

***High on our Highways:
Addressing the Emerging Threat of
Drug-Impaired Driving***



Overview

- State of DUI in America
- Magnitude of the DUID problem
- Marijuana-impaired driving
- Complexities and challenges of the issue
- DUID policy and enforcement
- Supervision solutions/
recommendations



Southern Counties News

**NEWS
ALERT**

DRUGGED DRIVING

@MorningsMaria

19 E. 17th

FOX
BUSINESS
NETWORK

foxbusiness.com/channelfinder





Boy, 4, Found in SUV With Adults Who Allegedly Passed Out on Heroin; Ohio Police Post Pics



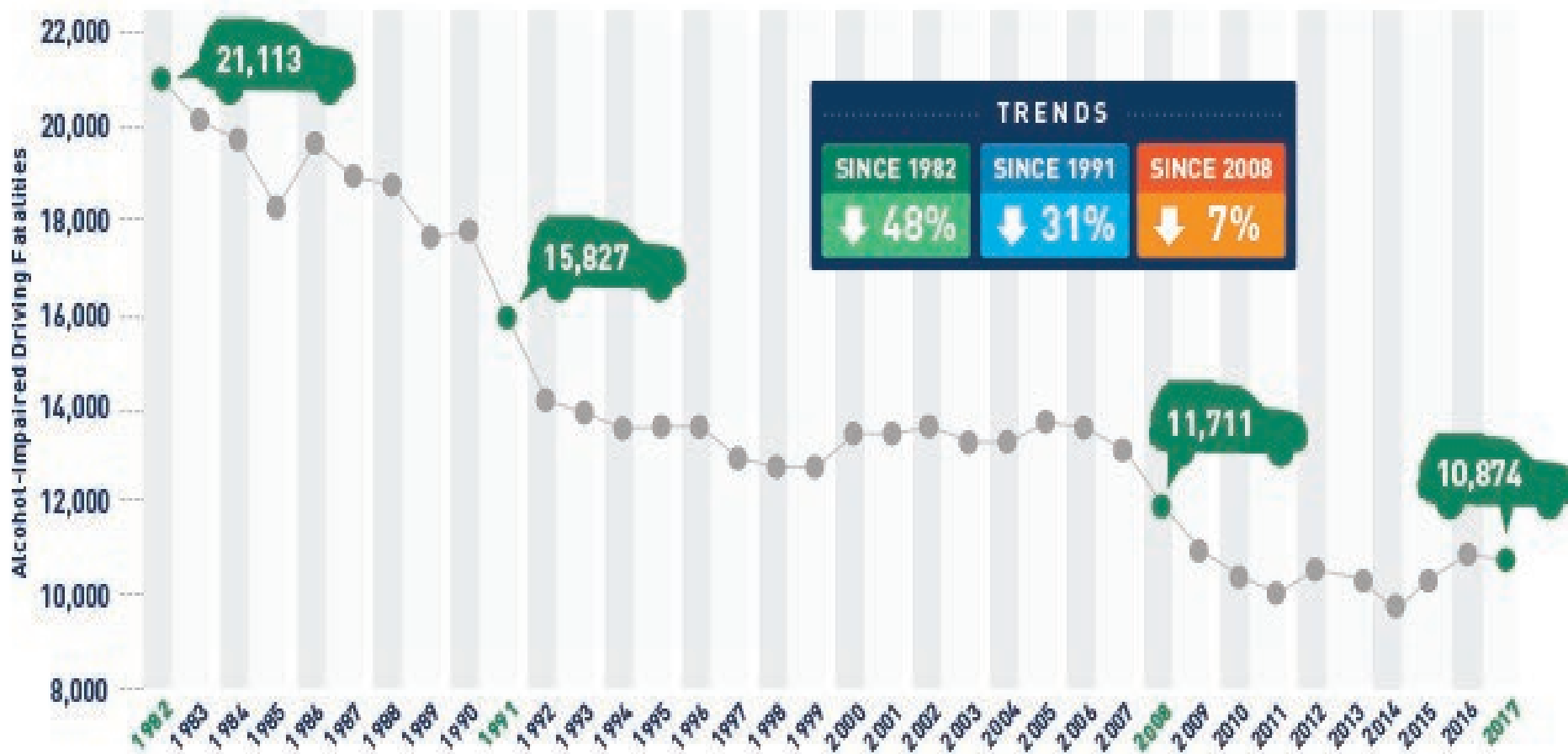
TMZ.co





STATE OF DUI IN AMERICA

Drunk Driving Deaths Decreased in 2017



Data Source: NHTSA, FARS, 10/18



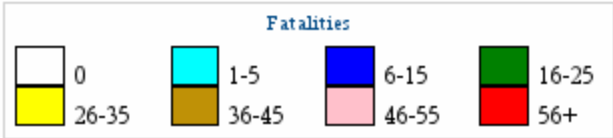
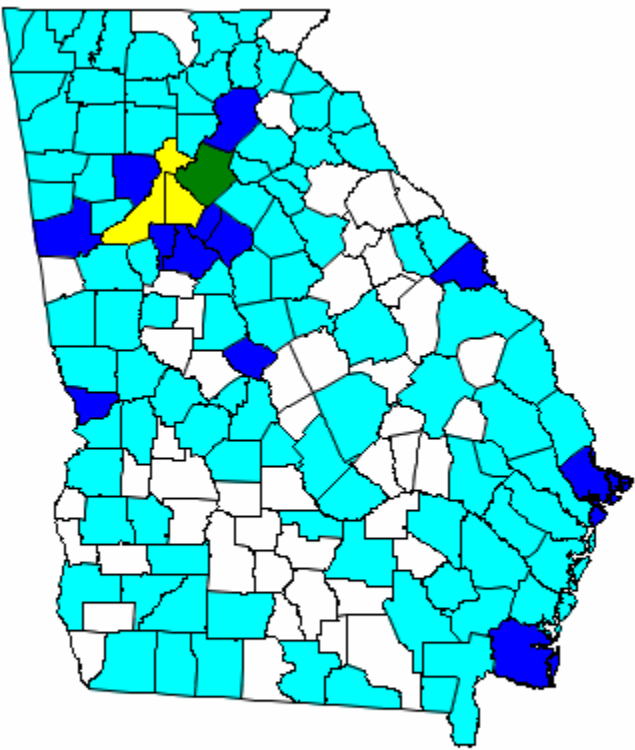
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Georgia DUI Fatalities

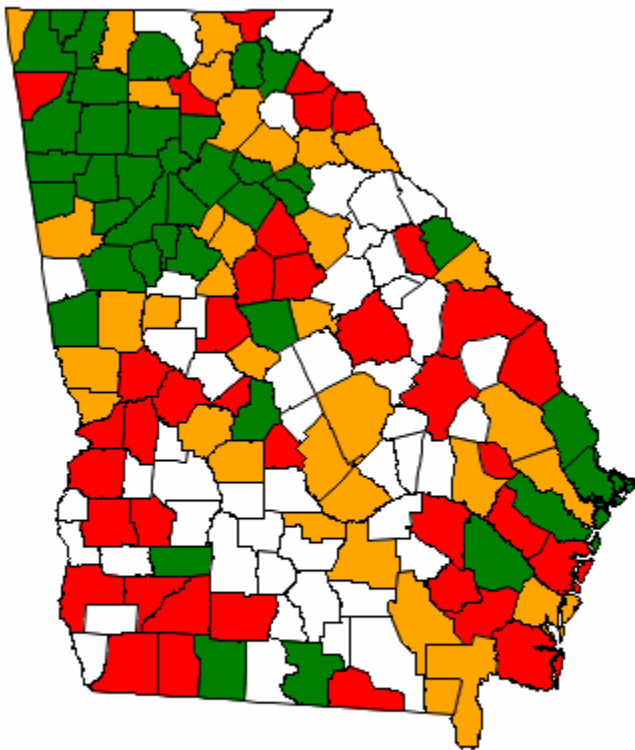
Alcohol-Impaired Driving Fatalities (BAC=.08+)*	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
	296	279	358	384	366
	(25%)	(24%)	(25%)	(25%)	(24%)

Fatalities in Crashes Involving an Alcohol-Impaired Driver (BAC = .08+) by County for 2017

Fatalities in Crashes Involving an Alcohol-Impaired Driver (BAC = .08+)



Fatalities in Crashes Involving an Alcohol-Impaired Driver (BAC = .08+) per 100,000 Population



DUI and Incarceration

- 
- A grayscale illustration of a prison interior. The top half shows a long corridor with a guard in uniform walking on an upper level, looking down at the cells below. The bottom half shows a row of prison cells with barred doors and windows. The text is overlaid in the center of the image.
- **DUI cases involve 20% of all misdemeanor filings involving jail.**
 - **Incarceration and sanctions have no positive long term impact on recidivism**

Why have we made progress?

