

Overview

- State of DUI in America
- Magnitude of the DUID problem
- Marijuana-impaired driving
- Complexities and challenges:
 - Policy
 - Enforcement
 - Testing
- Supervision solutions/ recommendations



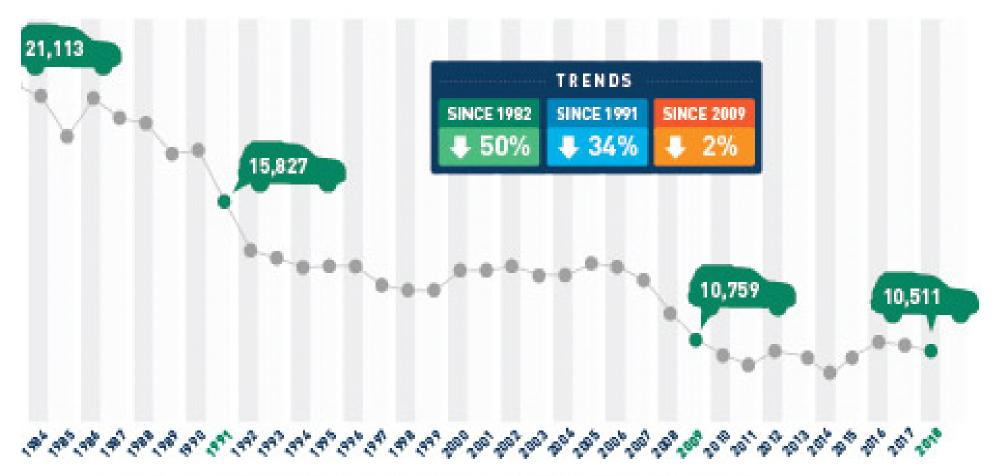




Boy, 4, Found in SUV With Adults Who Allegedly Passed Out on Heroin; Ohio Police Post Pics



Drunk Driving Deaths Decreased in 2018

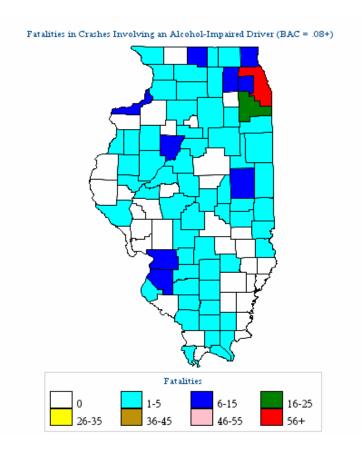


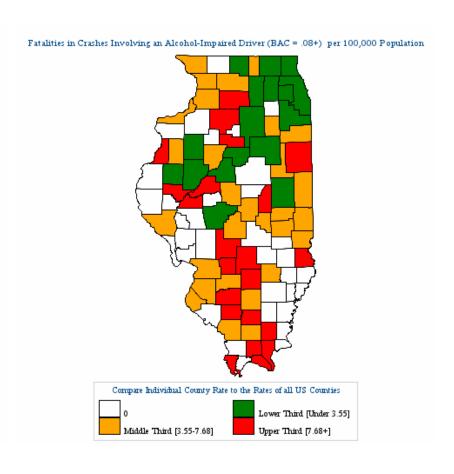
And we are committed to lead this fight until we reach zero.

Illinois DWI Fatalities

Alcohol- Impaired Driving Fatalities (BAC=.08+)*	2014	2015	2016	2017	2018
	302	309	336	357	309
	(33%)	(31%)	(31%)	(33%)	(30%)

Fatalities in Crashes Involving an Alcohol-Impaired Driver (BAC = .08+) by County for 2018





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

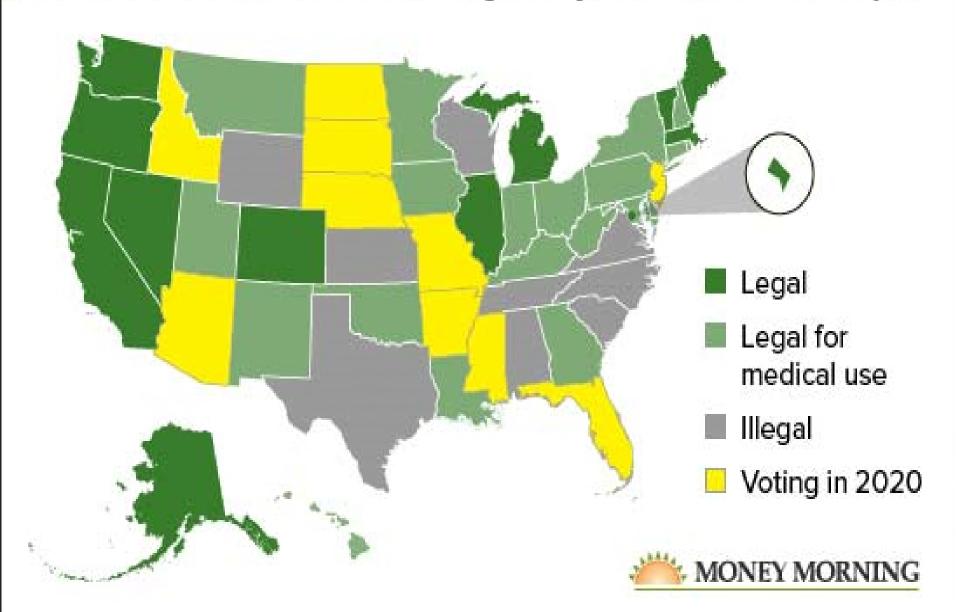




DRUG-IMPAIRED DRIVING

States Voting on Marijuana in 2020

Ten states could have some form of legal marijuana on the ballot next year.



What do DUIs look like in your jurisdiction in 2020?



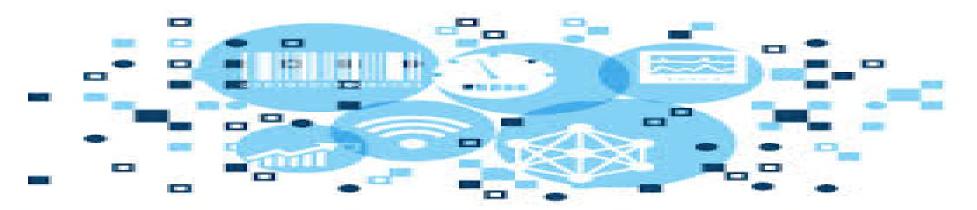




DUID - THE MAGNITUDE OF THE PROBLEM

Limitations in crash data

- States 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 concentrations.

