthesia (transposition of senses) •Difficulty in speech •Huge pupils (MDMA) 	<ul style="list-style-type: none"> •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 	<ul style="list-style-type: none"> •Droopy eyelids •On the nod •Drowsiness •Depressed reflexes •Dry mouth •Low, raspy slow speech •Euphoria •Fresh puncture marks •Itching •Nausea •Track marks 	<ul style="list-style-type: none"> •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 	<ul style="list-style-type: none"> •Odor of marijuana •Marijuana debris in the mouth •Body tremors •Increased appetite •Relaxed inhibitions •Disoriented •Possible paranoia •Eyelid 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

What do we know about cannabis

- 480 Chemical Compounds
- 66 – 113 cannabinoid compounds
- Cannabinol CBN (1899)
- Cannabidiol CBD (1963)
- **Delta 9 – THC (1964)**
- Cannabigerol CBG
- Cannabichromenes-CBC
- Cannabinodial CBDL
- Cannabicyclol CBL
- Cannabielsoin CBE
- Cannabitriol CBT
- Cannabidivarin CBDV

<http://learnaboutmarijuana.org/factsheets/cannabinoids.htm>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3736954/>



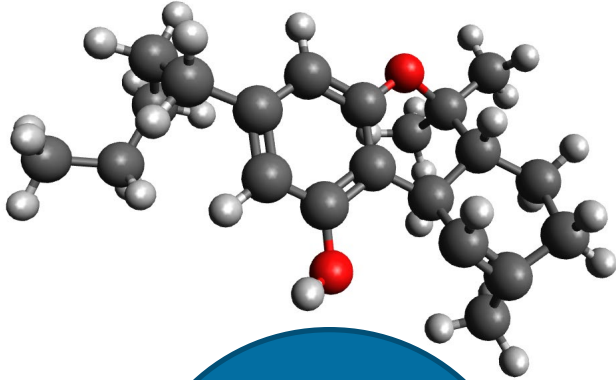
THC ISOMERS

Isomers are compounds that contain exactly the same number of atoms, i.e., they have exactly the same empirical formula, but differ from each other by the way in which the atoms are arranged.

Delta - 6

Delta - 7

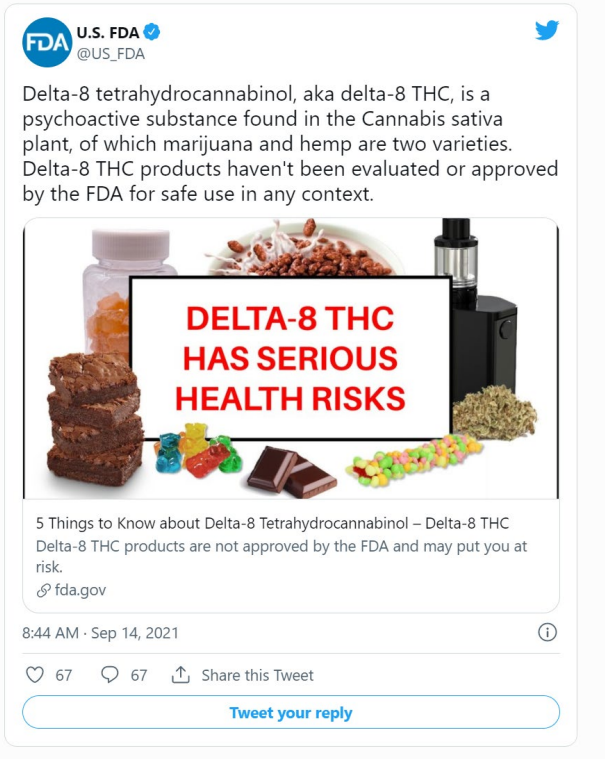
Delta - 8



Delta - 9

Delta - 10

Delta 11



FDA U.S. FDA @US_FDA

Delta-8 tetrahydrocannabinol, aka delta-8 THC, is a psychoactive substance found in the Cannabis sativa plant, of which marijuana and hemp are two varieties. Delta-8 THC products haven't been evaluated or approved by the FDA for safe use in any context.