- **Passage of laws to target multiple facets of the problem**
- **Sustained and high visibility enforcement efforts**
- **Identifying the countermeasures that work; evaluation and strengthening of programs**
- **Targeting high-risk offenders**
- **Assessment and treatment**
- **Public education and awareness**
- **Changing societal norms**

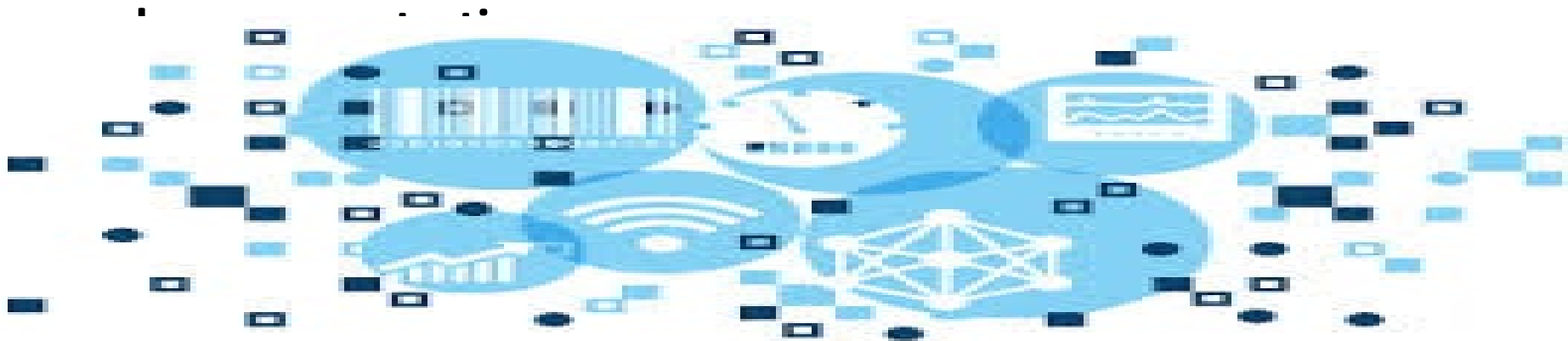




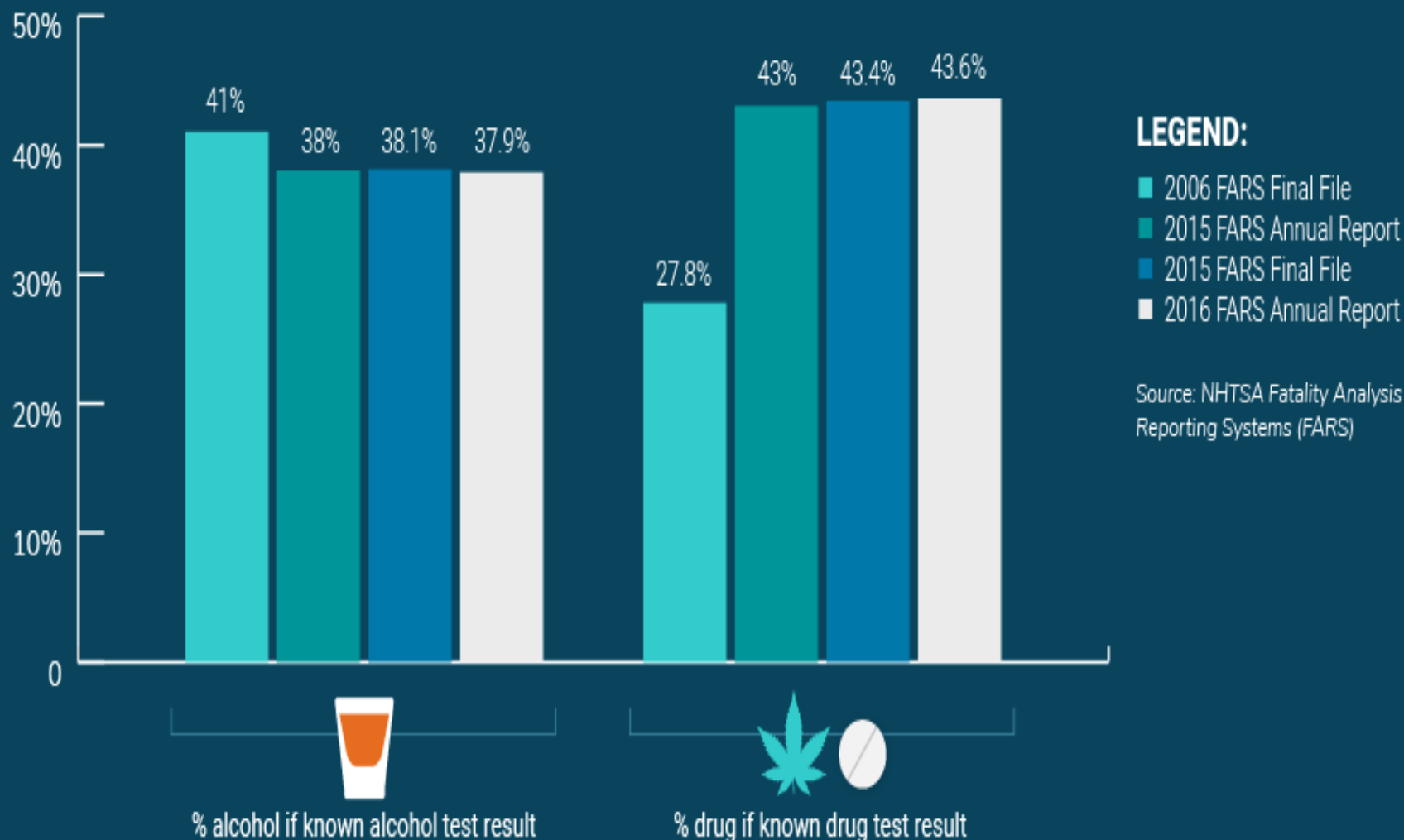
DUID- THE MAGNITUDE OF THE PROBLEM

Limitations in crash data

- **States and counties vary considerably in how they collect DUID data:**
 - How many drivers are tested?
 - What tests are used?
 - How are test results reported?
- **The rate at which states test drivers involved in fatal crashes ranges from less than 10% to over 90%.**
- **FARS data merely reflects drug presence; it does not identify**

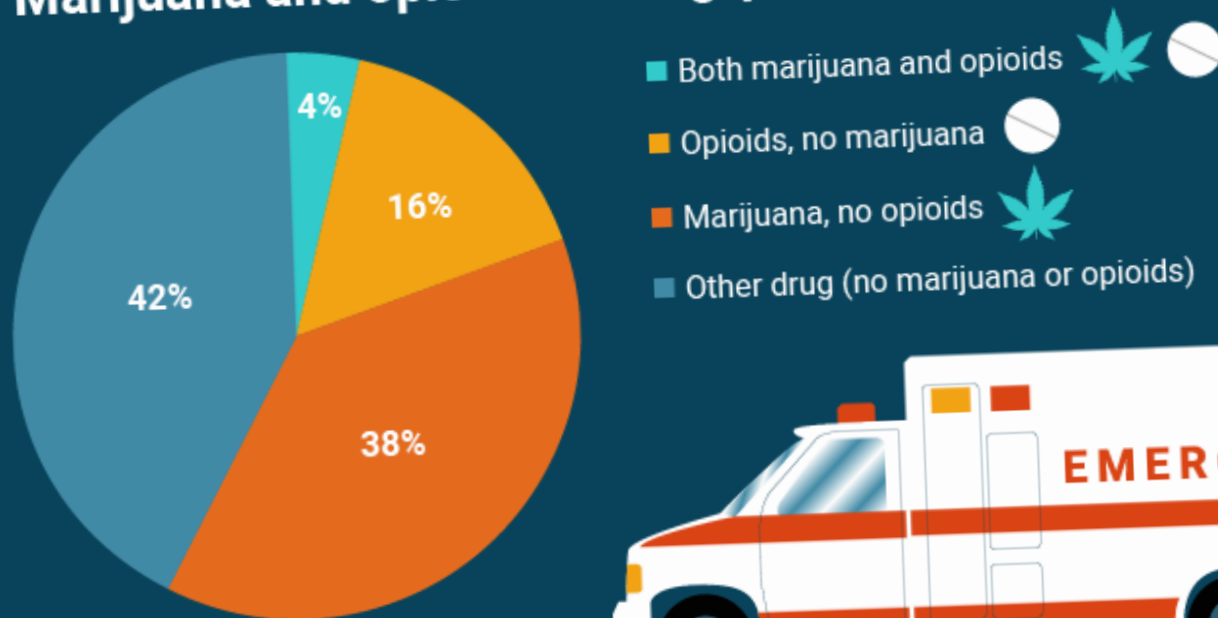


Drug and alcohol, percentage of fatally-injured drivers, known test results



Drug-Impaired Driving

Marijuana and opioids in drug-positive fatally-injured drivers,



Source: NHTSA FARS



Drug-Impaired Driving



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▲16%

The number of alcohol-positive drivers* killed in crashes who also tested positive for drugs increased more than 16% from 2006 to 2016.

*With known test results for both drugs and alcohol.

Source: NHTSA Fatality Analysis Reporting Systems (FARS)



Roadside data

- **The most recent roadside survey data revealed an increase in drugged driving.**
- Results from the NHTSA [National Roadside Survey](#) in 2013-2014 found that more than **22.5%** of night-time drivers tested positive for illegal, prescription, or OTC medications.
 - Comparatively, only 1.5% of night-time drivers tested positive for a BAC above the legal limit of .08.
 - This is much higher than the 16.3% of weekend nighttime drivers who tested positive in 2007.