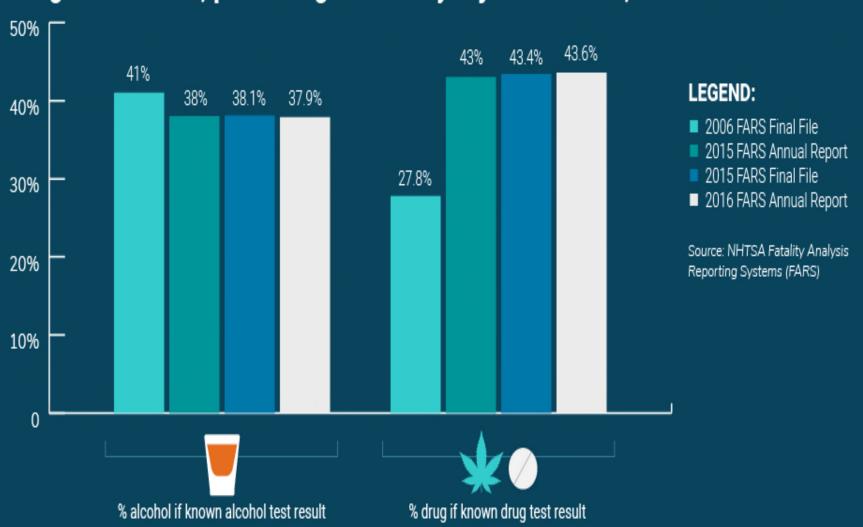


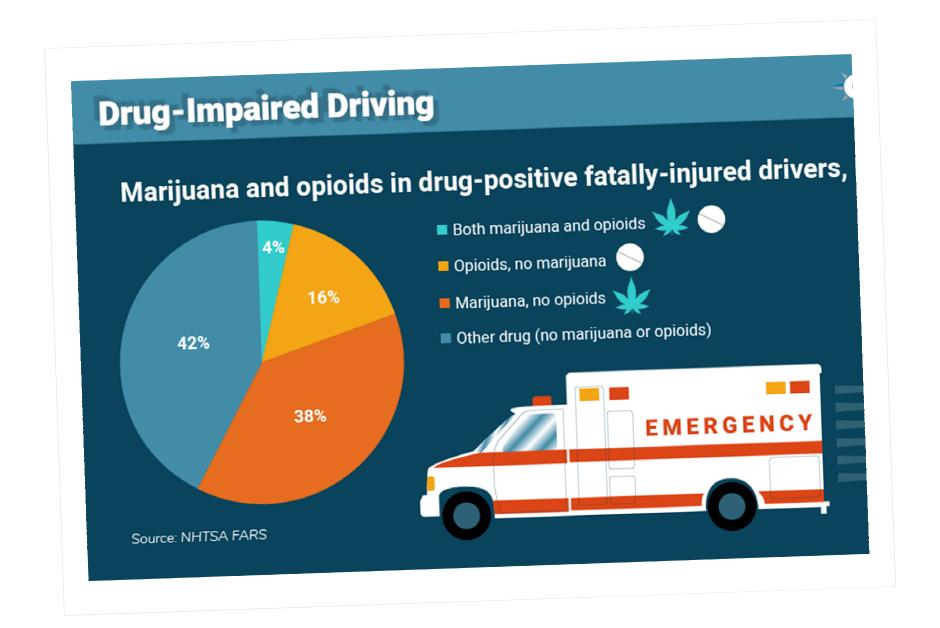
Drug-Impaired Driving





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







- Most recent roadside survey data revealed an increase in drugged driving.
- Results from the NHTSA <u>National Roadside Survey</u> 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.



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%



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	

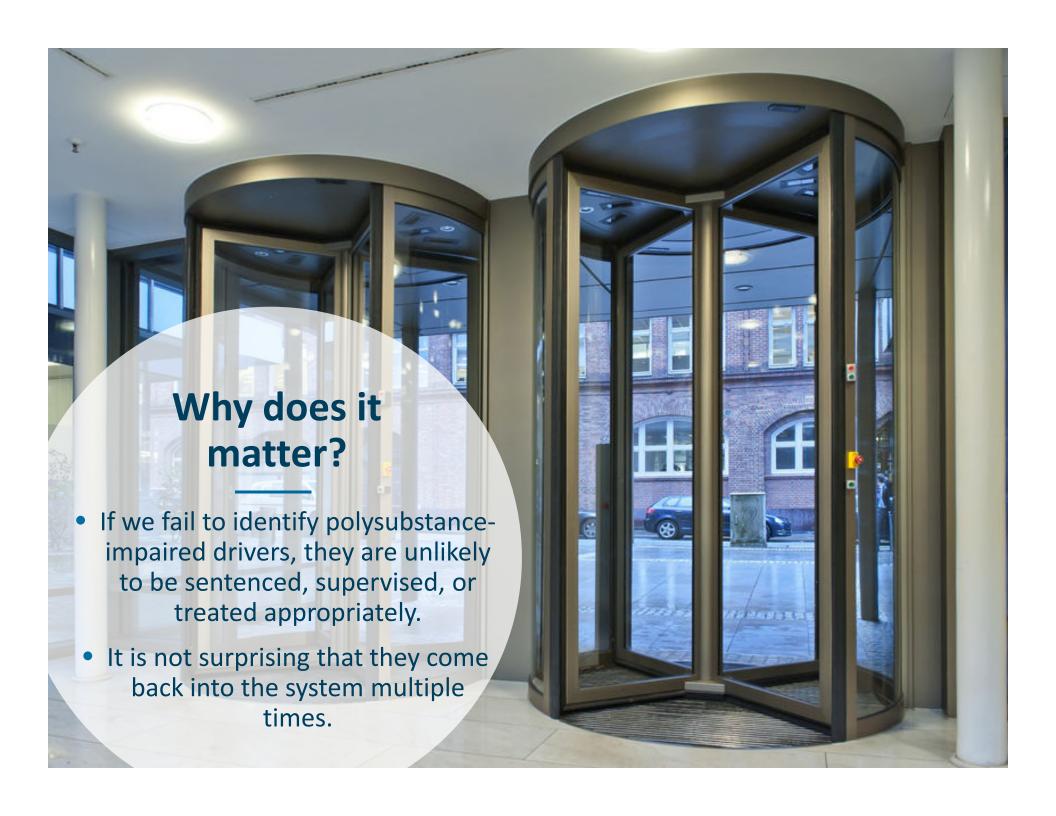
Shulze et al., 2012; Griffiths, 2014

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?







