


# *Roadside Testing: Current Practices, Challenges For Policymakers, and Innovations*

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Moderator: **Tara Kelley-Baker**, Data and Information Group Leader, AAA Foundation for Traffic Safety



# **ROADSIDE TESTING: CURRENT PRACTICES, CHALLENGES FOR POLICYMAKERS**

**National Governor's Association**

**Bill O'Leary / NHTSA**

**Columbus, OH**

**May 2, 2019**



# Until Now, Drug Problems in US Were Addressed by Individual Agencies

- Law Enforcement
- Government
- Highway Safety
- Prevention
- Treatment
- Toxicology
- Prosecution, Drug Courts
- Legislation
- State Medical Boards/Orgs





# Three Key Aspects to the DRE Program

**Enforcement**



**Prosecution**

\$\$\$\$\$?

**Toxicology**

**JOL's?**

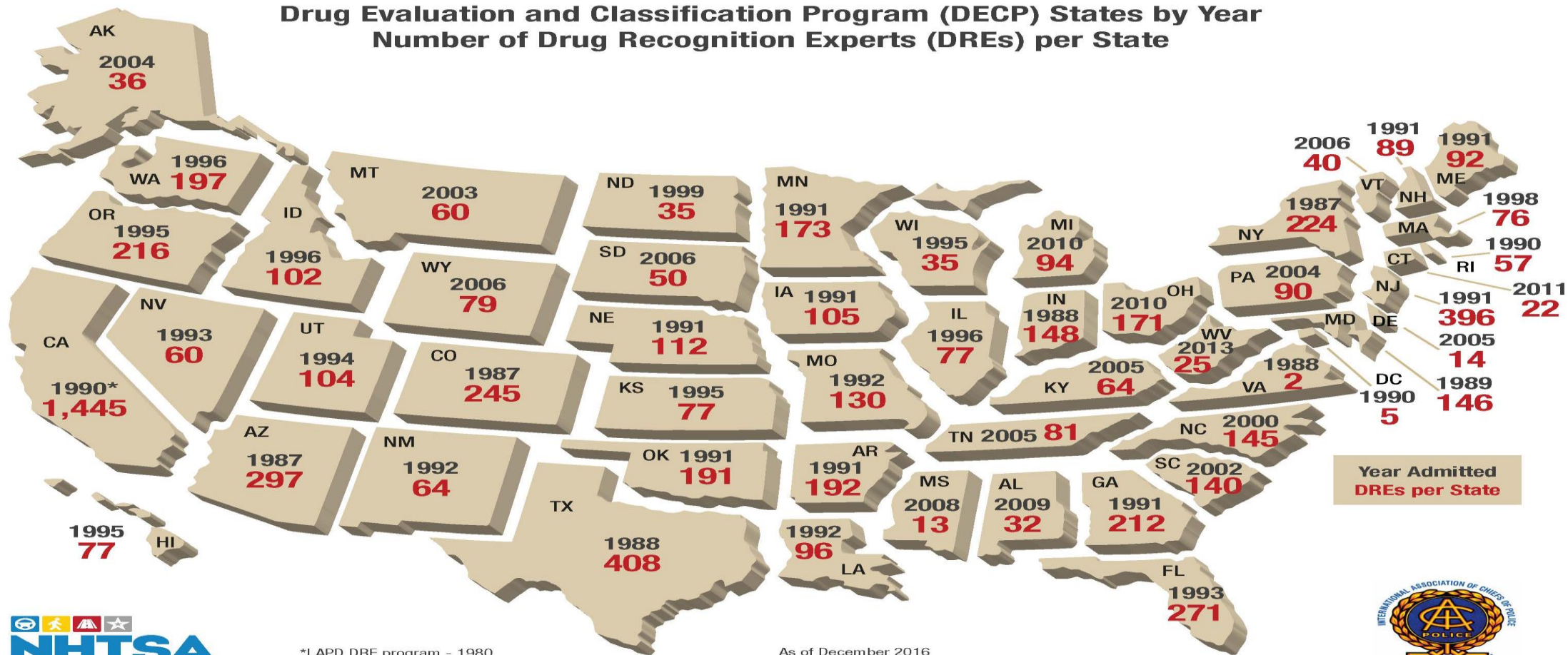


# The DRE Twelve-Step Process:

- **Breath test**
- **Interview of officer**
- **Preliminary examination, 1<sup>st</sup> pulse**
- **Eye Examinations**
- **Divided attention tests**
- **Vital signs, 2nd pulse**
- **Dark room exam**
- **Muscle tone, 3rd pulse**
- **Injection sites**
- **Suspect statements**
- **Opinion of the evaluator**
- **Toxicology verification**