Source: Berning et al. (2015). Results of the 2013-2014 National Roadside Survey of Alcohol and Drug Use by Drivers. DOT HS 812 118.

ROADSIDE SURVEYS:

	Weekday Days	Weekend Nights
Tested positive for some drug or medication	22.4%	22.5%
Illegal drugs, including marijuana	12.1%	15.2%
Medication	10.3%	7.3%
Marijuana	11.7%	12.6%
Alcohol	1.1%	8.3%

Source: Berning et al. (2015). Results of the 2013-2014 National Roadside Survey of Alcohol and Drug Use by Drivers. DOT HS 812 118.

Mixed findings?

After states legalized medical marijuana, traffic deaths fell

Study: Crash Claims Rise With Legalized Marijuana

In a **research letter** published Monday in the journal *JAMA Internal Medicine*, Canadian researchers looked at 25 years of data on fatal crashes in the U.S. They also compared the number of drivers involved in fatal crashes from 4:20 p.m. to midnight on April 20, and compared it to the same time frame one week earlier and a week later. The authors found that the risk of a fatal crash was 12% higher on April 20. Among drivers under age 21, the risk was 38% higher.

The challenge of polysubstance use



$$1+1=3$$

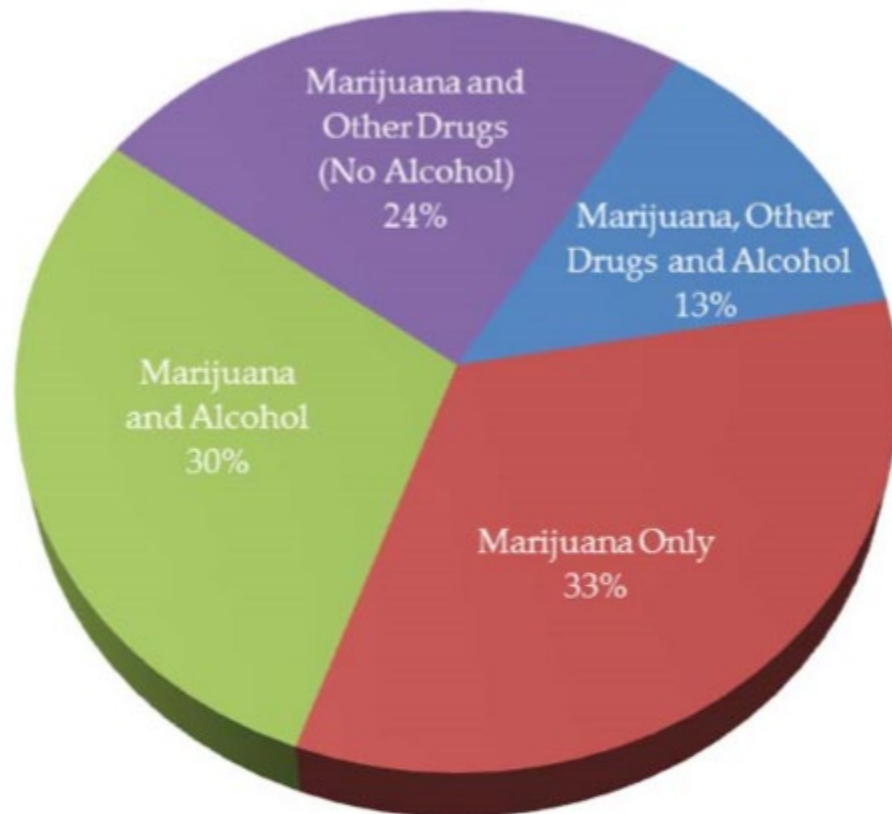
DUID crash risk

TABLE 3. CRASH RISK ASSOCIATED WITH DRUG USE IN EUROPEAN STUDIES

Risk level	Relative risk	Drug category
Slightly increased risk	1-3	marijuana
Medium increased risk	2-10	benzodiazepines cocaine opiods
Highly increased risk	5-30	amphetamines multiple drugs
Extremely increased risk	20-200	alcohol together with drugs

Shulze et al., 2012; Griffiths, 2014

Drug Combinations for Operators Positive for Marijuana*, 2015



*Toxicology results for all substances present in individuals who tested positive for marijuana

SOURCE: National Highway Traffic Safety Administration, Fatality Analysis Reporting System (FARS), 2006-2011 and Colorado Department of Transportation 2012-2015

Capturing polysubstance use

- In the Miami-Dade study (Logan et al., 2014), 39% of drivers who were found to have a BAC above .08 also tested positive for the presence of drugs.
- In the Dane County, WI study (Edwards et al., 2017), nearly 40% of the subjects with BACs exceeding .10 screened positive for one or more drug categories in both oral fluid and blood.
- These are individuals who likely would have only been prosecuted for drunk driving.

Why does this matter?





(MIS)PERCEPTIONS

(MIS)PERCEPTIONS



Drugged driving isn't a
serious problem.

I'm fine to drive.

I drive better when I'm high.

Law enforcement
can't tell if I'm high.

There are no laws;
driving high isn't illegal.

It's better than driving drunk.

Perceptions of risk

- According to a recent [Gallup poll](#):

Drinking, Drugs and Traffic Safety in U.S.

Do you think people driving impaired by each of the following substances is a very serious problem on the roads today, a somewhat serious problem or not much of a problem?

	Very serious %	Somewhat serious %	Not much of a problem %
Alcohol	79	18	2
Prescription painkillers	41	42	15
Marijuana	29	39	31
Prescription antidepressants	28	36	33

June 24-25, 2015

Perceptions of risk

- According to a recent [Gallup poll](#):
 - Americans aged 18 to 29 (88%) are the most likely to say drinking and driving is a very serious problem.
 - This age group is also the least likely to consider people driving while impaired by marijuana to be a very serious problem (22%).
- Another [Gallup poll](#) that asked what impact legalization will have on traffic safety:

	A lot less safe	A little less safe	Not make much difference
June 24-25, 2015	30%	17%	50%

GALLUP®

What a MJ Field Sobriety Test Looks Like

Washington Roadside Survey

- Survey conducted by PIRE in June 2014 (prior to start date for recreational sales).
- Voluntary participation of drivers; included THC questionnaire and oral fluid sample.
- Of the 220 drivers who stated that they had used marijuana in the past year, 44% reported using marijuana within two hours prior to driving.
 - 62% felt that their recent marijuana use did not make any difference in their driving;
 - 25% felt that recent marijuana use made their driving better;
 - Only 3% felt that recent marijuana use made their driving worse.

Changing the message-PSA's



EFFECTS OF DRUGS ON DRIVING

SIGNS AND SYMPTOMS OF MJ USAGE

- 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, glutes, and abs)
- Eyelid tremors
- Red, Bloodshot eyes
- Possible GVM or green coating on tongue
- Dilated pupils

Cannabis and driving

- **Poor attention to tasks**
- **Time and distance perception**
- **Slower braking/reaction time**
- **Poor speed maintenance**
- **Poor lane tracking/more steering corrections**
- **Drivers impaired by marijuana may compensate by driving slower and increasing following distance**
- **Level of impairment increases with dose**



Sources: Compton and Berning, 2015; Hartman and Huestis, 2013; Kelly-Baker, 2014.

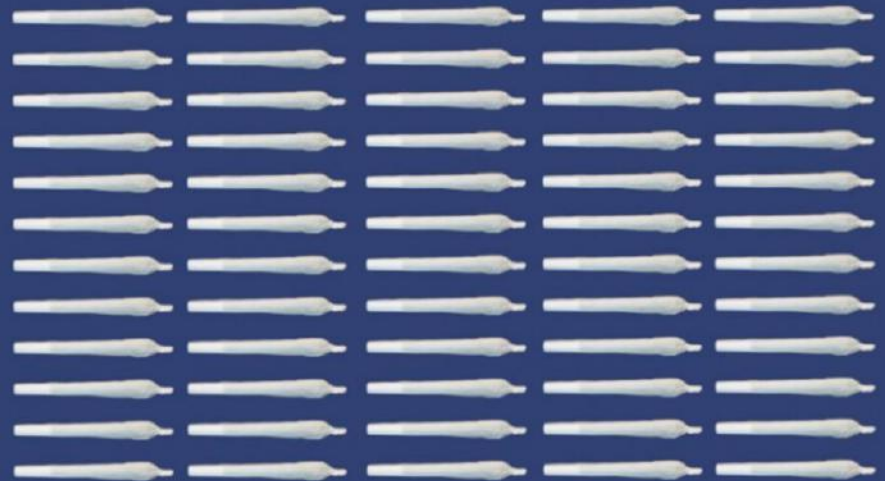
Class of drug	Effects on driving
Cannabis	Poor attention to tasks; time and distance perception; slower reaction time/slower braking; poor lane tracking/more steering corrections; poor speed maintenance
Depressants	Slower reaction time; poor attention to task; poor lane positioning; poor speed maintenance; fail to obey traffic signs
Dissociative anesthetics	Poor attention to task; poor reaction time
Hallucinogens	Slower reaction time; perceive things that are not there and react to them
Inhalants	Slower reaction time; fall asleep at wheel
Narcotic analgesics	Slower reaction time; poor lane positioning; drive slowly; fall asleep at wheel
Stimulants	May increase reaction time; may increase erratic/aggressive driving; possible rebound effect (sleepiness)



DRUG-IMPAIRED DRIVING POLICYAND CHALLENGES



1 OUNCE



60 JOINTS

Imagine 15 of these plants



Drugged driving is more complicated than drunk driving.