DELTA-8 THC HAS SERIOUS HEALTH RISKS

5 Things to Know about Delta-8 Tetrahydrocannabinol – Delta-8 THC
Delta-8 THC products are not approved by the FDA and may put you at risk.
[fda.gov](https://www.fda.gov)

8:44 AM · Sep 14, 2021

67 likes 67 replies Share this Tweet

[Tweet your reply](#)

Signs and Symptoms of Marijuana

- Relaxation
- Euphoria
- Relaxed Inhibitions
- Disorientation
- Altered time & distance perception
- Lack of Concentration
- Impaired Memory & comprehension
- Jumbled thought formation
- Drowsiness



- Mood changes, including panic and paranoia with high dose
- Heightened senses
- Body tremors (Major muscle groups: quads, gluts, and abs)
- Eyelid tremors
- Red, Bloodshot eyes
- Possible GVM or green coating on tongue
- Dilated pupils



Strains of Marijuana

Indica

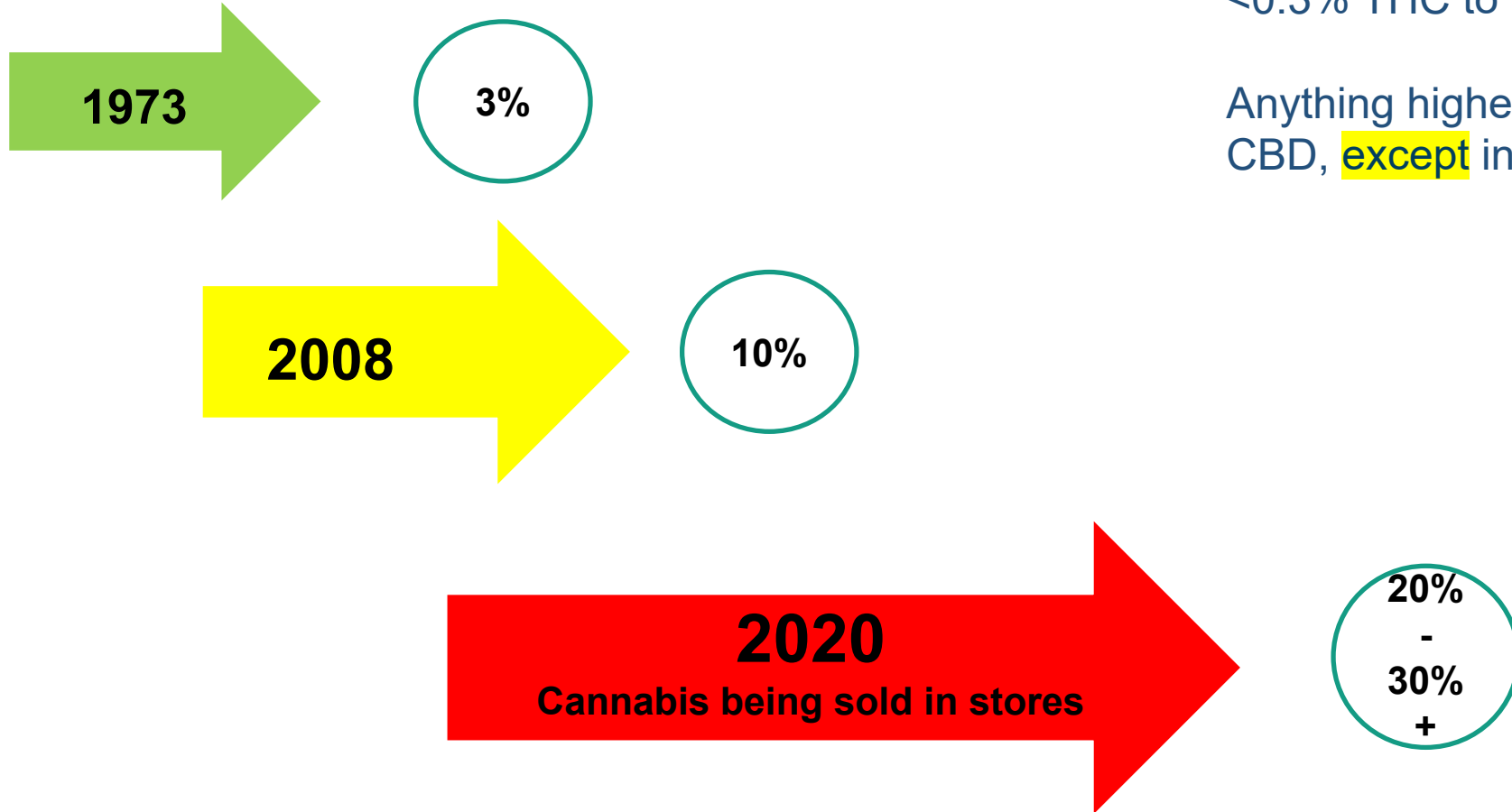
- Body High
- Couch Locked (Indacouch)
- Sleepy
- Feel Depressed Effects