PUBLIC AWARENESS & PERCEPTIONS



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.

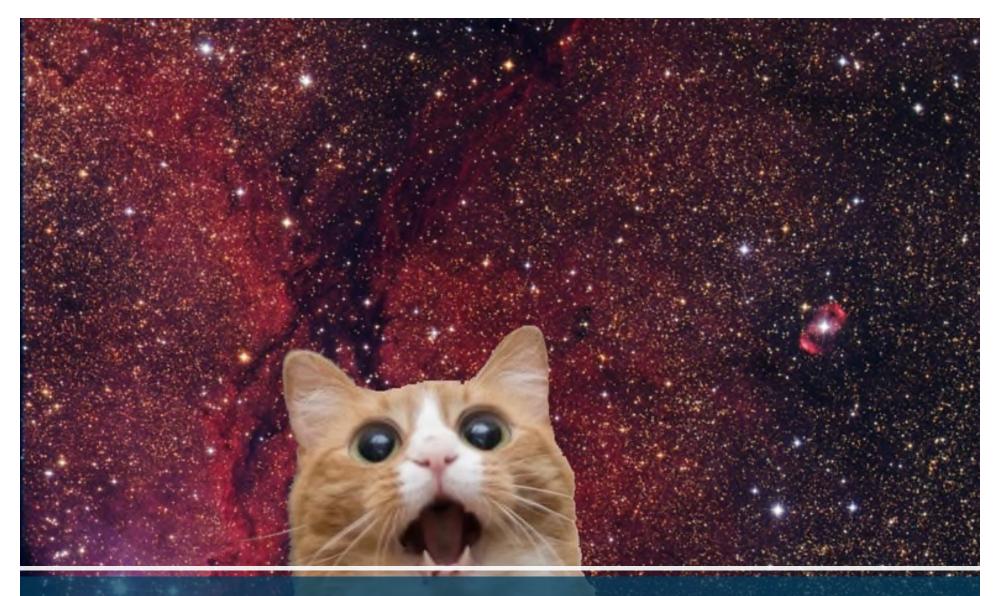
It's better than driving drunk.

Perceptions of risk

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			



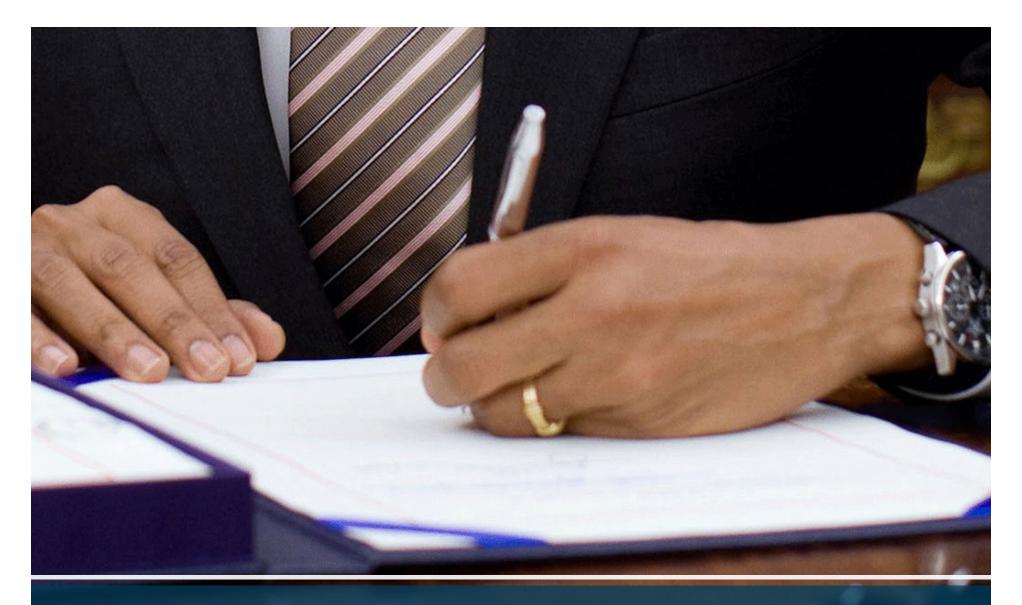
EFFECTS OF DRUGS ON DRIVING

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)