	DRUGGED DRIVING	DRUNK DRIVING
Number:	Hundreds of drugs	Alcohol is alcohol
Data on Use by Drivers & Crashes:	Limited	Abundant
Use by Drivers:	Increasing	Decreasing
Impairment:	Varies by type	Well-documented
Crash Risk:	Varies by type	Precise
Beliefs & Attitudes:	No strong attitudes – public indifferent	Socially unacceptable



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How many drugs are out there?

- There is an ever-expanding list of drugs and new substances are continually being developed.
 - Since the mid-2000s, there has been a proliferation of new psychoactive drugs.
- **Designer drugs:** a reformulation of existing chemical compounds.
 - Increase potency; prolong effects; make detection more difficult; make an illegal drug legal
- **Common types:** synthetic cannabinoids (K2/spice), synthetic cathinones (bath salts), opiate derivatives, reformulated pharmaceuticals, new hallucinogens and stimulants.
- **DUID testing implications.**



Presence vs. Impairment

- **Relationship between a drug's presence in the body and its impairing effects is complex and not well understood.**
- **Presence of a drug \neq impairment**
 - Some drugs/metabolites may remain in the body for days or weeks after initial impairment has dissipated.
 - Individuals differ considerably in the rate of absorption, distribution, action, and elimination of drugs.
 - Some people are more sensitive to the effects of drugs, particularly first-time or infrequent users.
 - Wide ranges of drug concentrations in different individuals produce similar levels of impairment in experimental situations.

Presence vs. Impairment: Marijuana

- **Marijuana metabolites can remain in the body for 30 days +**
- **THC concentrations fall to about 60% of their peak within 15 minutes after smoking; 20% of their peak 30 minutes after smoking; impairment can last 2-4 hours.**
- **There is no DUID equivalent to .08 BAC.**
 - It is currently impossible to define DUID impairment with an illegal limit as drug concentration levels cannot be reliably equated with a specific degree of driver impairment.



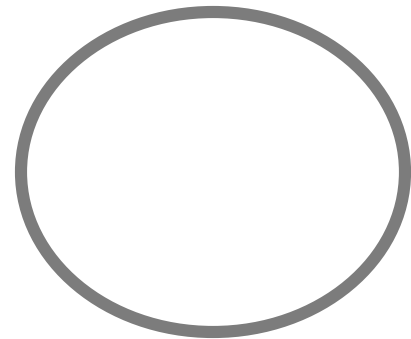
Method of ingestion matters!



MJ Ingestion

Edibles

**10 mg THC
serving**

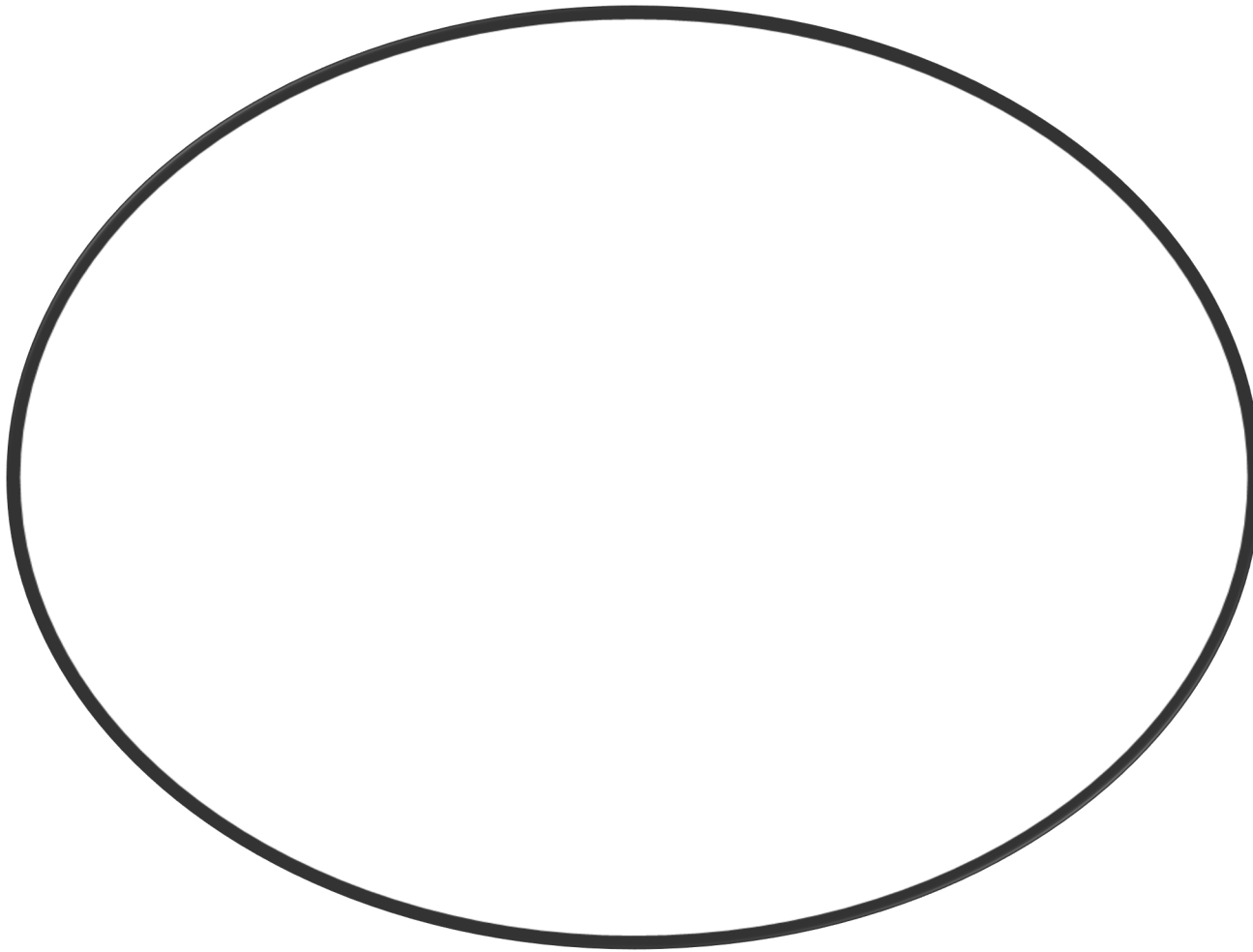


Marijuana DUID statutes

- **Zero tolerance for THC or metabolites: 8 states**
 - Arizona, Delaware, Georgia, Indiana, Oklahoma, Rhode Island, South Dakota,* and Utah
- **Zero tolerance for THC only: 3 states**
 - Iowa, Michigan, and Wisconsin
- **Per se limits for THC: 7 states**
 - Pennsylvania (1ng); Nevada and Ohio (2ng); West Virginia (3ng); Illinois, Montana, and Washington (5ng)
- **Reasonable inference THC law: Colorado (5ng)**
- **Marijuana exemption in zero tolerance or per se laws: 3 states**
 - Minnesota, North Carolina, Virginia

DUID ENFORCEMENT

What about this scenario?



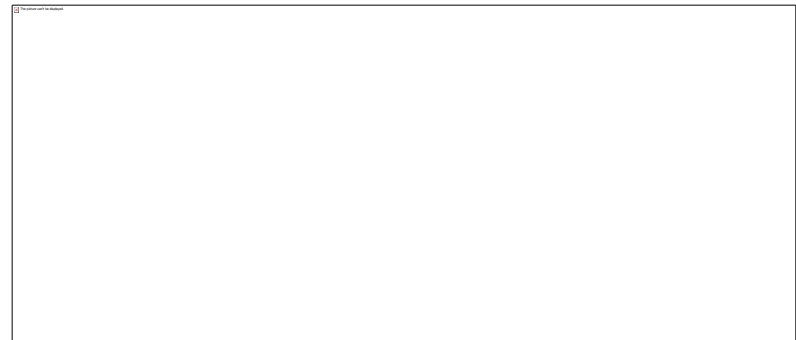
Does this look like a MJ grow house?

Traditional impaired driving enforcement

- DUI is the **ONLY** crime where the police stop investigating once they obtain a minimum amount of evidence according to standard operating procedure.
- Current protocols prevent drug testing once a suspect registers an illegal BAC limit (.08>).
- Implications of this practice:
 - Hinders the ability to measure the true magnitude of the drug-impaired driving problem is unknown.
 - Many DUI arrests are **inaccurately attributed to alcohol alone**.