Sativa

- Daytime Strains
- More Energy
- “Can increase focus” – perception
- Can Cause Hallucinations



“Not Your Daddy’s Woodstock Weed”



<0.3% THC to be CBD

Anything higher is not considered CBD, **except** in VA and GA <5%

Inhaling - Pulmonary

Smoking



Vaporizing



Dabbing



Inhaler



Oral - Digestive

Edibles



Capsules



Raw Marijuana



Trans mucosal – sublingual, intranasal, rectal, ocular

Tincture



Lozenges



Spray - oral/nasal



Suppository



Transdermal







Synthetic Cannabinoids

- K2
- Spice
- AK47
- Bliss
- Black Mamba
- Fake Weed
- Bombay Blue
- Genie
- Zohai
- Red X
- Potpourri
- Demon
- Black Magic
- Ninja
- Spike
- Mr. Nice Guy
- Yucatan

SYNTHETIC CANNABINOIDS (K2/SPICE)

UNPREDICTABLE DANGER

K2 /SPICE IS **NOT** MARIJUANA

It's often called *synthetic marijuana* or *fake weed* because some of its chemicals are like those in marijuana. The effects can be unpredictable and in some cases, severe or even life-threatening.



Shredded, dried plant material

+



Man-made chemicals

=



A "natural" drug? **Not even close.**



For more information, visit:
drugabuse.gov/publications/drugfacts/synthetic-cannabinoids

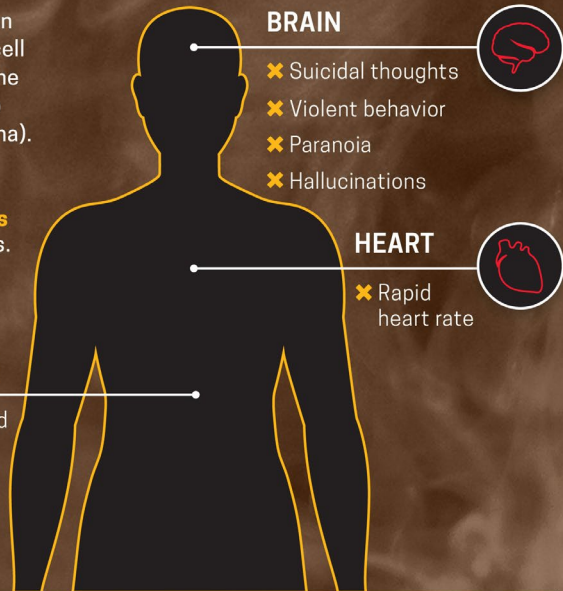
SYNTHETIC CANNABINOIDS (K2/SPICE)

UNPREDICTABLE DANGER

HEALTH EFFECTS OF K2/SPICE ARE **UNPREDICTABLE**

These drugs can act on many different brain cell receptors, including the receptors that bind to THC (found in marijuana).

They produce **unpredictable effects** that can be dangerous.



For more information, visit:
drugabuse.gov/publications/drugfacts/synthetic-cannabinoids



Do CMV Drivers Use Synthetic Cannabinoids?

Yes, and is something to be aware of!



Do the DOT tests detect these substances?



Synthetic Cannabinoids

- How is it consumed?

- Smoked – Joint
- Pipes
- E-cigarettes
- Vape
- Drink as a Tea

- How does it affect the body?

- Paranoia
- Short Term Memory Loss
- Nausea
- Anxiety
- Panic Attacks
- Hallucination
- Giddiness
- Increase in heart rate and blood pressure
- Convulsions
- Organ Damage
- Death



THC-O

- Also known as THC-O and THC-O-a
- Does not naturally occur in marijuana plants
- Originally produced in the 1970s
- Created by adding acetic anhydride to $\Delta 8$ -THC
- Considered to be 3X as potent as $\Delta 9$ -THC



