

Learning Objectives

After this session you will be able to:

- 1) Discuss current issues arising in drug impaired driving cases.
- 2) Identify challenges presented in drug impaired driving cases.
- Discuss the role and importance of drug recognition experts investigating drug impaired driving cases.

Hypothetical #1

- > Tom is operating a vehicle at 8:30 p.m. on a 2-lane road, with his 5-year-old son as a passenger
- He is driving erratically, loses control of their vehicle and hits another vehicle causing significant property damage but fortunately no serious injuries
- > Tom has an odor of alcohol on him, has a small baggie of marijuana in his pocket, along with a prescription slip for benzodiazepine

What's the best answer?

Assuming that Tom is under the influence, what substance is he under the influence of?

- a) alcohol
- b) marijuana
- c) cocaine
- d) benzodiazepine
- e) we don't know

The Good News

- American's roads are safer today as a result of the massive public awareness and enforcement campaigns that begun in the early 1980's
- The number of alcohol-related traffic fatalities has declined by one half since 1982





The Bad News: The Changing Face of the Impaired Driver

≻Marijuana Use

2007 marijuana (THC) use: 8.6%
2013/14 marijuana (THC) use: 12.6%



> Overall Drug Use (all categories): 22.5%

Source: Results of the 2013-2014 National Roadside Survey of Alcohol and Drug Use by Drivers, NHTSA Research Note (DOT HS 812 118)(February 2015)

Fatality Analysis Reporting System (2016)

Of deceased drivers with known test results:

- 38% tested positive for alcohol (any BAC)
- 43% tested positive for drugs

Source: GHSA Drug Impaired Driving: A Guide for States (April 2017)

Fatality Analysis Reporting System (2016)

Of deceased drivers with known test results:

- 38% tested positive for alcohol (any BAC)
- 43% tested positive for drugs
 - ∎ 41% marijuana
 - 51% of the drug-positive drivers were positive for two or more drugs
 - 40.7% were positive for alcohol

Source: GHSA Drug Impaired Driving: A Guide for States (April 2017)

Marijuana Use, Alcohol Use & Driving in Washington State (April 2018)

- Poly-drug drivers now the most common type of impaired drivers in fatal crashes
- Combining alcohol & THC inflates the level of one's impairment & crash risk (multiplying effect)

The Problem

- Legalized Medical Marijuana (37 States & D.C.)
- Legalized/Decriminalization of Marijuana (31 States & D.C.)
- Increased use and abuse of Rx
- Continued use of illegal & designer drugs
- Aging population





The Problem (cont'd)

- \blacktriangleright ↑ Public acceptance of use
- \blacktriangleright \downarrow Public perception of harmfulness



Traditional Enforcement

- DUI is the ONLY crime where the investigation stops after obtaining a minimum amount of evidence.
- Current protocols prevent drug testing once a suspect registers an illegal BAC.
- Hinders the ability to measure the true magnitude of the drug-impaired driving problem.
- Many DUI arrests are inaccurately attributed to alcohol alone.







Impaired Driving Laws

- Per se laws/zero tolerance laws
 - · Level of impairment need not be proven
- Non-per se laws
 - Driving while intoxicated
 - Driving while abilities impaired by consumption
 - alcohol and/or drug use
 - level of impairment must be proven

History of 0.08 Per Se

Pre-2000:

• 18 states + D.C.

- 2000 D.O.T. Appropriations Act:
- Mandated 0.08 standard by 2004
- Highway construction funds

Rationale:

- 0.08 = substantial impairment
- Crash risk substantially increased





Prevalence of <u>Drugged</u> Driving Per Se Laws

One or more drugs

- Zero Tolerance (16)
- Per se limits (7)

<u>Marijuana</u>

- Zero Tolerance THC + metabolites (9)
- Zero Tolerance THC (3)
- Per se limits (5)



Drug-Impaired Per Se Laws: Alcohol Framework Doesn't Apply to Drugs



Alcohol

• Alcohol in blood/breath = alcohol in brain = impairment = crash risk

Drugs

• Drugs in blood/urine ≠ drug in brain ≠ impairment ≠ crash risk

Science: Presence vs. Impairment

"The development of impairment standards for drugs similar to the .08 *per se* standard for alcohol has failed, not for want of trying and not for want of serious research. This is because **no standard relationship between blood levels of a drug or drug metabolites and impairment has been established**."

DuPont, R.L., Voas, R.B., Walsh, J.M., et al. (2012). The need for drugged driving per se laws: a commentary, Traffic Injury Prevention 13(1), 31-42.



Per Se Limits for Cannabis

AAA Foundation for Traffic Safety (May 2016)

"There is no evidence... that any objective threshold exists that established impairment, based on THC concentrations"



A quantitative threshold for per se laws for THC following cannabis use cannot be scientifically supported"



Enforcement Challenges

- Many officers are not trained to identify th signs/symptoms of drug impairment.
- Delays in collecting a sample may allow
- drugs to metabolize; driver's concentration
- levels may not reflect levels at time of arrest.
- Warrant requirement for blood draws.Drug testing is expensive and time-

consuming (lab backlogs).



