Multi-substance Impaired Driving

Multi-substance impaired driving is the operation of a motor vehicle while impaired by drugs and alcohol or a combination of drugs. Research has continually shown that drugs used in combination or with alcohol produce greater impairment than substances used on their own (Compton, et al., 2009; Romano et al., 2014; Schulze et al., 2012). In describing this increased level of impairment, the analogy of *1+1=3* is often used to convey the higher risk associated with using multiple substances at the same time. This multiplicative impairment effect poses a higher crash risk on our roadways.

Research & Data Highlights:

- In 2016, 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).

- The Driving under the Influence of Drugs, Alcohol and Medicines (DRUID) project of the European Commission found that individuals who drive under the influence of alcohol and drugs are up to 200 times more likely to be involved in a crash (Shulze et al., 2012; Griffiths, 2014).

- Washington State data revealed that multi-substance impairment was the most common type of impairment found among drivers involved in fatal crashes between 2008 and 2016. Among drivers involved in fatal crashes during this timeframe, 44% tested positive for two or more substances with alcohol and Tetrahydrocannabinol (THC) being the most common combination (Grondel et al., 2018).

- The National Survey on Drug Use and Health (NSDUH) revealed that of the 19.3 million individuals age 18 and over who had a substance use disorder in 2018, 12.9% (2.5 million) struggled with the use of both illicit drugs and alcohol (SAMHSA, 2019).

Current Detection Challenges:

Multi-substance impaired driving is underreported. Most law enforcement officers are trained to identify alcohol-impaired drivers, but unfortunately, many do not receive specialized training to identify the signs and symptoms of drug impairment [e.g., Advanced Roadside Impaired Driving Enforcement (ARIDE) training or Drug Recognition Expert certification].

Impaired driving is the only crime where an investigation ceases once minimal evidence is obtained allowing many multi-substance impaired drivers to go undetected. Currently, many states have policies and protocols that prevent drug testing when an impaired driver has a blood alcohol concentration (BAC) level at or above the legal limit of .08 BAC and only driving under the influence (DUI)-alcohol charges are likely to be pursued. It is only when alcohol is ruled out as the cause of impairment or the impairment is not consistent with the driver's BAC level that drug use is explored. The nation must expand testing to detect multi-substance impaired driving.

Evidential drug testing is done by blood draw. If a suspect will not voluntarily submit to a test, a warrant is required. It can take several hours to obtain a blood sample and drugs levels dissipate quickly though impairment remains. Faster testing secures valuable evidence and improves prosecution. Fortunately, new technology is available to help officers identify drivers who may be under the influence of multiple substances. Oral fluid screening is becoming a reliable and accurate option to test for the presence of the most common drugs at the roadside. These tests are easily administered and produce results within minutes. A positive result is indicative of recent drug consumption. While an evidential blood test is still required, the use of oral fluid screening can alert officers that a blood sample should be quickly obtained.

Implications of Current Practice:

One might question why it is necessary to identify drivers who use drugs if they can be prosecuted for driving under the influence (DUI) based on their BAC level. Given the excess time, paperwork, and cost associated with performing blood draws and drug testing, many jurisdictions fail to see the value in identifying whether a DUI offender is really a multi-substance offender. The failure to identify these drivers has several implications that can lead to negative outcomes:

- Lack of testing leads to under-reporting; limits overall understanding of the issue and prevents informed decision-making regarding policy and resource allocation.

- Failure to identify drug use at the time of arrest hinders the court's ability to effectively dispose of cases and craft sentences tailored to offenders' risk and needs.

- Current laws are structured in such a way that unless drug use is identified at the outset of the case, offenders are unlikely to be subject to any drug monitoring and/or treatment.

- Failure to identify drug use misses an important opportunity to intervene and make informed offender supervision and treatment decisions.

Potential Solutions:

A comprehensive approach is needed, and multiple strategies should be implemented to identify these high-risk individuals and promote accountability and behavior change. Strategies include:

- **Increase drug testing of drivers arrested for alcohol-impaired driving.**

- **Implement electronic warrant systems.** *More information about these systems can be found in Responsibility.org's E-warrants Implementation Guide.*
- **Expand the use of oral fluid field testing to screen drivers for the presence of drugs.**
- **Train more law enforcement officers as phlebotomists to reduce the amount of time needed to obtain a blood draw.** *(These programs are currently utilized in 10+ states).*
- **Increase the number of law enforcement officers who are trained to identify the signs and symptoms of drug impairment.**
- **Require mandatory screening and assessment of all impaired drivers for substance use disorders (both alcohol and drugs) and mental health disorders.**
- **Enhance sanctions for drivers under the influence of multiple impairing substances.**
- **Require mandatory testing of all fatally injured drivers for the presence of both alcohol and drugs to understand the scope of the problem.**

Further, policymakers, state and Federal agencies, criminal justice and medical practitioners need education on these issues and must work collaboratively to identify gaps in the DUI system that allow multi-substance impaired drivers to avoid accountability. Further research and resource allocation are needed to increase law enforcement training, improve testing practices, and facilitate behavior change. Multi-substance impaired drivers are high-risk drivers who need interventions and countermeasures, including supervision, tailored to their individual treatment needs and recidivism risk level.

Responsibility.org Position:

Responsibility.org supports efforts to eliminate multi-substance impaired driving through improved drug testing, increased capacity for toxicology labs, laws that provide separate and distinct sanctions for driving under the influence (DUI) and driving under the influence of drugs (DUID), enhanced penalties for multi-substance impaired driving, mandatory screening and assessment of all impaired drivers, drug-impaired driving education and training for criminal justice practitioners.

For more information and greater detail on the drug-impaired driving countermeasures and programs we support please refer to: www.responsibility.org/DUID

References:

Compton, R., Vegega, M., & Smither, D. (2009). *Drug-Impaired Driving: Understanding the Problem & Ways to Reduce It: A Report to Congress.* Washington, D.C.: NHTSA.

Government Accountability Office. (2015). *Drug-Impaired Driving: Additional Support Needed for Public Awareness Initiatives*. Washington, DC: Author.

Griffiths, P. (2014). An Overview of Drug Impaired Driving in the European Union. Presented at the *2nd International Symposium on Drugs and Driving.* Wellington, NZ: New Zealand Drug Foundation.

Grondel, D., Hoff, S., & Doane, D. (2018). *Marijuana Use, Alcohol Use, and Driving in Washington State: Emerging Issues with Poly-Drug Use on Washington Roadways*. Olympia: Washington Traffic Safety Commission.

Hedlund, J. (2018). *Drug-Impaired Driving: Marijuana and Opioids Raise Critical Issues for States.* Washington, DC: Governors Highway Safety Association.

Romano, E., Torres-Saavedra, P., Voas, R.B., et al. (2014). Drugs and alcohol: Their relative crash risk. *Journal of Studies on Alcohol and Drugs,* 75, 56-64.

Schulze, H., Schumacher, M., Urmeew, R., et al. (2012). *DRUID Final Report: Work Performed, Main Results and Recommendations*. Bergisch Gladbach, Federal Republic of Germany: Federal Highway Research Institute (BASt).

Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health*. HHS Publication No. PEP 19-5068, NSDUH Series H-54. Rockville, MD: Center for Behavioral Health Statistics and Quality, SAMHSA.