THC-P

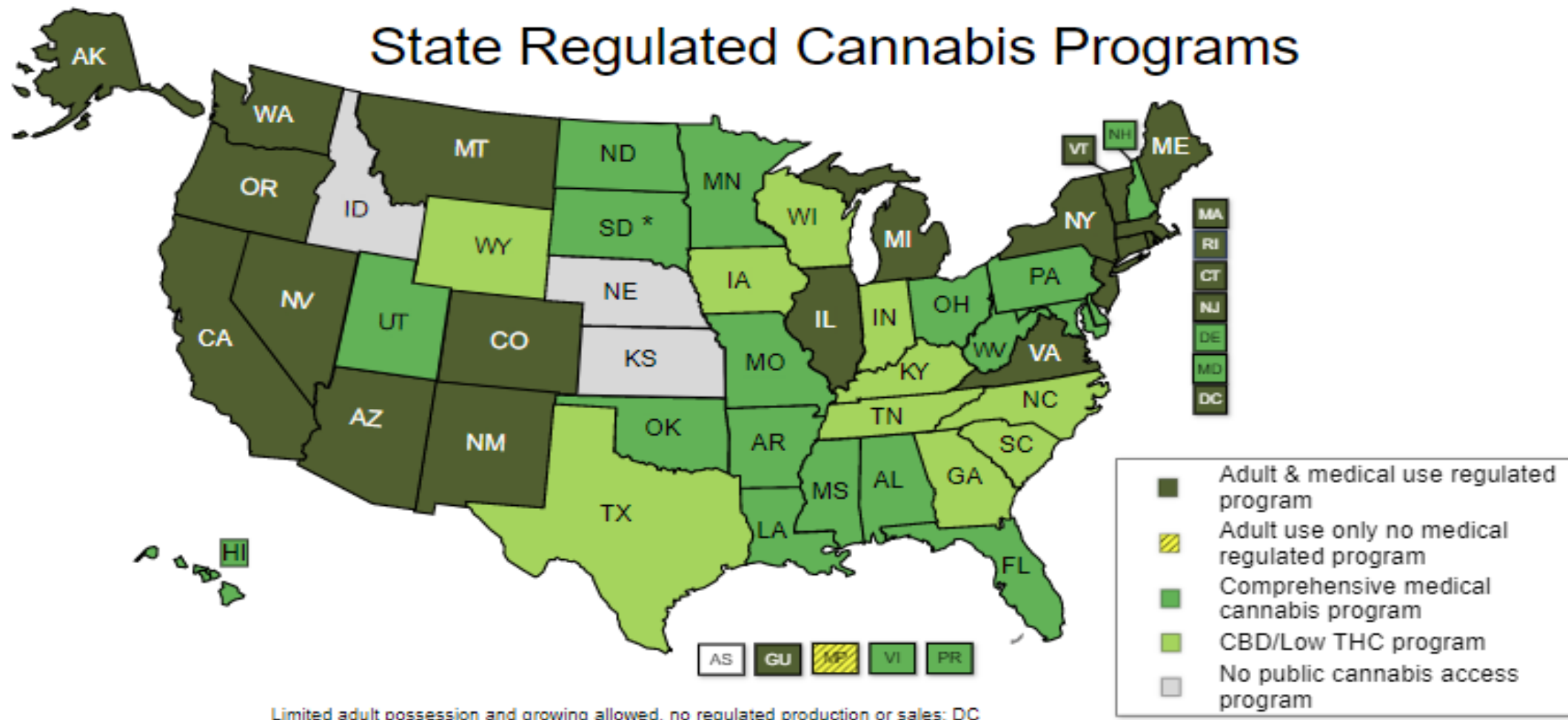
- Tetrahydrocannabiphorol
- Discovered in 2019
- Naturally occurs in marijuana plants in very low concentrations
- Considered to be up to 30X as potent as $\Delta 9$ -THC



A close-up photograph of a hand holding a cannabis bud. The bud is dark green and has a small black tag attached to its stem. The background is dark and out of focus. The text is overlaid on the top half of the image.

Regulations, oversight, and adulterations of CBD products.

State Regulated Cannabis Programs




Limited adult possession and growing allowed, no regulated production or sales: DC

May 2022

* = Measures approved by voters in Mississippi for medical use and South Dakota for non medical use were overturned in 2021. The Mississippi legislature passed new medical cannabis legislation which the governor signed on Feb. 2, 2022.

Hemp vs. Marijuana?

Hemp	Marijuana
Psychoactive Content: Trace amounts 0.2-0.3%	Psychoactive Content: Yes, in varying quantities.
Estimated levels of THC: Low THC (<0.3%)	Estimated levels of THC: High THC (4%-35%)
Uses: Building materials, skin care, clothing, construction, amongst many other areas of industry.	Uses: Marijuana is generally grown for flower production, which are commonly used for either recreational or medical purposes.
Legality: The plant is generally considered legal if the THC content is below 0.3% in the US and below 0.2% for European standards.	Legality: Each country (or state in the US) will have varying laws, but is considered illegal across the majority of the globe.