## Drug Evaluation and Classification Program (DECP) States by Year Number of Drug Recognition Experts (DREs) per State



\*LAPD DRE program - 1980

As of December 2016





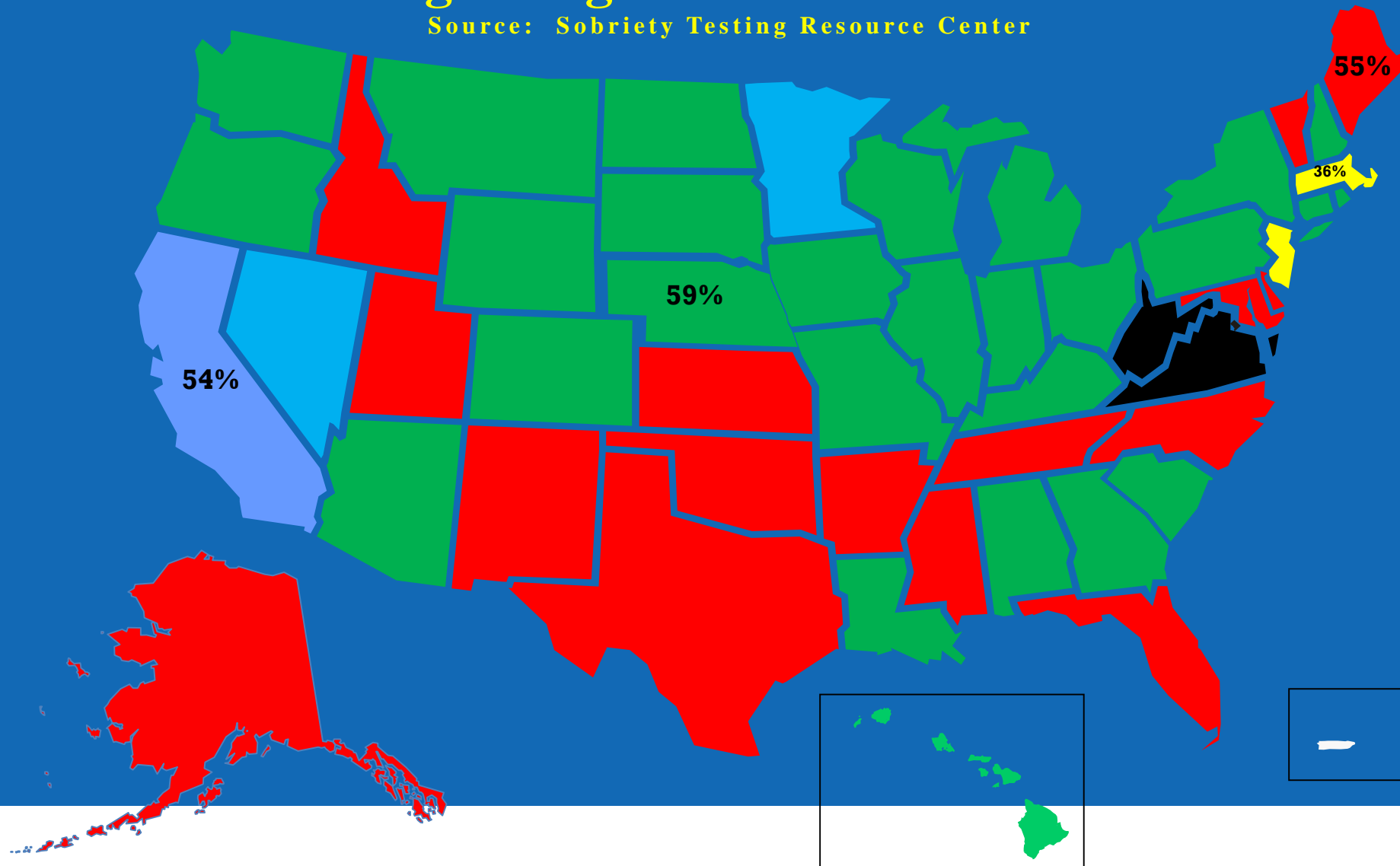
# State Coordinator Responsibilities are Growing and Becoming More Complex