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





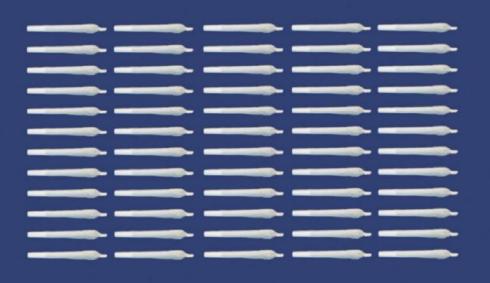
DRUG-IMPAIRED DRIVING POLICYAND CHALLENGES





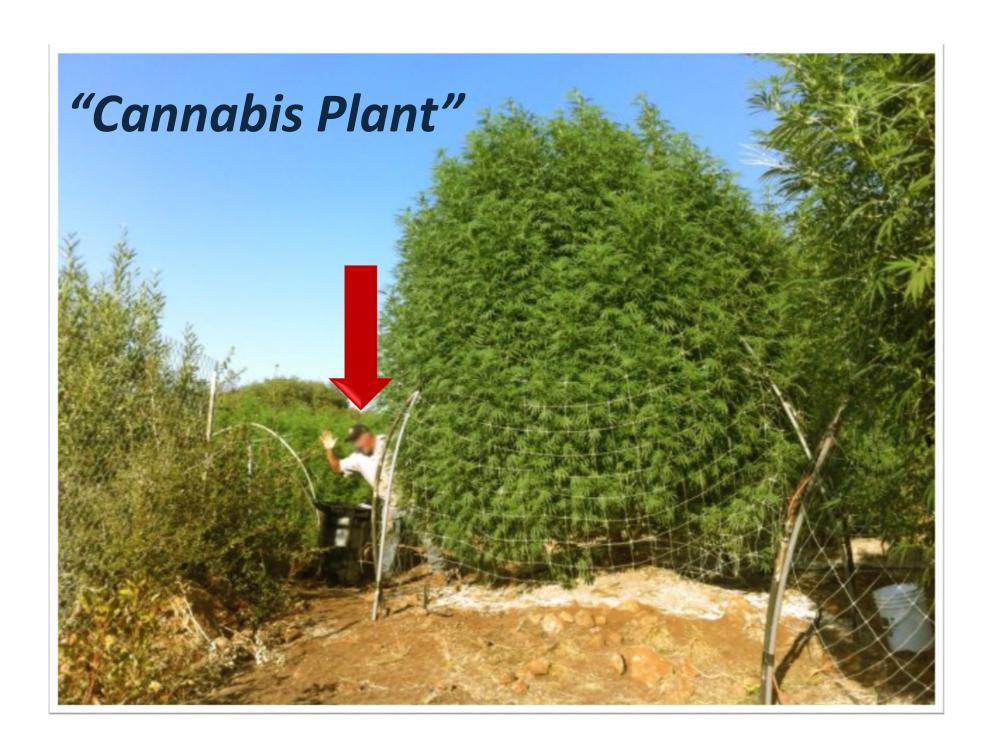






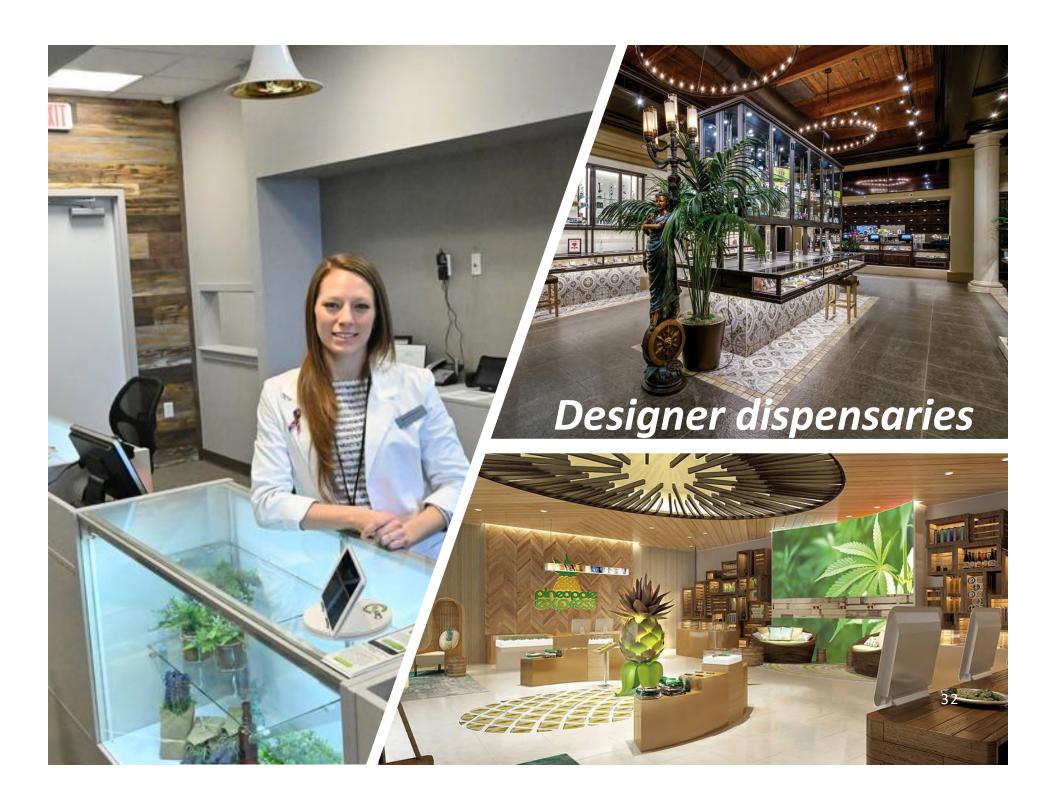
60 JOINTS

DRUG POLICY RESEARCH CENTER

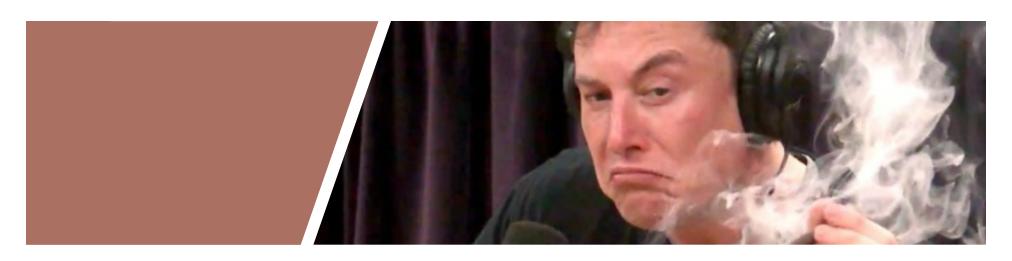




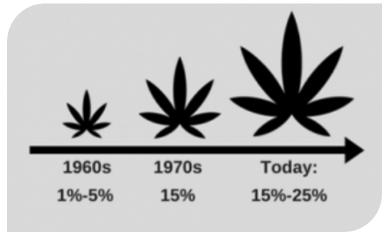
Business has changed since 2012...







And so has the product...