- Morphological characteristics of the plant (macroscopic, microscopic, smell, etc.) are identical.
- In examining the plants, you cannot tell the difference by looking at or smelling the plant.
- The only way to differentiate the plants is through laboratory testing to determine THC concentration.
- How does the consumer know what they are consuming – the packaging? Maybe?

Regulation of CBD

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

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:





Use of Oral Fluid to Detect Drugged Drivers: A Toolkit



SUBSTANCE IMPAIRED DRIVING Use of Oral Fluid to Detect Drugged Drivers A Toolkit for Lawmakers, Toxicologists & Criminal Justice Professionals

To curb drugged driving, police may need to collect better physical evidence

A motorist may drive like she is impaired, and once pulled over she may show signs and symptoms of drug impairment. Unfortunately, with most states relying on blood samples to prove the presence of potentially impairing drugs in the bodies of suspected drugged drivers, samples are typically collected 2-2.5 hours after the initial traffic stop. By then, some drugs are quickly processed by the body to the point that lab testing may find only trace amounts if any at all.

Why it matters: Oral fluid is equally as strong a sample as blood in all the ways that matter to the toxicologists who analyze them in laboratories. Unlike blood, oral fluid can be easily collected at the roadside very close to when a suspect was driving and thought to be under the influence of one or more drugs.

Reality check: While nearly two dozen states have legalized collecting oral fluid for use in impaired driving investigations, very few (only three as of 2022) do it in practice.

- Lawmakers and police officers are faced with misinformation about the value and reliability of using oral fluid in impaired driving investigations.
- Some stakeholders are confused about using oral fluid for screening on the roadside versus testing in a laboratory, what the results mean, and how those results can be used.

AAA action: Detailed expert guidance and new tools to help curb drugged driving are now available at no charge to any stakeholders who need them. The report and supportive toolkit were explicitly designed to assist policymakers, the criminal justice system (i.e., prosecutors, law enforcement) and toxicology laboratory staff when starting or expanding an oral fluid program to detect drugged drivers.

[Detailed Guidance Report](#)

- The material in this report is compiled from numerous scientific and legal sources and will be periodically updated with new scientific literature, legal decisions, and policy developments.
- With the expansion of roadside drug screening and laboratory testing programs in U.S. jurisdictions— at the local, county, agency, and/or state level—lessons learned regarding what works and how best to address common barriers and challenges can inform future efforts.

[Quick Reference Handout](#)

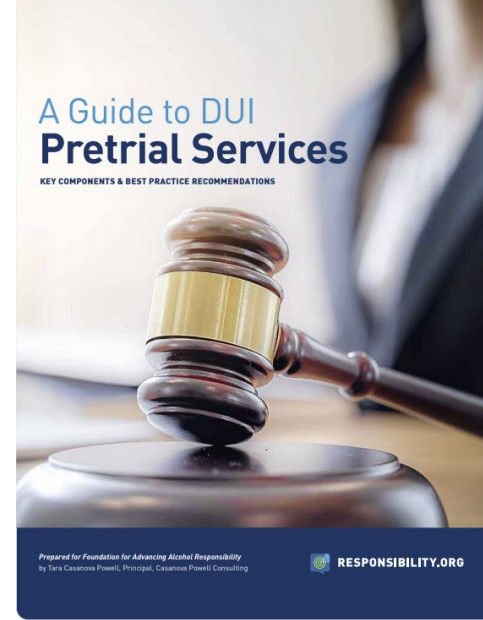
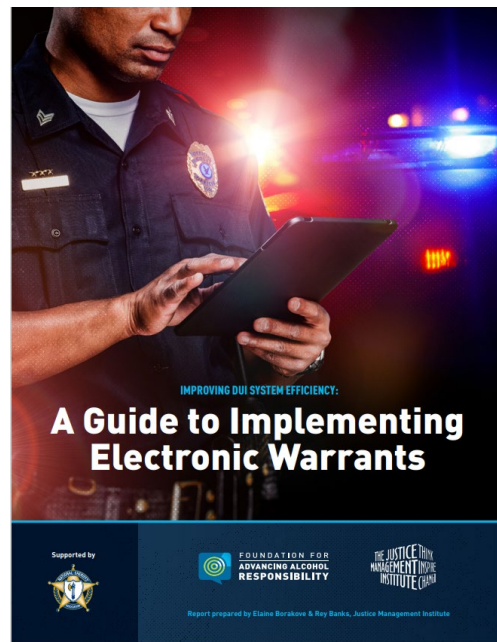
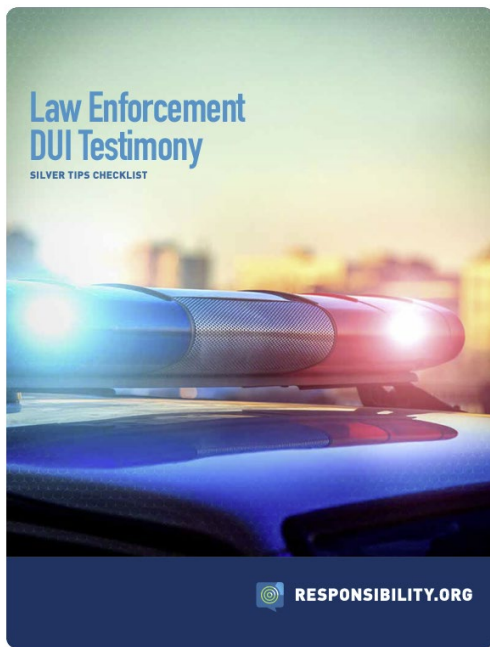
- This is a two-page executive summary handout highlighting key information of importance pulled from the detailed guidance report.
- Highlighted content includes differences between screening and testing when using oral fluid in impaired driving investigations; when police officers should collect oral fluid during an investigation; important terms and studies.