Enforcement challenges

- **Many officers are not trained to identify the signs and symptoms of drivers impaired by drugs.**
- **Delays in collecting a chemical sample may allow drugs to metabolize; the driver's concentration levels may not reflect levels at the time of arrest.**
 - Warrant requirements for blood draws.
- **Drug testing is expensive and time-consuming (lab backlogs).**



DUID detection training

- A variety of different detection strategies are available to law enforcement to identify drug-impaired drivers:
 - SFST academy and refresher training
 - Advanced Roadside Impaired Driving Enforcement (ARIDE) program
 - Drug Evaluation and Classification Program (DEC)

Drug Recognition Experts (DREs)

- The DEC program was established in 1980 by the LAPD.
- Officers are required to go through three phases of training totaling more than 100hrs before they are eligible to receive DRE field certification.
 - DRE Pre-School: 16hrs of classroom training
 - DRE School: 56hrs of classroom training
 - DRE Field Certification: approximately 80hrs
 - A total of **152 hours of training**
- DREs must be recertified every two years (they must perform a minimum of four evaluations and attend eight hours of training in the process)

Drug Recognition Experts (DREs)

- **DREs use a standardized 12-step protocol that allows them to determine whether a suspect:**
 - is impaired;
 - if that impairment is caused by drugs or can be attributed to a medical condition; and,
 - the category of drug(s) that are the cause of the impairment (seven categories).
- **Today, all 50 states, Canada, and the United Kingdom participate in the DEC program.**
 - But not every jurisdiction in the country has an officer trained as a DRE; often an issue of resources.
- For more information, visit www.decp.org

The DRE 12 STEP PROCESS

1. Breath Alcohol Test
2. Interview of the Arresting Officer
3. Preliminary Examination and First Pulse
4. Eye Examination
5. Divided Attention Psychophysical Tests
6. Vital Signs and Second Pulse
7. Dark Room Examinations
8. Examination for Muscle Tone
9. Check for Injection Sites and Third Pulse
10. Subject's Statements and Other Observations
11. Analysis and Opinions of the Evaluator
12. Toxicological Examination

Prosecution issues

- Many prosecutors and judges are not familiar with drugged driving cases.
- Due to laboratory backlogs, drug test results may not be available when a DUID case goes to trial.
- Issues with drug concentrations in the blood; samples not collected proximal to the time of driving.
- Prosecution can be difficult because judges expect a specific drug concentration; they may not accept DRE evidence of impairment.
- Need to overcome jury perceptions with respect to marijuana harm and performance on SFSTs.

Officers need more tools

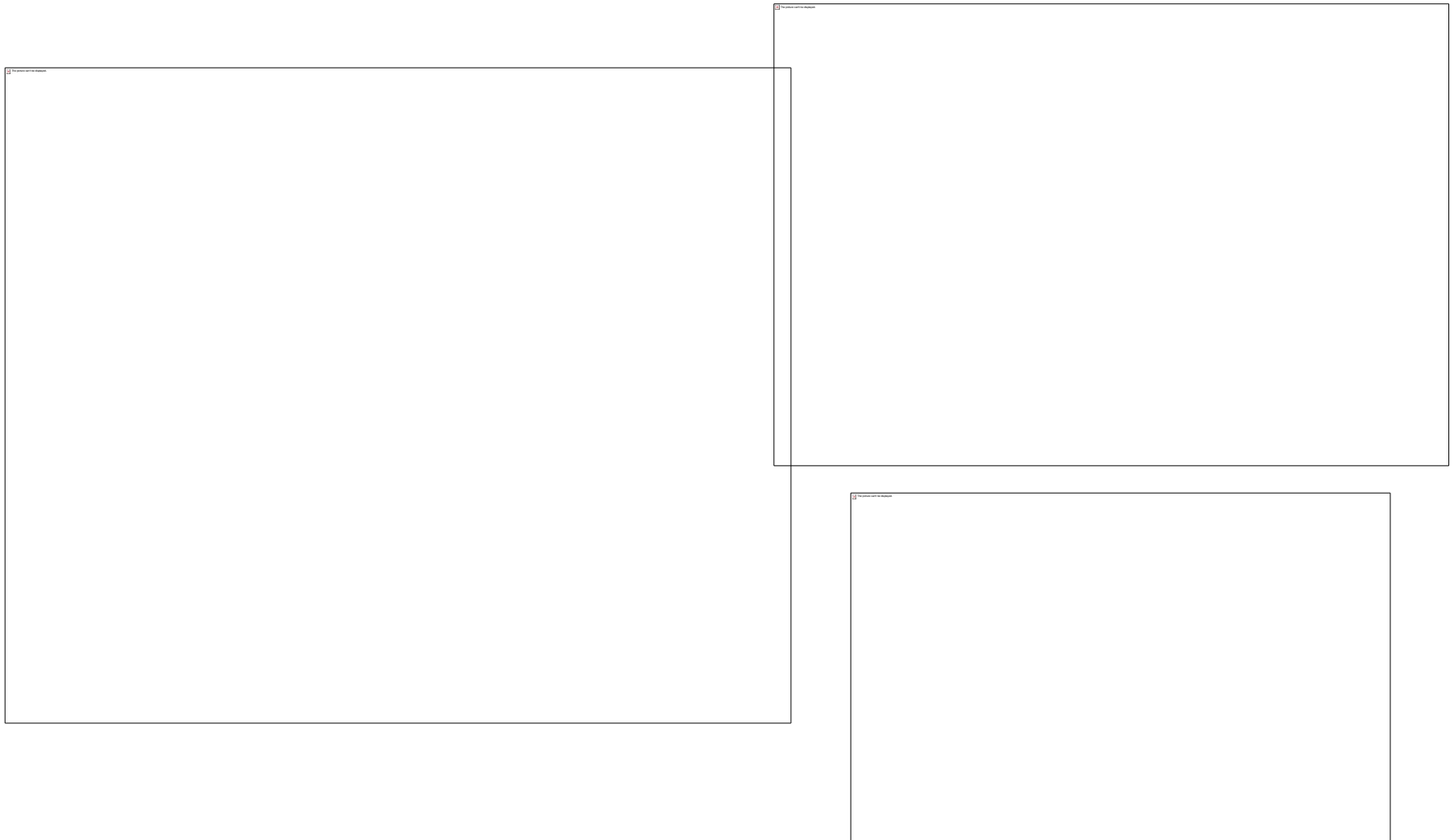
- Not all officers receive specialized training.
- Availability of DREs is limited.
- Polysubstance impaired driving is becoming increasingly common.
- Drugs metabolize quickly.
- Warrants take time.

ORAL FLUID TESTING

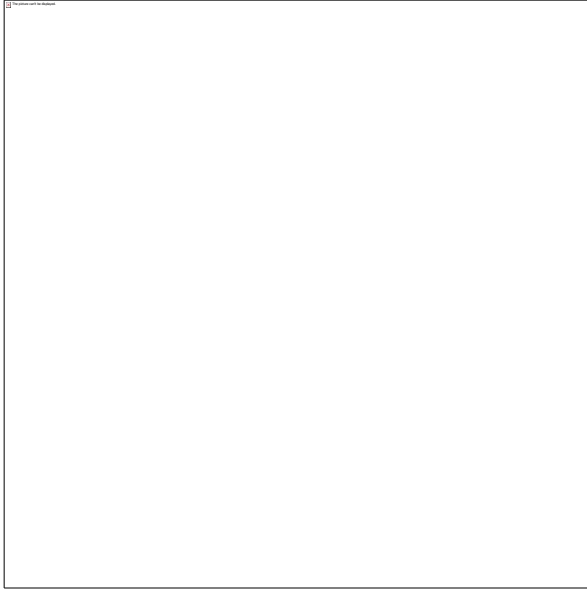
DUID testing

Testing method	Location	Pros	Cons
Oral fluid/saliva	Roadside (screening)	<ul style="list-style-type: none">- Identifies presence of recent use- Easy to administer- Inexpensive- Results in less than five minutes	<ul style="list-style-type: none">- Quality of kits varies- Not overly sensitive, especially for cannabis- Not specific; generally test for drug classes- Short window of detection
Blood	Laboratory (evidentiary)	<ul style="list-style-type: none">- 'Gold standard'- Conclusive, sensitive, and specific	<ul style="list-style-type: none">- Short window of detection- Expensive (e.g., \$300 in CO)- Requires trained individual to conduct blood draw
Urine	Laboratory (evidentiary)	<ul style="list-style-type: none">- Long window of detection- Conclusive, sensitive, and specific	<ul style="list-style-type: none">- Officers must observe suspects- Expensive
Oral fluid/saliva	Laboratory (evidentiary)	<ul style="list-style-type: none">- Conclusive, sensitive, and specific	<ul style="list-style-type: none">- Short window of detection- Very expensive- Few qualified labs