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 – Socially unacceptable public indifferent



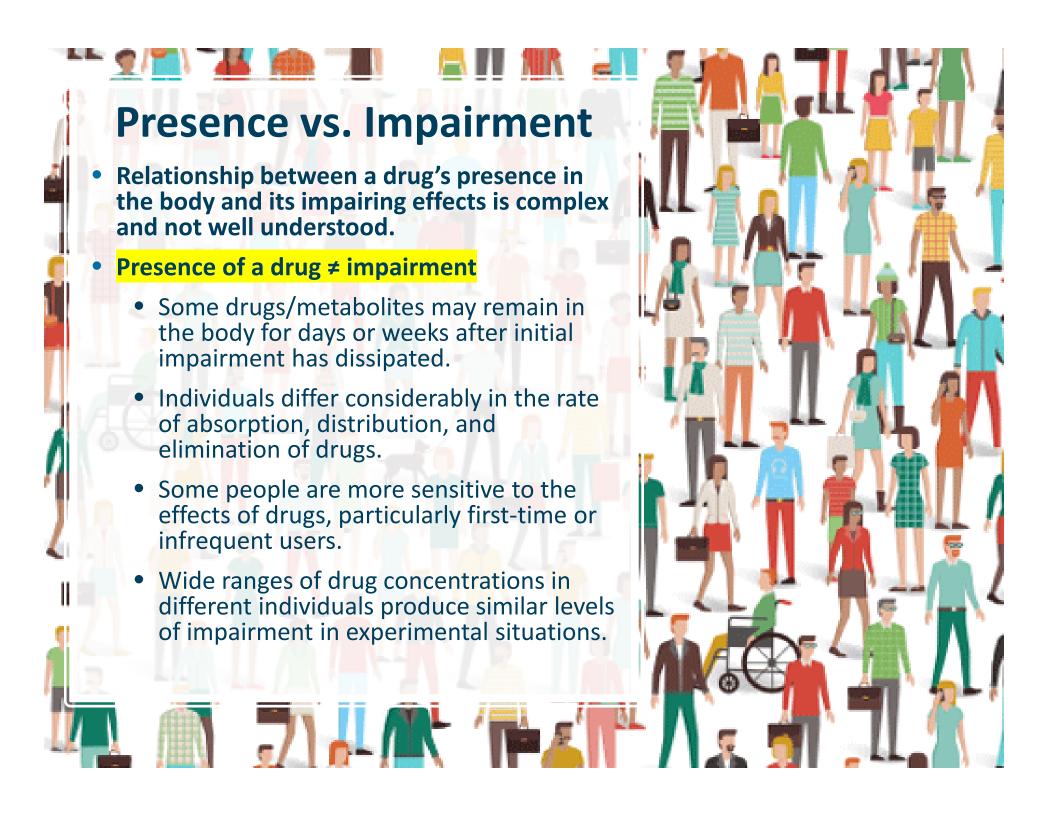


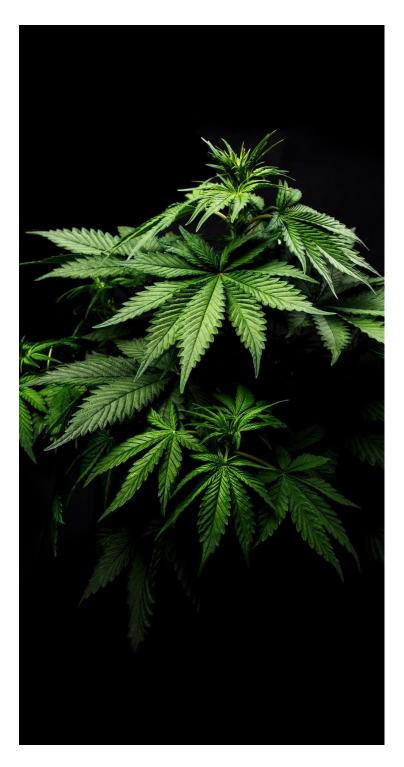
How many drugs are out there?

- 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.



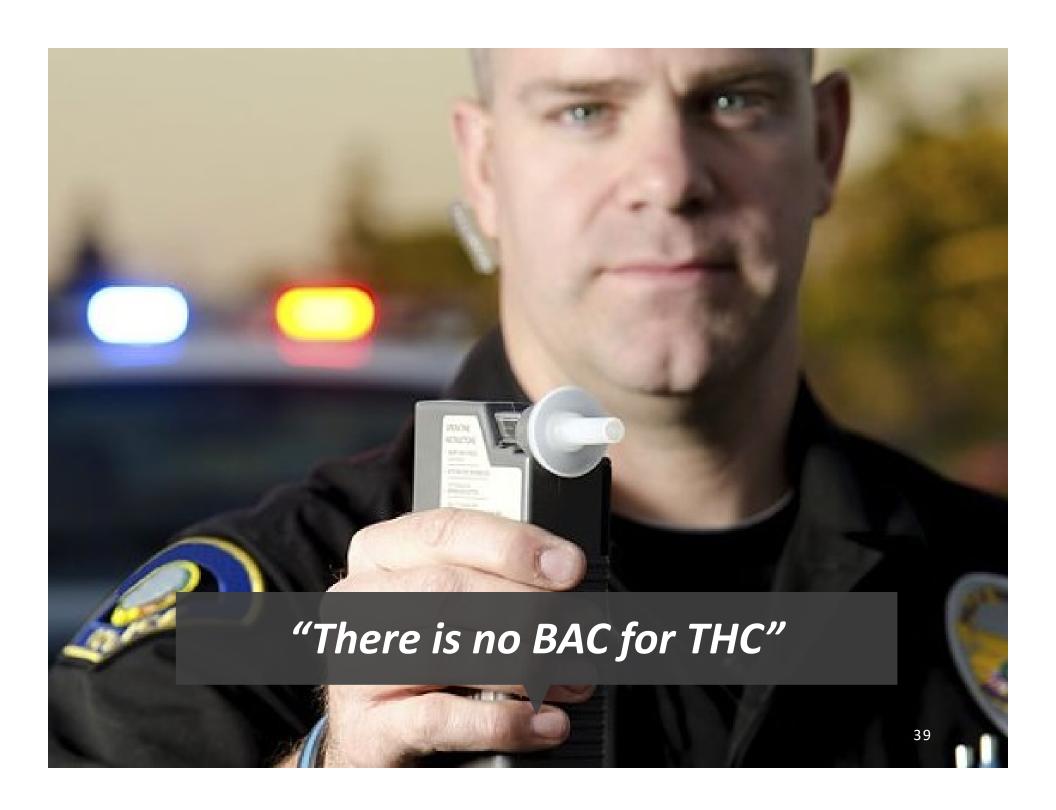
- Increase potency; prolong effects; make detection more difficult; make an illegal drug legal
- **Common types:** synthetic cannabinoids (K2/spice), synthetic cathinones (bath salts), opiate derivatives, reformulated pharmaceuticals, new hallucinogens and stimulants.
- DUID testing implications.