Evidence of Impairment in Impaired Driving Cases

- Driving observations
- > Post-stop observations from > Officer's opinion stop to release
 - Performance on SFSTs
- ➤ ARIDE trained officer opinion

➤ Admissions

- DRE testimony
- Other "FSTs" Coordination & other
- Breath & blood testing
- > Oral Fluid testing
- subjective signs • Presence and/or odor of drugs

Testing method	Location	Pros	Cons		
Oral fluid/saliva	Roadside (screening)	Identifies presence of recent use Easy to administer Inexpensive Results in less than five minutes	Quality of kits varies Not overly sensitive, especially for cannabis Not specific; generally test for drug classes Short window of detection		
Blood	Laboratory (evidentiary)	 'Gold standard' Conclusive, sensitive, and specific 	Short window of detection Expensive (e.g., \$300 in CO) Requires trained individual to conduct blood draw		
Urine	Laboratory (evidentiary)	 Long window of detection Conclusive, sensitive, and specific 	Officers must observe suspects Expensive		
Oral fluid/saliva	Laboratory (evidentiary)	 Conclusive, sensitive, and specific 	Short window of detection Very expensive Few qualified labs		



Admissibility of SFSTs - In General

- Generally admissible e.g. City of West Bend v. Wilkens, 278 Wis.2d 643 (2005)
 - observational tools
 - not scientific tests
 - relevant & probative
- Generally not admissible as to level of intoxication
- No "pass" vs. "fail"



Admissibility of SFSTs – DUI Mj Com. v. Gerhardt, 477 Mass. 775 (2017)

- SFSTs admissible in operating under the influence of marijuana case
- Lay witness may testify concerning observable behavior:
 - Bloodshot eyes
 - Lack of coordination/poor balance
 - · Reaction times, slow speech, paranoia

See also State v. Mueller, 386 Wis.2d 351 (2019)

The Taking of Breath & Blood Specimens

An Overview

Breath Samples

Blood Samples

- Constitutes a search & seizure
- Permissible
 - With consent
 - · Incident to arrest
- ≻Constitutes a search & seizure≻Permissible
 - Pursuant to a search warrant
 - With exigent circumstances
 - With express consent
 - Incident to medical treatment



Food for Thought

Does/should the criminal justice system treat all impaired driving cases the same regardless of the impairing substance?

- Alcohol vs.
- Illicit drugs vs.
- Prescriptions vs.
- Marijuana



Missouri v. McNeely, 133 S.Ct. 1552 (2013) Exigent Circumstances

Issue Presented:

Whether the natural dissipation of alcohol in the bloodstream creates a *per se* exigency



Missouri v. McNeely 133 S.Ct. 1552 (2013)

- Non-consensual blood draw constitutes a search subject to 4th Amendment scrutiny
- > Warrant or exception to warrant requirement required

HELD: dissipation of alcohol is not a per se exigency





Mitchell v. Wisconsin U.S. Supreme Court

Issue Presented:

Whether implied consent statute provides exception to the 4th Amendment warrant requirement

State v. Mitchell, 2018 WI 84, 914 N.W.2d 151 (2018):

- "Mitchell voluntarily consented to a blood draw by his conduct of driving on Wisconsin's roads and drinking to a point evidencing probable cause of intoxication.
- Further, through drinking to the point of unconsciousness, Mitchell forfeited all opportunity ... to withdraw his consent."

Mitchell v. Wisconsin

- BAC tests must be prompt because it is a biological certainty that alcohol dissipates from the bloodstream literally disappearing by the minute"
- "when the driver's stupor or unconsciousness deprives officials of a reasonable opportunity to administer a breath test using evidence-grade equipment, a blood test will be essential for achieving the goals of BAC testing"



Mitchell v. Wisconsin Plurality Opinion

<u>HELD</u>: exigent circumstances exist when natural dissipation is combined with other pressing police duties

When person's stupor requires trip to hospital, State may "almost always" order a warrantless blood test

Exigent Circumstances Possible Examples

- > Officer delayed by need to investigate crash
- > Officer had to go to hospital to begin DWI investigation
- > Suspect was being treated for injuries
- > Alcohol/drug dissipation
- > Time necessary to obtain warrant
- > Unavailability of magistrate/judge

Hypothetical #2

 Single vehicle crash, minor injuries to driver; driver appears disoriented
 Odor of alcohol on breath; odor of



- marijuana from inside vehicleBurnt roach inside cup holder
- ➤ At police station 0.03 BAC (breath)
- Refuses blood test
- Taken to hospital for warrantless blood draw



- Legalization/decriminalization o other drugs?
- Roadside drug testing
- Oral fluid drug testing
- New field sobriety tests
- Research on marijuana
- > Per se drug-impaired driving laws



Resources

- > NHTSA Traffic Safety https://cdan.nhtsa.gov/
- National Center for DWI Courts <u>https://www.dwicourts.org/</u>
- National Association of Drug Court Professionals <u>https://www.dwicourts.org/</u>
- National Institute on Alcohol Abuse and Alcoholism <u>https://pubs.niaaa.nih.gov/publications/arh291/41-48.htm</u>
- National Institute of Justice <u>https://nij.ojp.gov/</u>
- ➤ Hon. Scott Pearson
- > APA Fellow Mark Stodola



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