Oral fluid technology

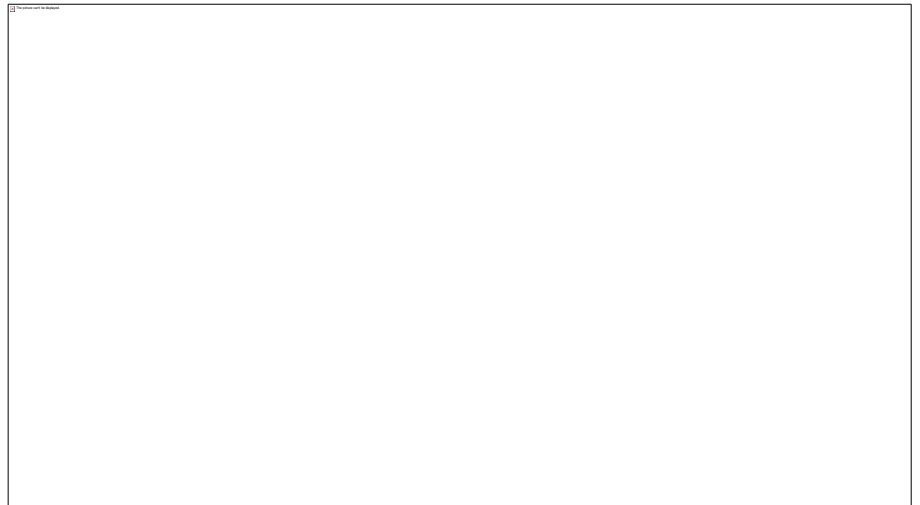


Future testing methods



Cannabis breathalyzers

Intelligent fingerprinting



SUPERVISING THE DRUG-IMPAIRED DRIVER

4,600,000 individuals under community supervision in 2017

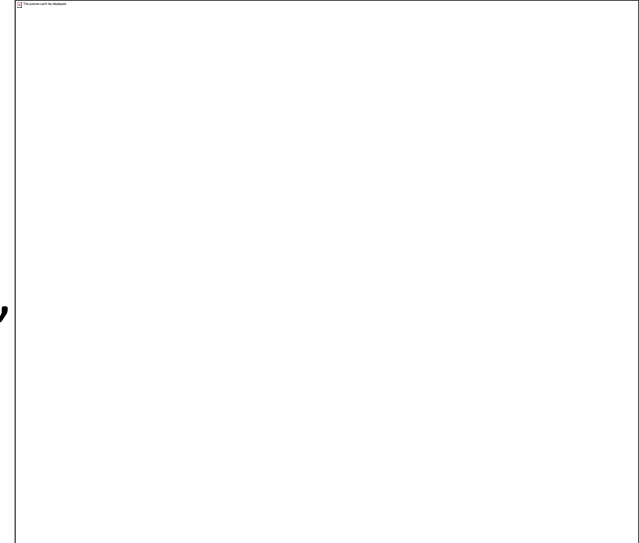
15% of this probation population have been convicted of DWIs

8% of the probation population have been convicted of multiple DWIs

Approximately two thirds of individuals under community supervision are drug or alcohol involved

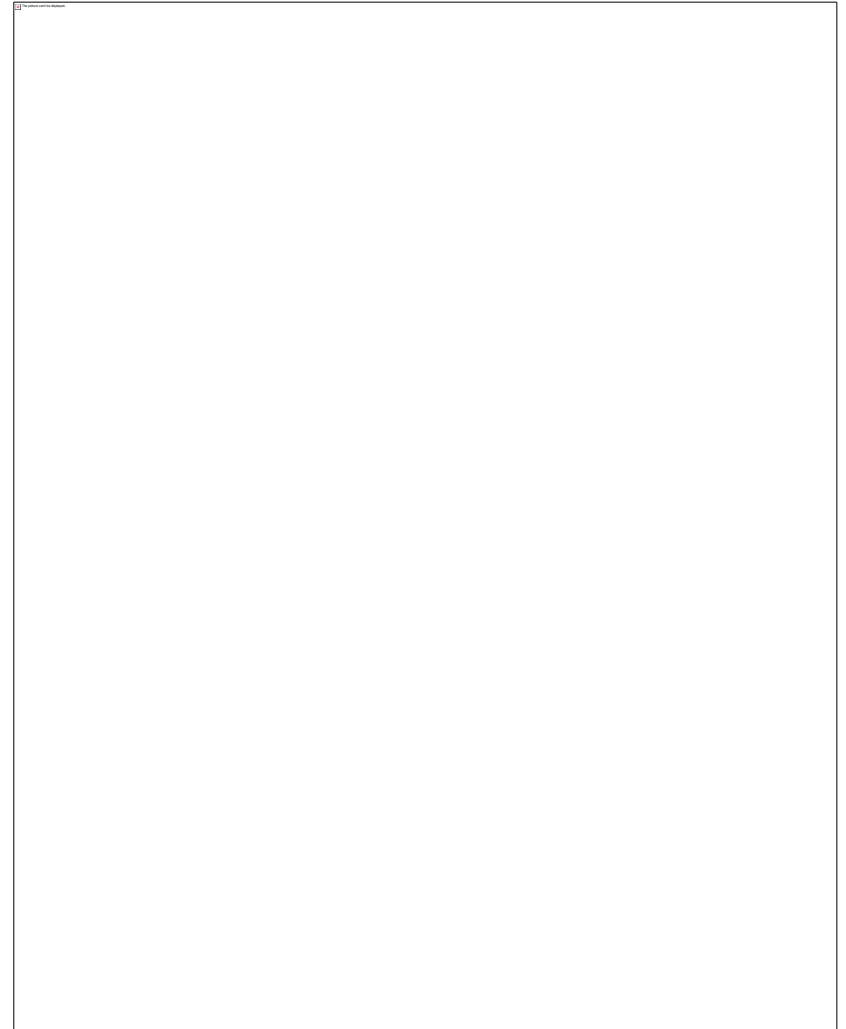
What does the problem look like in Minnesota?

- **Assess your state's drugged driving issues**
 - What drugs are you most commonly seeing (fatal crashes, arrested drivers)?
 - Are there regional differences?
 - Are there high-risk segments of the population?
- **Collect baseline data**
 - Test more drivers for drugs
 - Track DUID and DUI separately in crash, arrest, court data for better analysis



What tools are available?

- **Assessment**
- **Supervision**
- **Technology**
- **Testing**



Approximately 25% of individuals arrested and 30% of individuals convicted of DUI are repeat offenders.

Contact with the criminal justice system in and of itself, does not deter at least 1/4 of all offenders.

Major Risk Areas of DUI Recidivism

1. Prior involvement in the justice system specifically related to impaired driving
2. Prior non-DWI involvement in the justice system
3. Prior involvement with alcohol and other drugs (AOD)
4. Mental health and mood adjustment problems
5. Resistance to and non-compliance with current and past involvement in the justice system

Are risk factors the same for drugged drivers?

The Big Four

Criminogenic Need	Response
History of anti-social behavior	Build non-criminal alternative behaviors to risky situations
Anti-social personality	Build problem solving, self management, anger management, and coping skills
Anti-social cognition	Reduce anti-social cognition, recognize risky thinking and feelings, adopt an alternative identity
Anti-social companions	Reduce association with criminals, enhance contact with pro-social

Source: Ed Latessa, Ph.D.

The Next Four

Criminogenic Need	Response
Family and/or marital	Reduce conflict, build positive relationships and communication, enhance monitoring/supervision
Substance abuse	Reduce usage, reduce the supports for abuse behavior, enhance alternatives to abuse
School and/or work	Enhance performance rewards and satisfaction
Leisure and/or recreation	Enhance involvement and satisfaction in pro-social activities

Source: Ed Latessa, Ph.D.

