Drive High, Get A DUI: Addressing the Growing Threat of Drug-Impaired Driving

Erin Holmes, Director of Traffic Safety
Foundation for Advancing Alcohol Responsibility
CADCA 28th Annual National Leadership Forum
Washington, DC; February 6, 2018
Drugged driving isn’t a serious problem.

I drive better when I’m high.

I’m fine to drive.

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

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

It’s better than driving drunk.
Overview

- Magnitude of the DUID problem
- Complexities and challenges of the issue
- DUID policy
- Enforcement and prosecution
- Challenging perceptions
- Solutions and recommendations
MAGNITUDE OF THE PROBLEM
Boy, 4, Found in SUV With Adults Who Allegedly Passed Out on Heroin; Ohio Police Post Pics
28TH Annual National Leadership Forum

PARTNERING FOR PREVENTION
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.
Percent of *Fatally-Injured* Drivers that Tested Positive for Drugs

- **2005**: 28%
- **2009**: 33%
- **2013**: 40%

*Source: NHTSA / FARS, 2015*
43% of fatally-injured drivers with a known test result tested positively for drugs, more frequently than alcohol was present.

Source: 2015 Fatality Analysis Reporting System (FARS)
In 2015 nationwide, 57.0% of fatally-injured drivers were tested for drugs.

Of those tested:

- 35.6% Marijuana
- 9.3% Amphetamine
- 55.1% Other
- 34.3% A drug in the FARS list was found
- 7.4% Drug not in the FARS list
- 55.4% No drugs detected
- 2.9% Unknown

Source: 2015 Fatality Analysis Reporting System (FARS)
DRUGGED COUNTIES
Most Commonly Detected Drugs for Drivers* in Fatal Automobile Accidents From 1995–2013 by County

* Includes all drivers involved in accidents that caused the death of at least one person.
Source: http://www-fars.nhtsa.dot.gov

Source: DRUGTREATMENT.COM
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.

# Roadside Surveys:

<table>
<thead>
<tr>
<th></th>
<th>Weekday Days</th>
<th>Weekend Nights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tested positive for some drug or medication</td>
<td>22.4%</td>
<td>22.5%</td>
</tr>
<tr>
<td>Illegal drugs, including marijuana</td>
<td>12.1%</td>
<td>15.2%</td>
</tr>
<tr>
<td>Medication</td>
<td>10.3%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>11.7%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>1.1%</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

November 2012...

Colorado: Amendment 64
Washington: Initiative 502
### DUlD in Colorado: Fatalities

<table>
<thead>
<tr>
<th>Crash Year</th>
<th>Total Statewide Fatalities</th>
<th>Fatalities with Operators Testing Positive for Marijuana</th>
<th>Percentage Total Fatalities (Marijuana)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>535</td>
<td>37</td>
<td>6.92%</td>
</tr>
<tr>
<td>2007</td>
<td>554</td>
<td>39</td>
<td>7.04%</td>
</tr>
<tr>
<td>2008</td>
<td>548</td>
<td>43</td>
<td>7.85%</td>
</tr>
<tr>
<td>2009</td>
<td>465</td>
<td>47</td>
<td>10.10%</td>
</tr>
<tr>
<td>2010</td>
<td>450</td>
<td>49</td>
<td>10.89%</td>
</tr>
<tr>
<td>2011</td>
<td>447</td>
<td>63</td>
<td>14.09%</td>
</tr>
<tr>
<td>2012</td>
<td>472</td>
<td>78</td>
<td>16.53%</td>
</tr>
<tr>
<td>2013</td>
<td>481</td>
<td>71</td>
<td>14.76%</td>
</tr>
<tr>
<td>2014</td>
<td>488</td>
<td>94</td>
<td>19.26%</td>
</tr>
<tr>
<td>2015</td>
<td>547</td>
<td>115</td>
<td>21.02%</td>
</tr>
</tbody>
</table>

*Fatalities Involving Operators Testing Positive for Marijuana*

**SOURCE:** National Highway Traffic Safety Administration, Fatality Analysis Reporting System (FARS)

Fatal Road Crashes Involving Marijuana Double After State Legalizes Drug

Fatal crashes involving drivers who recently used marijuana doubled in Washington after the state legalized the drug in 2012.

Source: AAA Foundation for Traffic Safety
Fatalities with presence of cannabinoids

<table>
<thead>
<tr>
<th>Marijuana Result</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Cannabinoids</td>
<td>81</td>
<td>56</td>
<td>63</td>
<td>59</td>
<td>89</td>
<td>348</td>
</tr>
<tr>
<td>Carboxy-THC</td>
<td>45</td>
<td>24</td>
<td>27</td>
<td>21</td>
<td>14</td>
<td>131</td>
</tr>
<tr>
<td></td>
<td>55.6%</td>
<td>42.9%</td>
<td>42.9%</td>
<td>35.6%</td>
<td>15.7%</td>
<td>37.6%</td>
</tr>
<tr>
<td>Any THC</td>
<td>36</td>
<td>32</td>
<td>36</td>
<td>38</td>
<td>75</td>
<td>217</td>
</tr>
<tr>
<td></td>
<td>44.4%</td>
<td>57.1%</td>
<td>57.1%</td>
<td>64.4%</td>
<td>84.3%</td>
<td>62.4%</td>
</tr>
<tr>
<td>THC &lt;5 ng/ml</td>
<td>24</td>
<td>19</td>
<td>23</td>
<td>19</td>
<td>38</td>
<td>123</td>
</tr>
<tr>
<td></td>
<td>66.7%</td>
<td>59.4%</td>
<td>63.9%</td>
<td>50.0%</td>
<td>50.7%</td>
<td>56.7%</td>
</tr>
<tr>
<td>THC ≥5 ng/ml</td>
<td>12</td>
<td>13</td>
<td>12</td>
<td>18</td>
<td>37</td>
<td>92</td>
</tr>
<tr>
<td></td>
<td>33.3%</td>
<td>40.6%</td>
<td>33.3%</td>
<td>47.4%</td>
<td>49.3%</td>
<td>42.4%</td>
</tr>
<tr>
<td>THC Result Unk</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