- **Understanding all of the national standards**
- **Responsible for initial training and re-certifications**
- **Must have a strong rapport with Superintendents, Colonels, Sheriffs and Chiefs**
- **Has to be aware of changing landscape as it relates to training, science, and daunting administrative requirements**
- **Has to understand the role of other players in the program (TSRP's, Toxicologists, JOL's)**
- **Has to understand the legal ramifications of cases and how they have state/national implications**



# Leading Drug Per State / 2003-2012

Source: Sobriety Testing Resource Center

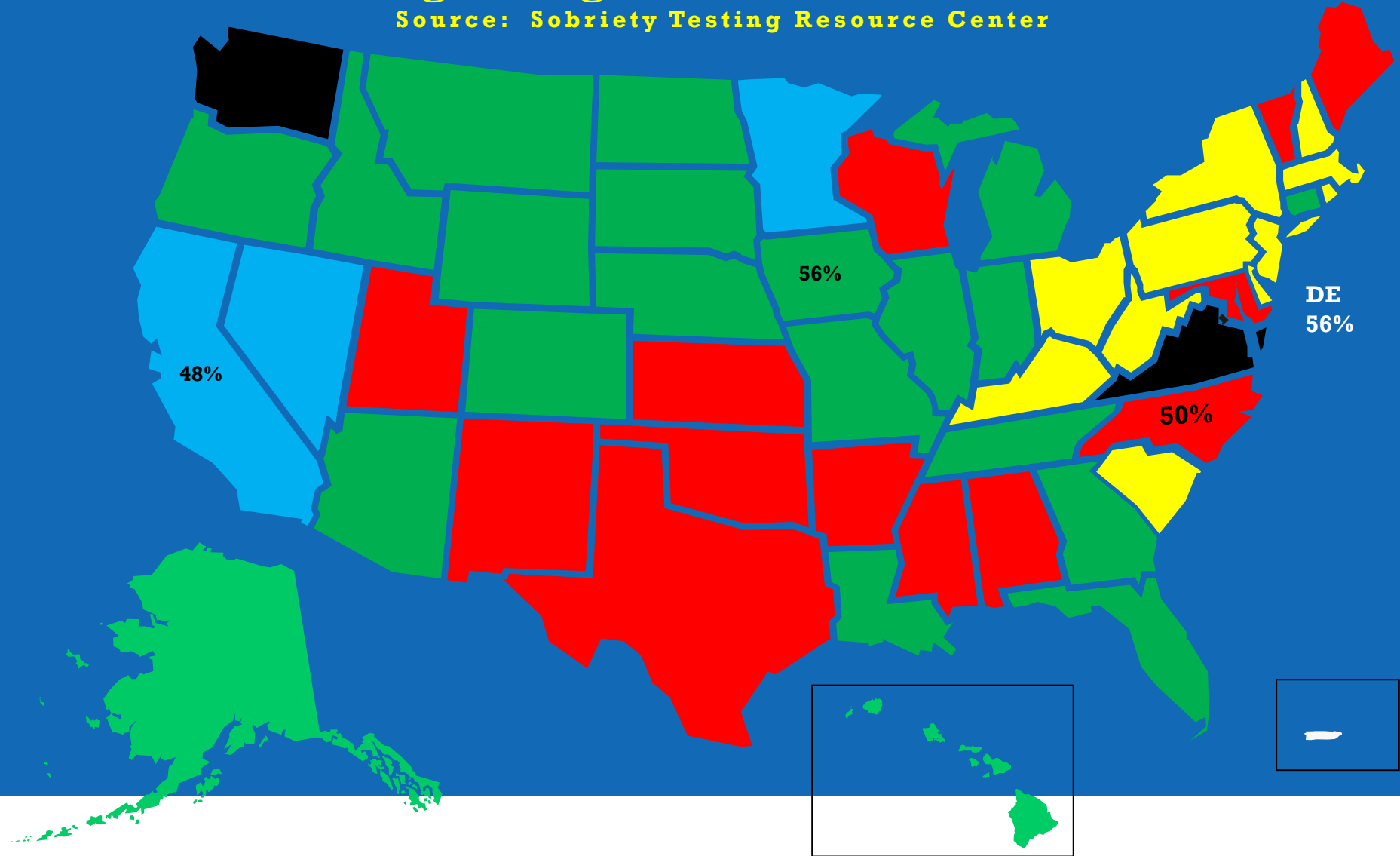






# Leading Drug Per State / 2013-2014

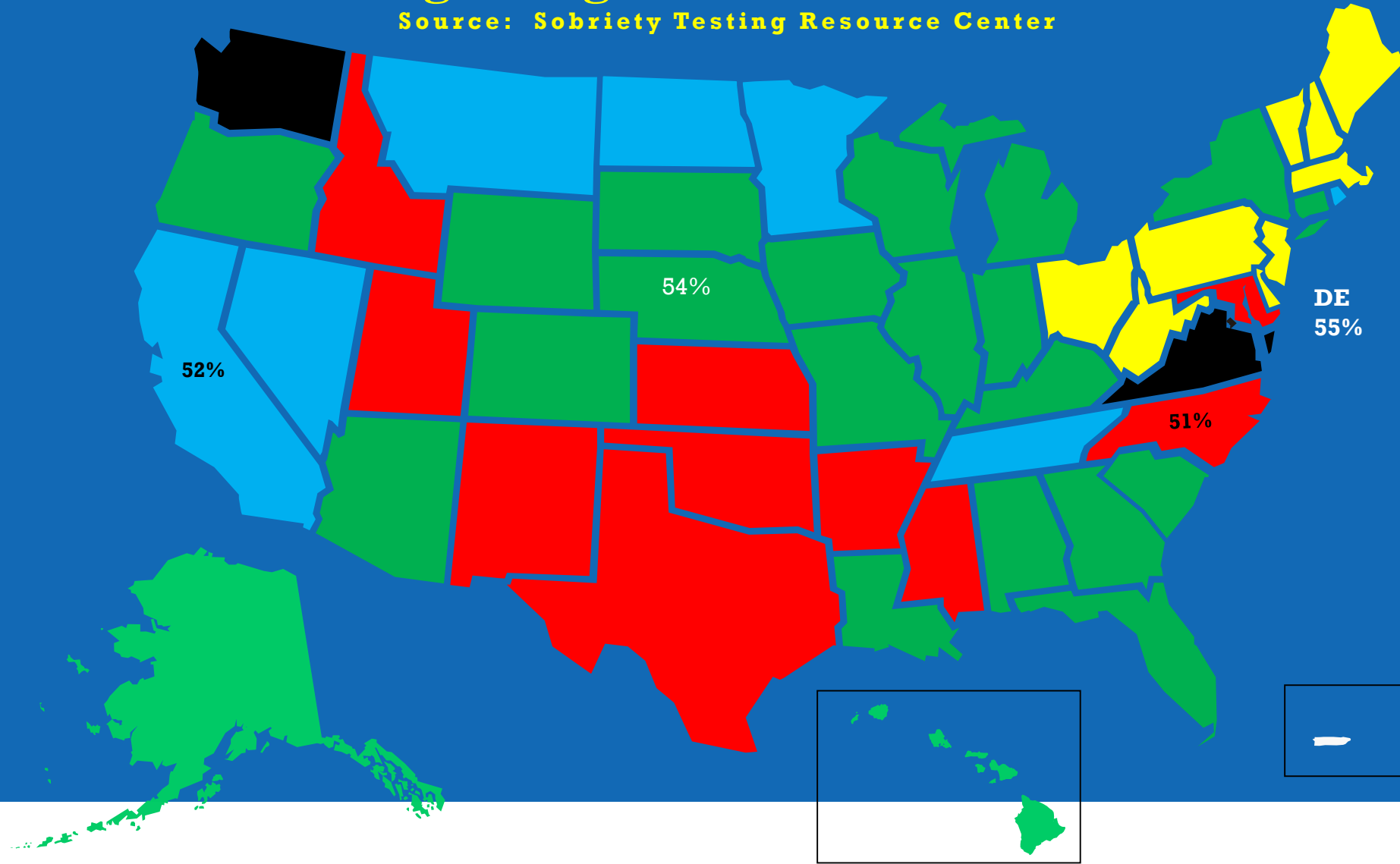
Source: Sobriety Testing Resource Center





# Leading Drug Per State / 2015-2016

Source: Sobriety Testing Resource Center





## How Do You Want Your State to Be Viewed





# Vermont's Example of DRE Oversight Committee

- Agency Coordinator
- Chief's Representative
- DPS Laboratory
- GHSP
- Health Representative (MD)
- NHTSA or "At Large" Appointed Representative
- Traffic Safety Resource Prosecutor
- Training / Regional Coordinator
- VCJTC
- Sheriff's Representative
- State DRE Coordinator





# Massachusetts formed a Special Commission on Operating Under the Influence and Impaired Driving

Among other recommendations, the commission unanimously recommended:

- **The Special Commission, or a similar commission, should be continued. It should meet regularly to study, review, and evaluate the reliability of oral fluid and other testing.**
- **The commonwealth should increase its DRE strength to 351 credentialed officers.**
- **Officers trained through the Municipal Police Training Committee should be trained in ARIDE, with the cost coming from the Marijuana Regulation Fund. .**
- **The Commonwealth should add a drug impaired driving module to the drivers' education curriculum.**
- **The Commonwealth should continue to develop and fund public awareness and education campaigns outlining the dangers of impaired driving, in addition to the safe and responsible use of cannabis.**
- **The Commonwealth should add a drug impaired driving module to the drivers' education curriculum.**

**NHTSA**

**BILL.O'LEARY@DOT.GOV**

**202-366-0543**



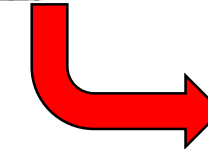
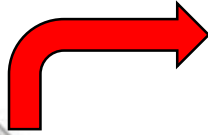


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Chief Toxicologist, Alabama Department of Forensic Sciences



5 years (2013-2017)  
6,355 blood tests  
81,039 breath tests



DUI – Traffic Stops  
SFSTs always first!!



DUI – Traffic Crashes



Involving Serious  
Injury/Deaths



>0.08%

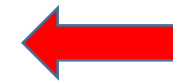
<0.08%,  
Suspected DUI/D



<0.08% (14%)  
[77% drug prev.]  
>0.08% (86%)  
[50% drug prev.]



10% of <0.08%  
1,135/11,345



<0.08% (75%)  
[77% drug prev.]  
>0.08% (25%)  
[50% drug prev.]



# AL DUI Drug Trends (5 years: 2013-2017)

Drug	Negative	0.01-0.079%	0.08-0.149%	>0.15%
Alprazolam	27	21	10	6
Carboxy-THC	24	34	27	20
Amphetamine	20	8	7	3
Methamphetamine	17	5	4	2
Hydrocodone	14	12	7	6
Delta-9-THC	13	21	14	9
11-Hydroxy-THC	10	15	10	9
Nordiazepam	9	9	4	5
Clonazepam	9	8	3	2
Diazepam	8	7	4	3
Oxycodone	7	3	2	1
Morphine	6	4	5	2
Meprobamate	6	2	1	1
Benzoylcegonine	5	11	7	5
Cocaine	2	5	2	2
Methadone	5	3	1	1
Carisoprodol	5	2	1	0
Zolpidem	4	4	3	1

# SOFT/AAFS Oral Fluid Ad Hoc Committee

## Members

- Christine Moore (Chair)
- Curt Harper (Vice Chair)
- Marilyn Huestis
- Timothy Rohrig
- Jarrad Wagner
- Madeleine Swortwood
- Luke Rodda
- Chares LoDico
- Mandi Mohr
- Kristen Burke
- Nathalie Desrosiers

## Documents

- OF FAQ Document 2.0 (*NEW*)
  - Advantages
  - Limitations
  - Specimen comparison
- OF Pilot Project Guidelines
  - Key Stakeholders
  - Program Management
  - Program Protocol
  - Consent Form (example)

[http://soft-tox.org/files/2017\\_OF\\_FAQ.pdf](http://soft-tox.org/files/2017_OF_FAQ.pdf)

[http://soft-tox.org/files/2014\\_OF\\_Pilot.pdf](http://soft-tox.org/files/2014_OF_Pilot.pdf)

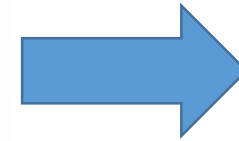
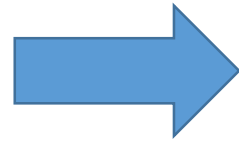
*Logan et al. Recommendations for Toxicological Investigation of Drug-Impaired Driving and Motor Vehicle Fatalities. 2017 Update. JAT. 2017*

# Oral Fluid Drug Testing

Roadside Screen (Probable Cause)



Confirmation (Evidentiary)



**Alabama: 1<sup>st</sup> State to Offer  
In-house Confirmation**



*NMS Labs, Forensic Fluids,  
Steel Fusion*



# SOFT/AAFS Oral Fluid FAQ 2.0:

## Benefits of OF Testing in DUID Case

- Rapid, simple, non-invasive
- No medical professional required, saves time, \$
- On-site screening devices are available
- Difficult to adulterate, same-sex observed collection not req'd
- Parent drug &/or metabolites reflects recent drug use
- Most drugs concentrate in OF compared to drugs
- Specimen taken proximate to time of driving

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