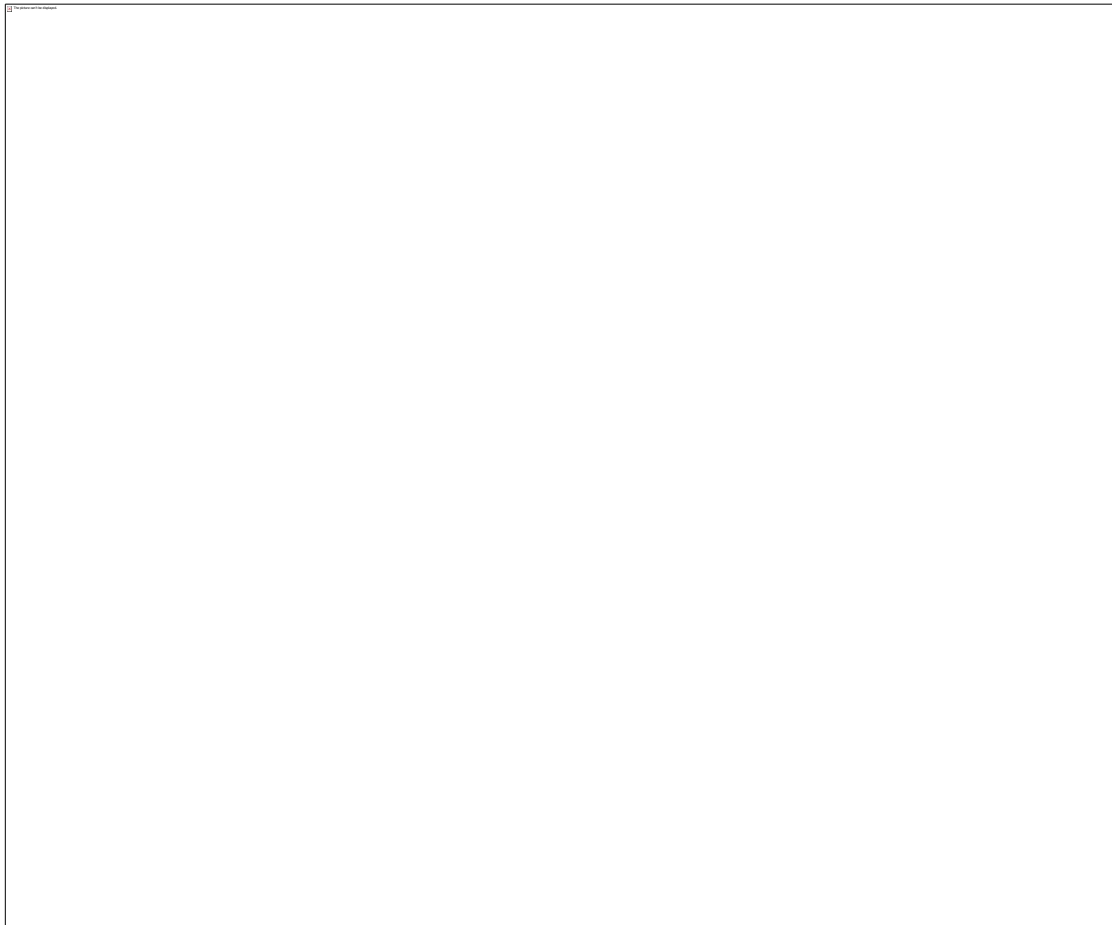
Common assessment instruments

Impaired Driver Assessment (IDA)	Risk and Needs Triage (RANT)
Alcohol Severity Index (ASI)	Correctional Offender Management Profile for Alternative Sanctions (COMPAS)
Alcohol Use Disorder Identification Test (AUDIT)	Ohio Risk Assessment System (ORAS)
Inventory of Drug-Taking Situations (IDTS)	Static Risk and Offender Needs Guide (STRONG)
Drug Abuse Screening Test (DAST)	Texas Risk Assessment System (TRAS)
Michigan Alcoholism Screening Test (MAST)	Level of Service Inventory-Revised (LSI-R)
Substance Abuse Subtle Screening Inventory (SASSI)	Adverse Childhood Experience (ACE) Questionnaire
Research Institute on Addiction Self Inventory (RIASI)	Trauma Symptom Inventory (TSI)

Assessments should drive decision-making

- Using traditional assessment instruments, DUI/DUID offenders are commonly identified as low risk due to a lack of criminogenic factors.
- DUI/DUID offenders often have unique needs and are resistant to change on account of limited insight into their behavior.
- Recognition that specialized instruments should be created to accurately assess risk and needs of impaired drivers.
- Validated risk and needs assessment instruments are available
 - some specific to DUI population (e.g., IDA; CARS).

Where
should we
devote our
resources?



With impaired drivers, don't assume!

**The drunk driver before you could actually be a
polysubstance user**

The collage features several medical diagnostic devices:

- A smartphone displaying a BACtrack result of 0.03 with the text "Your result" and "You are experiencing slight alcohol intoxication."
- A BACtrack device, a small white handheld device with a blue light.
- A SMART START device, a white handheld device with a screen and buttons.
- A urine analyzer, a white handheld device with a screen and buttons.
- A urine sample container, a clear plastic cup with a yellow liquid and a color-coded label.
- A urine dipstick, a white strip with a color-coded scale.
- A urine analyzer, a black handheld device with a screen and buttons.
- A urine analyzer, a black handheld device with a screen and buttons.
- A urine analyzer, a black handheld device with a screen and buttons.



Serum		Urin		Schweiß	
1	Glucose	12	Glucose	20	Laktat
2	Proteinurie	13	Glucose	21	Laktat
3	Albuminurie	14	Glucose	22	Laktat
4	ACE	15	Glucose	23	Laktat
5	Albuminurie	16	Glucose	24	Laktat
6	Albuminurie	17	Glucose	25	Laktat
7	Albuminurie	18	Glucose	26	Laktat
8	Albuminurie	19	Glucose	27	Laktat
9	Albuminurie	20	Glucose	28	Laktat
10	Albuminurie	21	Glucose	29	Laktat
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25	Albuminurie	36	Glucose	44	Laktat
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36	Albuminurie	47	Glucose	55	Laktat
37	Albuminurie	48	Glucose	56	Laktat
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42	Albuminurie	53	Glucose	61	Laktat
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47	Albuminurie	58	Glucose	66	Laktat
48	Albuminurie	59	Glucose	67	Laktat
49	Albuminurie	60	Glucose	68	Laktat
50	Albuminurie	61	Glucose	69	Laktat
51	Albuminurie	62	Glucose	70	Laktat
52	Albuminurie	63	Glucose	71	Laktat
53	Albuminurie	64	Glucose	72	Laktat
54	Albuminurie	65	Glucose	73	Laktat
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63	Albuminurie	74	Glucose	82	Laktat
64	Albuminurie	75	Glucose	83	Laktat
65	Albuminurie	76	Glucose	84	Laktat
66	Albuminurie	77	Glucose	85	Laktat
67	Albuminurie	78	Glucose	86	Laktat
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76	Albuminurie	87	Glucose	95	Laktat
77	Albuminurie	88	Glucose	96	Laktat
78	Albuminurie	89	Glucose	97	Laktat
79	Albuminurie	90	Glucose	98	Laktat
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83	Albuminurie	94	Glucose	102	Laktat
84	Albuminurie	95	Glucose	103	Laktat
85	Albuminurie	96	Glucose	104	Laktat
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90	Albuminurie	101	Glucose	109	Laktat
91	Albuminurie	102	Glucose	110	Laktat
92	Albuminurie	103	Glucose	111	Laktat
93	Albuminurie	104	Glucose	112	Laktat
94	Albuminurie	105	Glucose	113	Laktat
95	Albuminurie	106	Glucose	114	Laktat
96	Albuminurie	107	Glucose	115	Laktat
97	Albuminurie	108	Glucose	116	Laktat
98	Albuminurie	109	Glucose	117	Laktat
99	Albuminurie	110	Glucose	118	Laktat
100	Albuminurie	111	Glucose	119	Laktat
101	Albuminurie	112	Glucose	120	Laktat
102	Albuminurie	113	Glucose	121	Laktat
103	Albuminurie	114	Glucose	122	Laktat
104	Albuminurie	115	Glucose	123	Laktat
105	Albuminurie	116	Glucose	124	Laktat
106	Albuminurie	117	Glucose	125	Laktat
107	Albuminurie	118	Glucose	126	Laktat
108	Albuminurie	119	Glucose	127	Laktat
109	Albuminurie	120	Glucose	128	Laktat
110	Albuminurie	121	Glucose	129	Laktat
111	Albuminurie	122	Glucose	130	Laktat
112	Albuminurie	123	Glucose	131	Laktat
113	Albuminurie	124	Glucose	132	Laktat
114	Albuminurie	125	Glucose	133	Laktat
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131	Albuminurie	142	Glucose	150	Laktat
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133	Albuminurie	144	Glucose	152	Laktat
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147	Albuminurie	158	Glucose	166	Laktat
148	Albuminurie	159	Glucose	167	Laktat
149	Albuminurie	160	Glucose	168	Laktat
150	Albuminurie	161	Glucose	169	Laktat
151	Albuminurie	162	Glucose	170	Laktat
152	Albuminurie	163	Glucose	171	Laktat
153	Albuminurie	164	Glucose	172	Laktat
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161	Albuminurie	172	Glucose	180	Laktat
162	Albuminurie	173	Glucose	181	Laktat
163	Albuminurie	174	Glucose	182	Laktat
164	Albuminurie	175	Glucose	183	Laktat
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189	Albuminurie	200	Glucose	208	Laktat
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192	Albuminurie	203	Glucose	211	Laktat
193	Albuminurie	204	Glucose	212	Laktat
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237	Albuminurie	248	Glucose	256	Laktat
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242	Albuminurie	253	Glucose	261	Laktat
243	Albuminurie	254	Glucose	262	Laktat
244	Albuminurie	255	Glucose	263	Laktat
245	Albuminurie	256	Glucose	264	Laktat
246	Albuminurie	257	Glucose	265	Laktat
247	Albuminurie	258	Glucose	266	Laktat
248	Albuminurie	259	Glucose	267	Laktat
249	Albuminurie	260	Glucose	268	Laktat
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251	Albuminurie	262	Glucose	270	Laktat
252	Albuminurie	263	Glucose	271	Laktat
253	Albuminurie	264			

PROS | CONS



Testing considerations

- Test for both alcohol and drugs
- Broad testing panel
- Mix up your protocol
- Are there ways to capture synthetic drugs?
- Pay attention to technological advances
- Resources




**Could apply to both DUI/DUID offenders...
you never know if your DUI client is actually a
polysubstance-impaired driver.**

Broad Field Testing

TASC recommends testing for-

Alcohol	MDMA	And in a perfect world,
Amphetamine	Methadone	
Barbiturates	Opiates	Ketamine
Benzodiazepines	Oxycodone	Synthetic Cannabinoids (Spice/K2)
Buprenorphine	Phencyclidine	Synthetic Cathinones (Bath Salts)
Cocaine	Propoxyphene	Tramadol
EtG	THC	
Fentanyl	Tramadol	
Heroin,		



It's not about the
DUI/DUID....