Presence vs. Impairment: 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; while 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.







Cannabis Ingestion Methods

Inhaling - Pulmonary







Oral - Digestive









Trans mucosal - sublingual, intranasal, rectal, ocular











Transdermal









CANNABIS CONCENTRATES



CRUMBLE Dried oil with a honeycomb like consistency



BADDER/BUDDER Concentrates whipped under heat to create a cake-batter like texture



SHATTER
A translucent, brittle, & often golden to amber colored concentrate made with a solvent



PISTILLATE
Refined cannabinoid oil that is typically free of taste, smell & flavor. It is the base of most edibles and vape cartridges



CRYSTALLINE Isolated cannabinoids in their pure crystal structure



DRY SIFT
Ground cannabis filtered
with screens leaving behind
complete trichome glands.
The end-product is also
referred to as kief



ROSIN End product of cannabis flower being squeezed under heat and pressure



BUBBLE HASH
Uses water, ice, and mesh
screens to pull out whole
trichomes into a pastelike consistency

Edibles















EDIBLES DOSING CHART



THC CONTENT PER DOSE	WHAT TO EXPECT	WHO'S IT FOR?
1 - 2.5 mg THC	 Mild relief of pain, stress, anxiety, and other symptoms Improved focus and creativity 	First-time consumersMicrodosers
2.5 - 15 mg THC	 Stronger symptom relief Euphoria May impair coordination and alter perception 	Patients with persistent problemsRestless sleepersSocial butterflies
15 - 30 mg THC	 Strong euphoria or unwanted effects in unaccustomed consumers May impair coordination and alter perception 	 Well-seasoned consumers Medical patients with developed tolerances Experienced consumers seeking to sustain sleep
30 - 50 mg THC	Very strong euphoria in unaccustomed consumers Likely to impair coordination and alter perception	 Consumers who have poor GI absorption of cannabinoids People with significant tolerance to THC
50 - 100 mg THC	Can cause extreme side effects such	For experienced THC individuals only

Always begin at the lowest recommended dose. Gradually increase by 1 or 2mg per dose, if necessary, to find your optimal dose. For more information go to Healer programs: www.healer.com/programs

and alter perception

as rapid heart rate, nausea, and pain • Highly likely to impair coordination







· Patients with cancer, inflammatory disorders,

or conditions that necessitate high doses





CONSUMING CAN CAUSE CRASHING.



It takes up to two hours for an edible to affect you. Don't be behind the wheel when your high hits.

IF YOU'RE HIGH, DON'T DRIVE.









Does this look like a cannabis grow-op?









Traditional impaired driving 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.
- Implications:
- Hinders the ability to measure the true magnitude of the drug-impaired driving problem.
- Many DUI arrests are

inaccurately attributed to alcohol alone.



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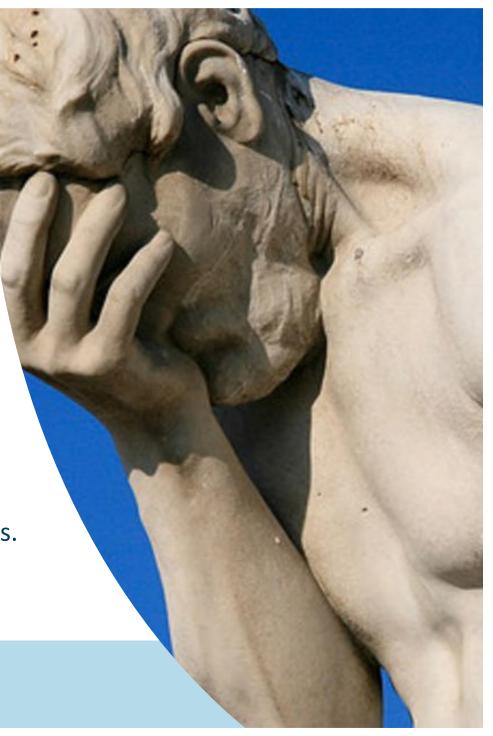
Enforcement challenges

 Many officers are not trained to identify the 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 timeconsuming (lab backlogs).

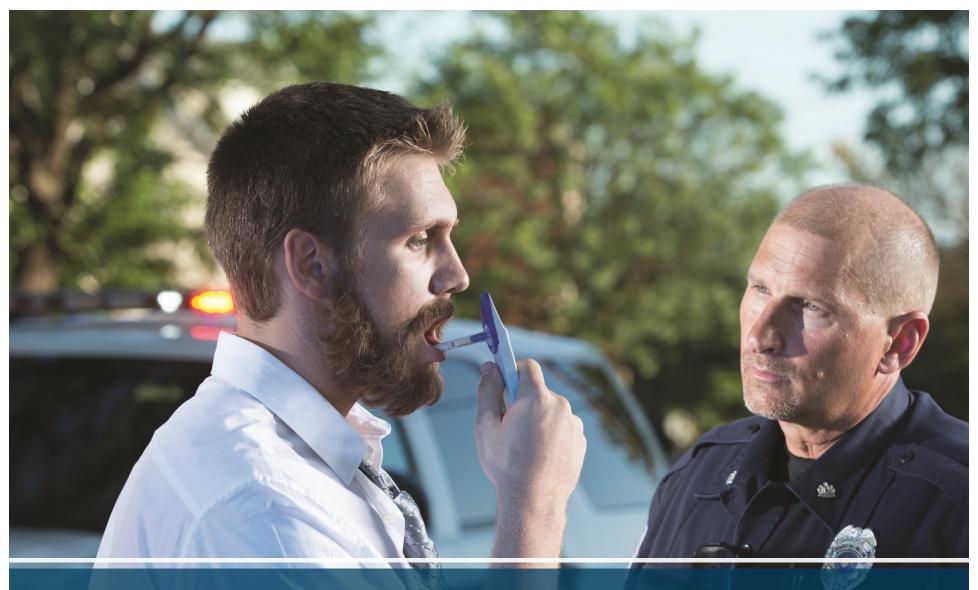




Officers need more tools

- 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

Oral fluid technology





Oral fluid is not a silver bullet

- Oral fluid results in and of themselves
 <u>CANNOT</u> determine whether a driver is impaired.
- The best use of oral fluid is as a corroborative test for drug ingestion in situations where a trained officer has observed signs and symptoms of impairment.
- Officers must rely on observations and information obtained from SFSTs, ARIDE training, or DRE evaluations when making determinations about impairment. A positive result can assist in confirming suspicions.
- Oral fluid is another investigative tool!