[Law Enforcement Pocket Card](#)

- This is a pocket-size reference card for use by police officers. It contains a subset of the content included in the quick reference handout.

Revised: 04/13/22





WHO ARE HIGH-RISK IMPAIRED DRIVERS?

Multi-substance impaired drivers (alcohol and drugs or a combination of drugs)

Repeat DUI offenders

People who drive at very high blood alcohol concentration (BAC) levels of .15 and above

They pose a high crash risk, are often involved in deadly crashes, and have a high risk of repeat DUIs, substance abuse/mental health disorders and treatment needs.

In 2016, 50.5% of fatally injured, drug-positive drivers had two or more drugs in their system and 40.7% had alcohol in their system (FARS as cited in Hertzler, 2018).

50.5% OF DRIVERS HAD TWO OR MORE DRUGS IN THEIR SYSTEM

40.7% OF DRIVERS HAD ALCOHOL IN THEIR SYSTEM

ROADMAP TO EFFECTIVE INTERVENTIONS

Screening and assessment tools are essential to identify high-risk impaired drivers and provide a roadmap to effective interventions.

What works to stop high-risk impaired drivers?

- Effective countermeasures, policies, and promising programs
- The role of individualized sentencing to address recidivism risk and treatment needs
- Collaborative criminal justice approaches to ensure offender accountability

Barin Gendel, Vice President, Traffic Safety & Government Relations
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RESPONSIBILITY.ORG For more information, go to responsibility.org/HRID