- It's about the individual
who got the DUI



Important Considerations in Treatment!

- How do you know if the treatment approach is an EBP model?
- Treatment is manual-based
 - Specific to a particular intervention
 - Beware of counterfeits
 - Not every intervention that is manualized is EBP
 - IOP VS. Residential Treatment
- Are you including family?
- Are you paying attention to your clients physical condition?
 - Pain management
 - Insomnia

AA or N/A?

- Voluntary
- Coerced
- Options



Is Treatment Effective?

- Many do not comply
- Many relapse
- There is no cure
- Rates are similar to other diseases
- I.E. diabetes, heart disease, obesity

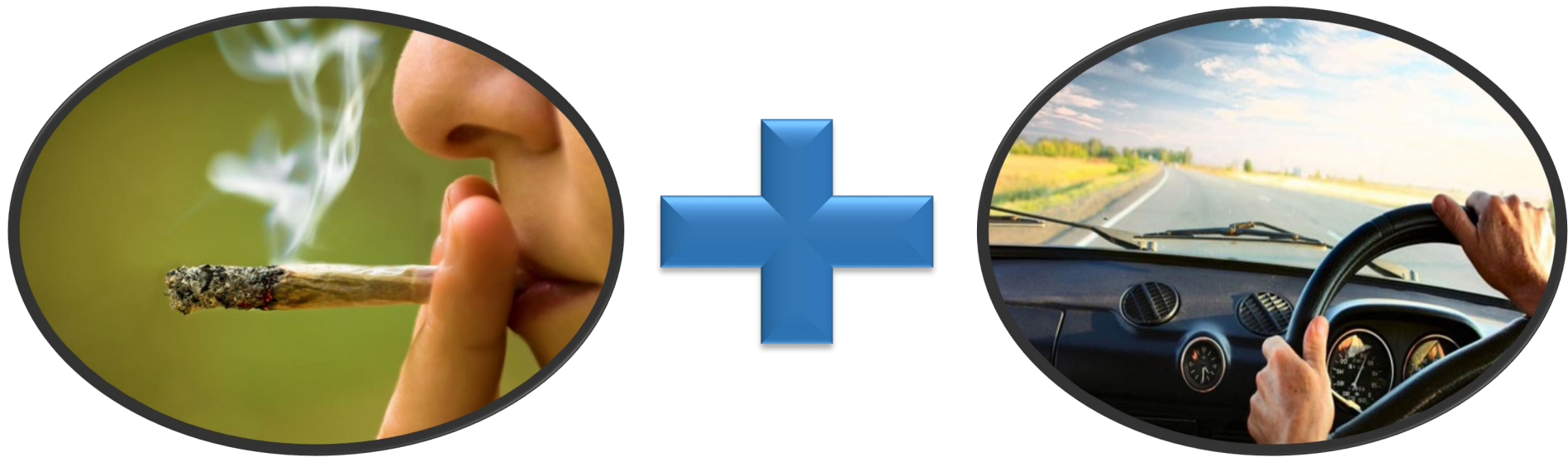
Rates of Medication Adherence over a 6-12 Month Period

- **Bipolar disorder**
- **Schizophrenia**
- **Cardiovascular**
- **Osteoporosis**
- **34% to 80%**
- **11% to 80%**
- **Beta 46%**
- **Cholesterol 44%**
- **43% to 53%**

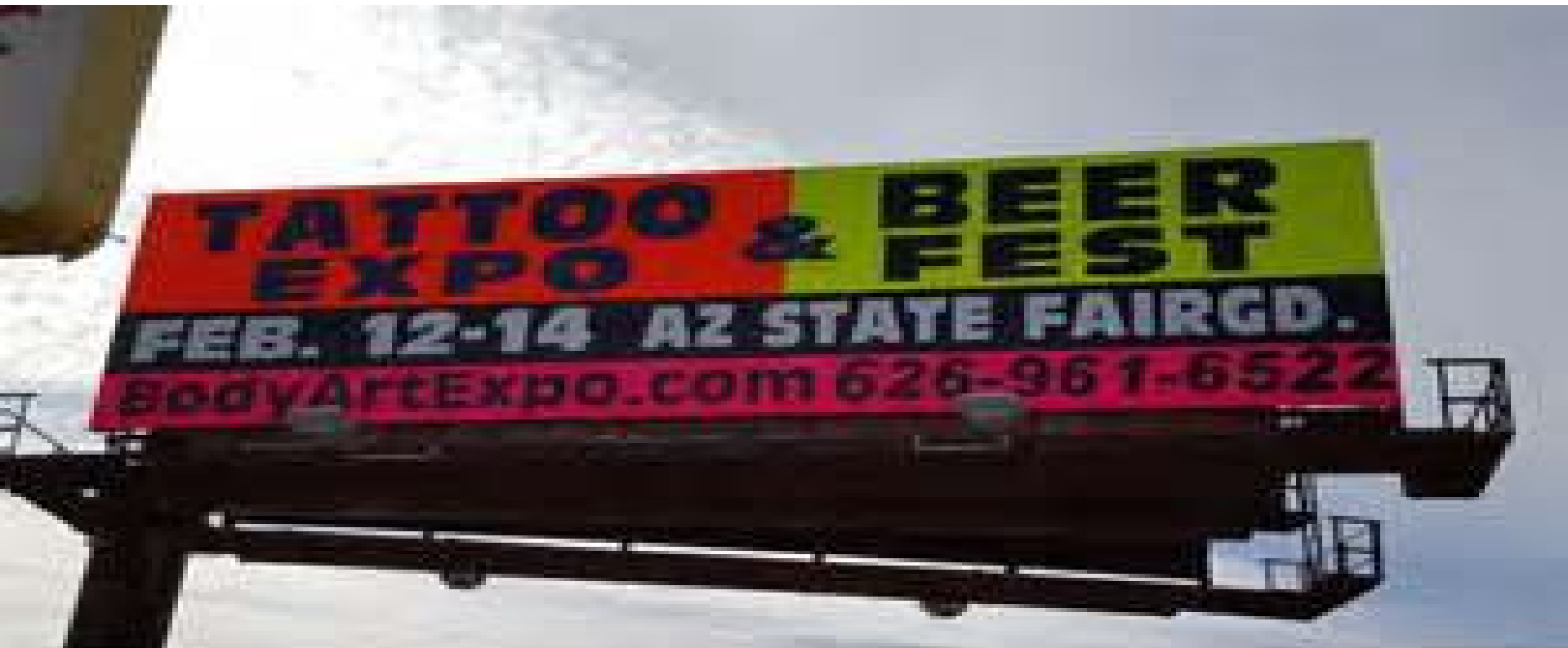
*Where do we
place these
people?*



**Focus on the behavior – it's more
than just drug use!**



So What Could Possibly Go Wrong?



Report authored by Dr. Jim Hedlund

Recommendations formed by
an expert panel consisting of
representatives from:

- NHTSA
- ONDCP
- GHSA
- National Traffic Law Center
- AAMVA
- Colorado HSO
- WTSC
- Institute for Behavior and Health
- Responsibility.org



Saving lives
through research
and education



Prevalence of Involved Wash

May 2016

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An Evaluation of Drivers Under the Influence to Per se

May 2016

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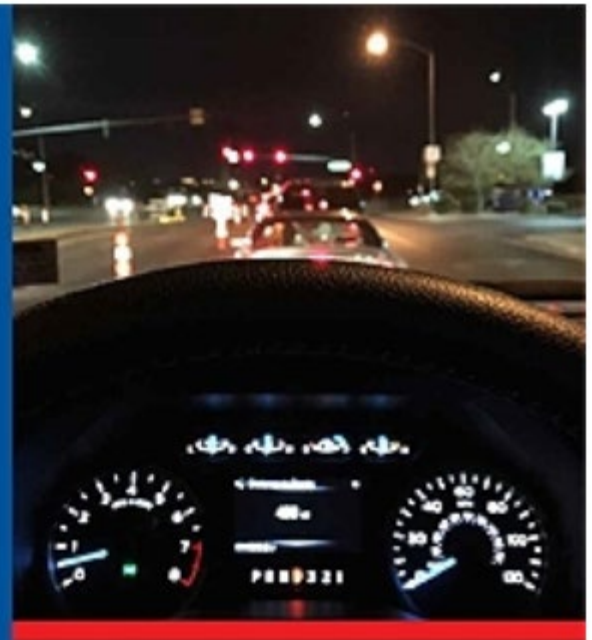


Advanced Data at Synthesis of Recommendations

March 2016

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Cannabis Use among Drivers Suspected of Driving Under the Influence or Involved in Collisions: Analysis of Washington State Patrol Data

May 2016



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AAA studies: <https://www.aaafoundation.org/impaired-driving-and-cannabis>



Drug-Impaired Driving

Marijuana and Opioids Raise Critical Issues for States



IN PARTNERSHIP WITH



RESPONSIBILITY.ORG





QUESTIONS?

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