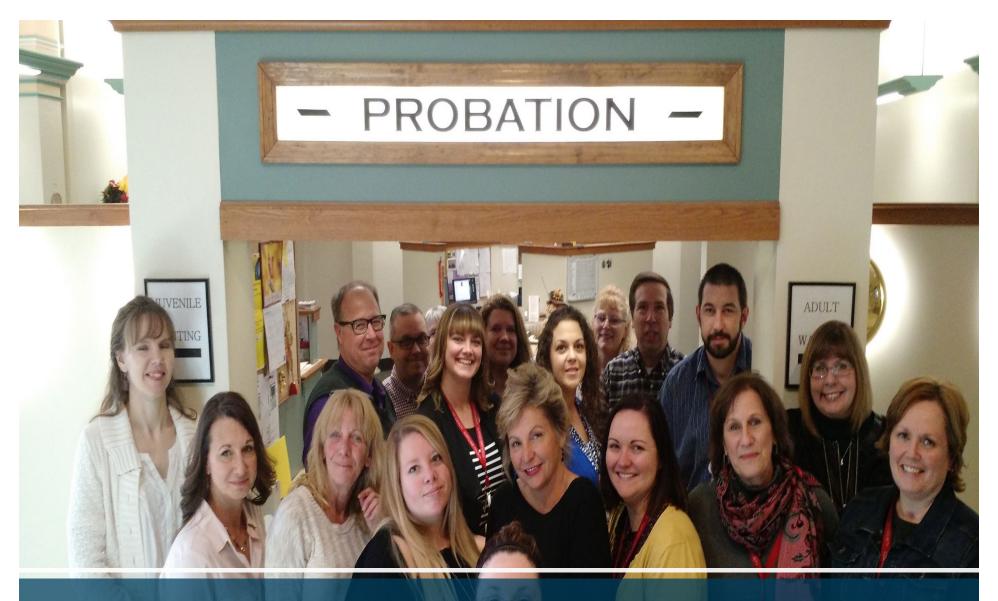
Future testing methods



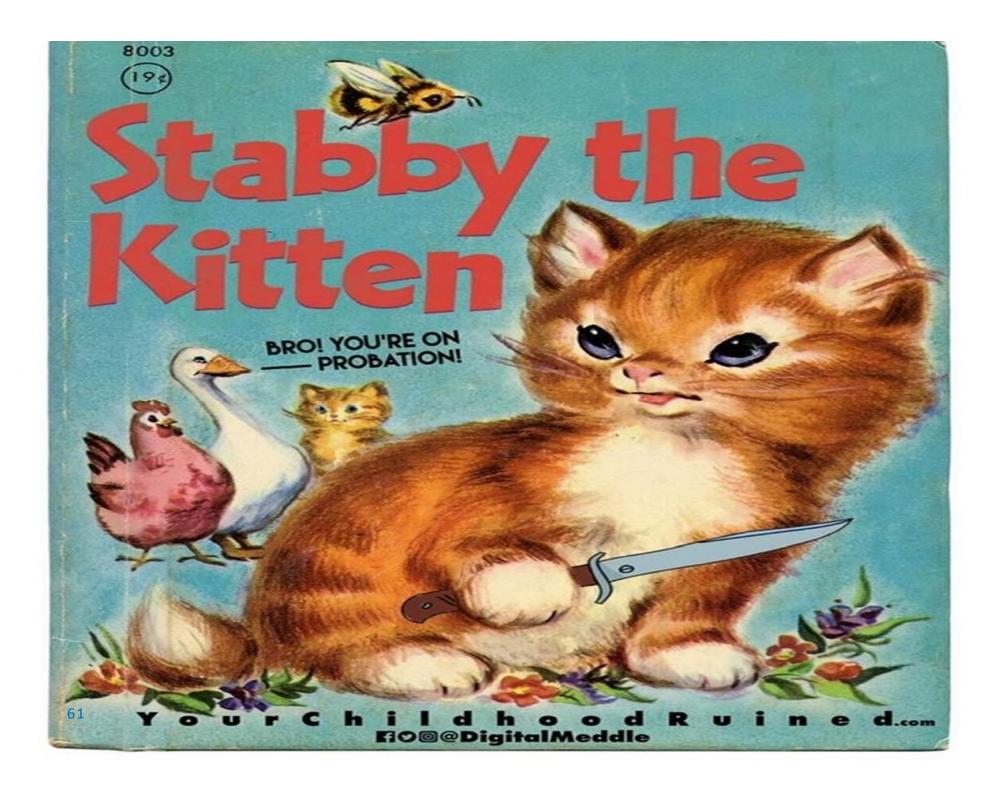
Cannabis breathalyzers

Intelligent fingerprinting





SUPERVISING THE DRUG-IMPAIRED DRIVER





What does the problem look like in your state?

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, and 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

- Prior involvement in the justice system specifically related to impaired driving.
- Prior non-DUI involvement in the justice system.
- Prior involvement with alcohol and other drugs.
- Mental health and mood adjustment problems.
- Resistance to and non-compliance with current and past involvement in the justice system.

Are risk factors the same for drugged drivers?