RESPONSIBILITY.ORG NASID NTLC

INVESTIGATING AND PROSECUTING DRUG-IMPAIRED DRIVING CASES

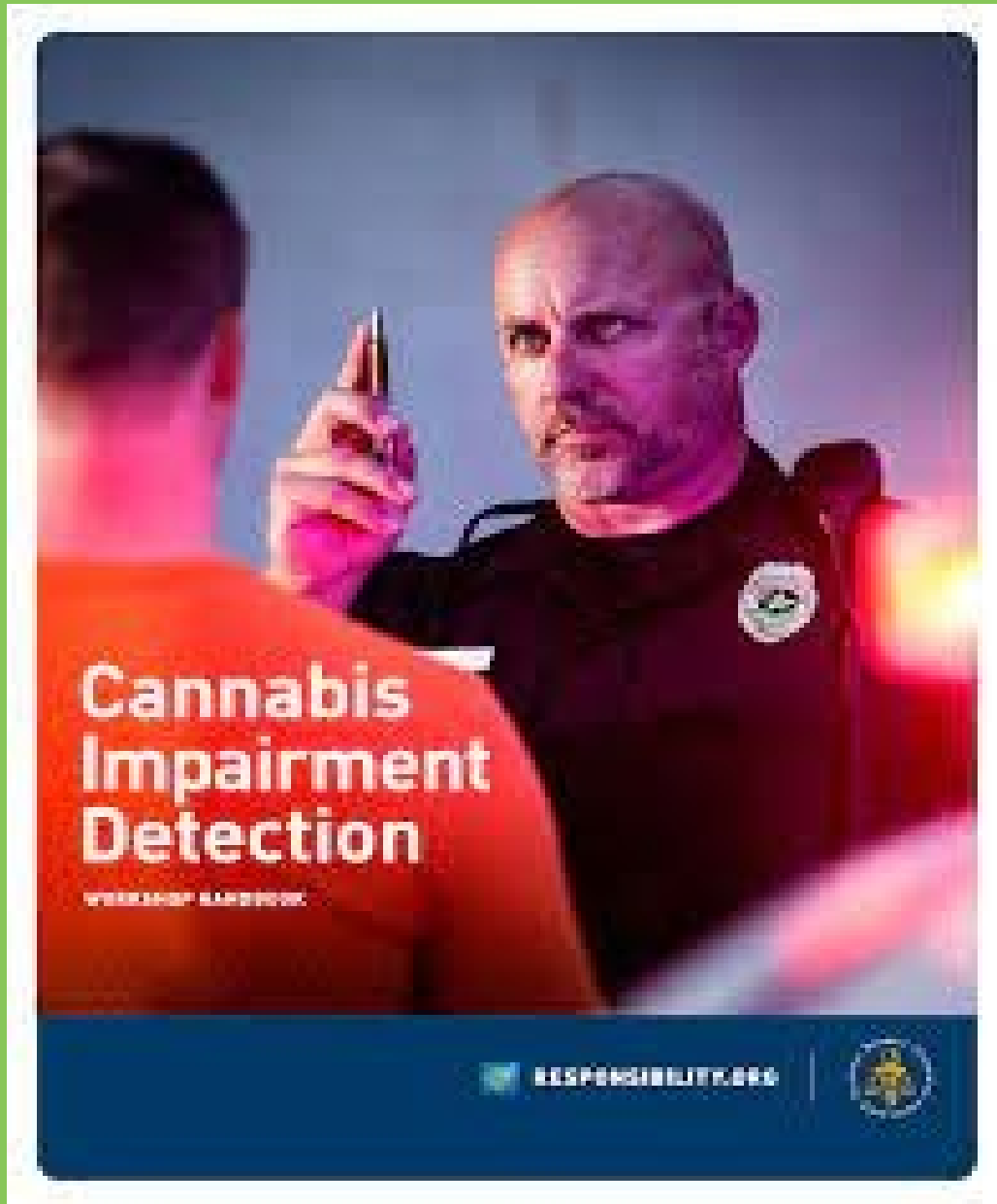
Investigating & Prosecuting Drug-Impaired Driving Cases

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

COMPUTERIZED ASSESSMENT AND REFERRAL SYSTEM



Cannabis Impairment Detection Workshops



<https://nasid.org/solutions/>

Publications and Guidance for States

In December 2019, GHSA released *High-Risk Impaired Drivers: Combating a Critical Threat* associated with the high-risk impaired driver — a person who lacks the restraint or self-control to drive via a national webinar conducted for SHSOs, their partners and stakeholders. In conjunction with the report, the webinar outlines a six-step process to help communities rid our roads of impaired driving offenders and more.

GHSA and Responsibility.org also published *Drug-Impaired Driving: Marijuana and Opioids* and provides an in-depth look at the impact of marijuana and opioids on driving programs addressing this complex issue and recommends increased training for law enforcement.

State Grants

GHSA and Responsibility.org provide grants to states for training programs that support the arrest and prosecution of drug-impaired drivers. By putting more Drug Recognition Experts (DREs) and Advanced Roadside Impaired Driving Enforcement (ARIDE)-certified officers on the road, states are better able to ensure that drugged drivers are off the road. In 2020, the grant program was expanded to include initiatives that address recommendations in the GHSA report, *High-Risk Impaired Drivers: Combating a Critical Threat*.

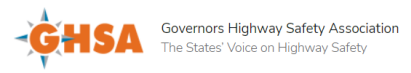
Since 2016, Responsibility.org has awarded more than \$500,000 to 20 states.

2020

In 2020, grants were awarded to Illinois, Maryland, Minnesota, Missouri, Pennsylvania, Washington and Wyoming.