Criminogenic risk factors

History of anti-social behavior

Anti-social cognitions

Anti-social personality pattern

Anti-social associates

Family/ marital discord

Leisure/recreation

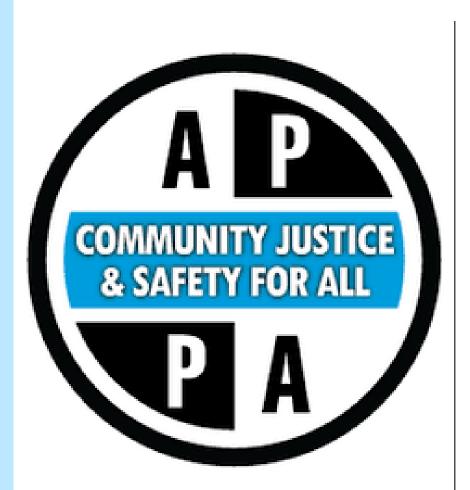
Substance abuse

School/ work

Assessments

- ADS (Alcohol Dependence Scale)
- ASUDS-R (Alcohol Substance Use and Driving Survey – Revised)
- ASI (Alcohol Severity Index)
- **AUDIT** (Alcohol Use Disorders Identification Test)
- **IDTS** (Inventory Drug-Taking Situations)
- DAST (Drug Abuse Screening Test)
- LSI-R (Level of Service Inventory-Revised)

- MAST (Michigan Alcoholism Screening Test
- SASSI (Substance Abuse Subtle Screening Inventory)
- RIASI (Research Institute on Addiction Self Inventory
- IDA (Impaired Driver Assessment)
- **CARS** (Computerized Assessment and Referral System)







Assessments should drive decision-making

- Using traditional assessment tools, 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.
- Specialized instruments should be used 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).



With impaired drivers, don't assume!

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

PR05 (0NS



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

Amphetamine

Barbiturates

Benzodiazepines

Buprenorphine

Cocaine

EtG

Fentanyl

Heroin,

MDMA

Methadone

Opiates

Oxycodone

Phencyclidine

Propoxyphene

THC

Tramadol

And in a perfect world,

Ketamine

Synthetic Cannabinoids

(Spice/K2)

Synthetic Cathinones (Bath

Salts)

Tramadol





- How do you know if the treatment approach is an EBP model?
- Treatment approach, dosage, and frequency decisions should be made by a trained professional and driven by clinical assessment.
- Treatment should be manual-based:
 - Specific to a particular intervention.
 - Indicates how the intervention should be structured and delivered.
 - Includes background and theoretical information.
- Beware of counterfeits not every intervention that is manualized is an example of evidencebased practice
- IOP VS. residential treatment



Medication-Assisted Treatment

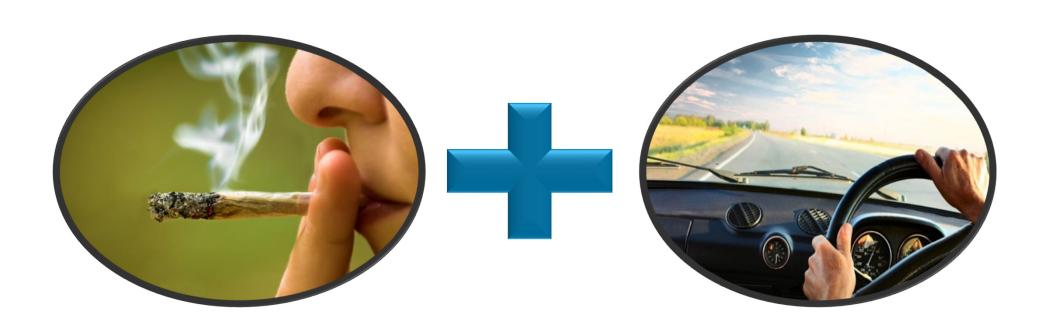
- Best when complimented with counseling and other behavioral therapies.
- Provides relief from withdrawal symptoms.
- Prevents drugs from working (antagonist).
- Reduces cravings.
- Provides replacement chemicals (agonist).
- Causes aversive reactions.



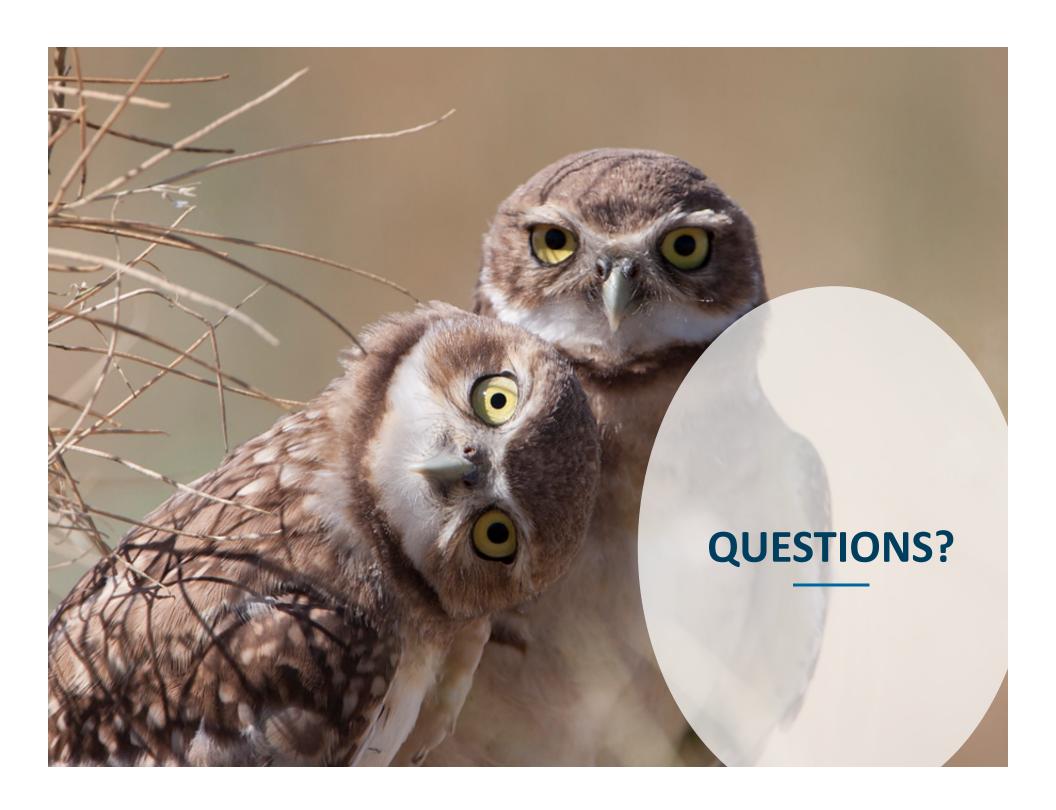




Focus on the behavior – it's more than just drug use!







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