[Read GHSA news release](#)

Learn how prior year grant recipients used their funding by clicking the links below:

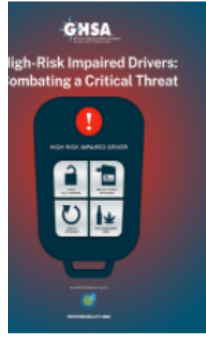


Foundation for Advancing Alcohol Responsibility



RESPONSIBILITY.ORG

Resource Type





OPERATION SOBER HANDLE

Miriam Norman

WA Traffic Safety Resource
Prosecutor

Miriam.Norman@seattle.gov



WASHINGTON
Traffic Safety
COMMISSION

Prevalence of CMV Operator Drug Use

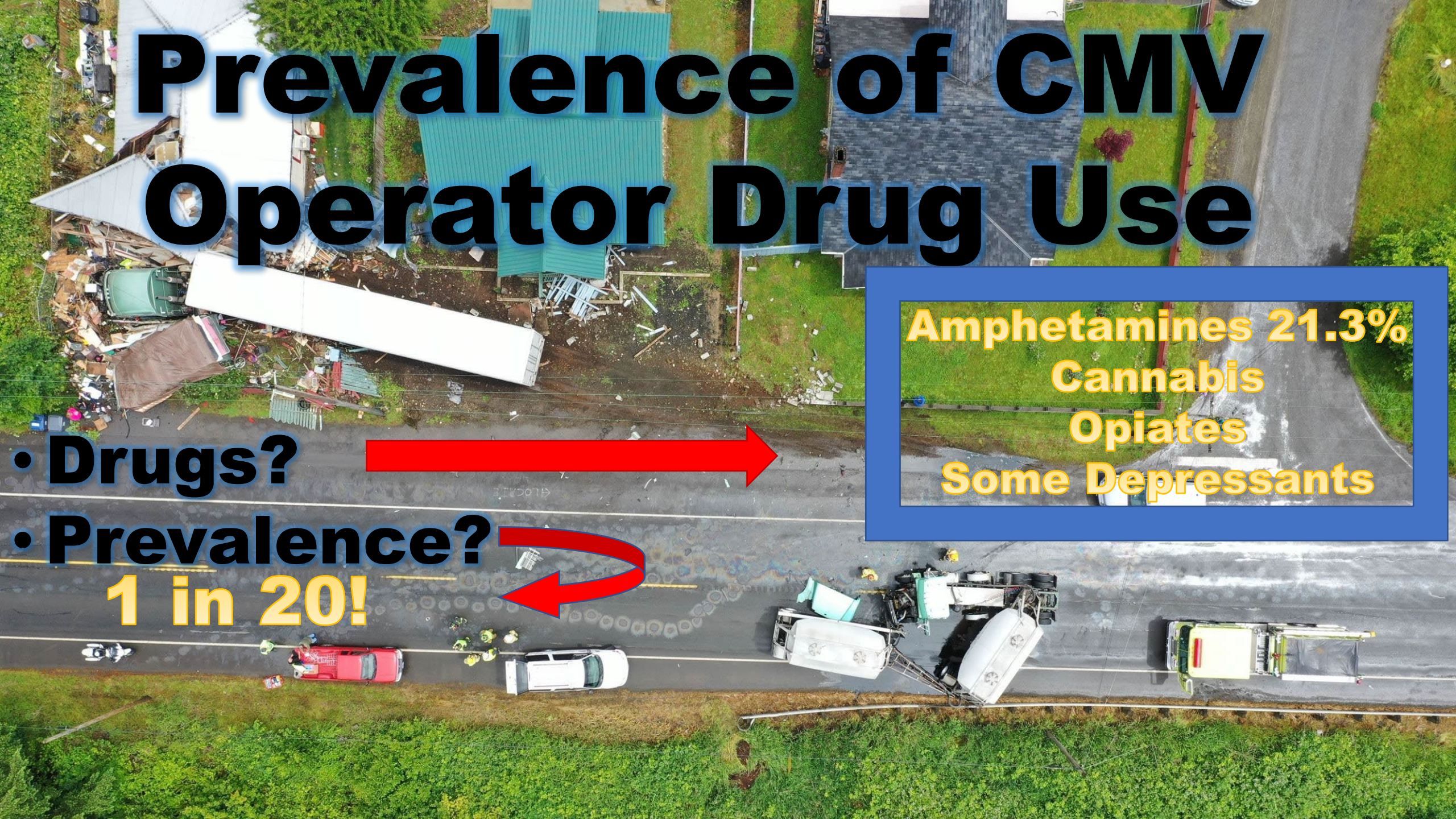
Amphetamines 21.3%
Cannabis
Opiates
Some Depressants

• **Drugs?**



• **Prevalence?**

1 in 20!



Contact Information and Technical Assistance

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