The challenge of polysubstance use
Drug Combinations for Operators Positive for Marijuana*, 2015

- Marijuana and Other Drugs (No Alcohol): 24%
- Marijuana, Other Drugs and Alcohol: 13%
- Marijuana and Alcohol: 30%
- Marijuana Only: 33%

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

Number of Drivers in Fatal Crashes Under the Influence of Alcohol and/or Drugs

Source: WTSC, 2016
What can states do?

Planning

• Assess your state’s drugged driving issues
• Build broad partnerships
• Create a drugged driving strategic plan
  – Example: California DUID Blueprint
  – OTS convened working groups comprised of practitioners and national experts to formulate recommendations to address various aspects of the problem (e.g., data collection, enforcement, license issues, prevention, etc.).
What can states do?

Data collection

• Collect baseline data
• Test more drivers – fatal and serious injury crashes; arrestees
• Analyze chemical samples for active THC, active and inactive metabolites
• Track DUID and DUI separately in crash, arrest, court data
• Evaluate the effectiveness of drugged driving laws
<table>
<thead>
<tr>
<th>Class of drug</th>
<th>Effects on driving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>Poor attention to tasks; time and distance perception; slower reaction time/slower braking; poor lane tracking/more steering corrections; poor speed maintenance</td>
</tr>
<tr>
<td>Depressants</td>
<td>Slower reaction time; poor attention to task; poor lane positioning; poor speed maintenance; fail to obey traffic signs</td>
</tr>
<tr>
<td>Dissociative anesthetics</td>
<td>Poor attention to task; poor reaction time</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>Slower reaction time; perceive things that are not there and react to them</td>
</tr>
<tr>
<td>Inhalants</td>
<td>Slower reaction time; fall asleep at wheel</td>
</tr>
<tr>
<td>Narcotic analgesics</td>
<td>Slower reaction time; poor lane positioning; drive slowly; fall asleep at wheel</td>
</tr>
<tr>
<td>Stimulants</td>
<td>May increase reaction time; may increase erratic/aggressive driving; possible rebound effect (sleepiness)</td>
</tr>
</tbody>
</table>
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

Drugged driving is more complicated than drunk driving.

<table>
<thead>
<tr>
<th>DRUGGED DRIVING</th>
<th>DRUNK DRIVING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number: Hundreds of drugs</td>
<td>Alcohol is alcohol</td>
</tr>
<tr>
<td>Data on Use by Drivers &amp; Crashes: Limited</td>
<td>Abundant</td>
</tr>
<tr>
<td>Use by Drivers: Increasing</td>
<td>Decreasing</td>
</tr>
<tr>
<td>Impairment: Varies by type</td>
<td>Well-documented</td>
</tr>
<tr>
<td>Crash Risk: Varies by type</td>
<td>Precise</td>
</tr>
<tr>
<td>Beliefs &amp; Attitudes: No strong attitudes – public indifferent</td>
<td>Socially unacceptable</td>
</tr>
</tbody>
</table>
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 ≠ 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.
Presence vs. Impairment: Marijuana

Concentration [ng/ml]

Time [min]

THC

11-OH-THC

THC-COOH

Inhale

N = 6
Method of ingestion matters!
STATE BY STATE:

DUID ZT or Per se for Some Drugs

AS OF APRIL 2017

Click on a color to highlight the states in that category

- Orange: Per se limit greater than zero for some drugs
- Purple: Zero tolerance for some drugs
- Magenta: Reasonable inference law with a limit greater than zero for THC

1 Pennsylvania has both a zero tolerance law for some drugs and a 1 ng per se law for THC. Pennsylvania’s 1 ng per se law is in effect a zero tolerance law*.

2 Illinois has both a zero tolerance law for some drugs and a 5 ng per se law for THC.

* This is a misinterpretation of Pennsylvania's law. Pennsylvania's zero tolerance law is for THC, not for some drugs.
“There is no BAC for THC”
What can states do?

Laws and sanctions

• Zero tolerance for illegal drugs
• Zero tolerance for drivers under 21 for all drugs
• Enhanced penalties for polysubstance use
• ALR for drugged drivers
• Mandatory screening/assessment and treatment
• Separate DUI and DUID charges
• Modify implied consent language
• Appropriations for law enforcement training
DUID Enforcement & Prosecution
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).
Is Canada ready to deal with stoned drivers?

As Canada prepares to legalize marijuana, it is totally unprepared to deal with the most dangerous side effect.
DUID detection training

• A variety of different detection strategies are available to law enforcement to identify drug-impaired drivers.

• It all begins with training:
  – 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
ARIDE

• ARIDE was created in an effort to increase education and training among patrol officers more broadly.
• Designed to bridge the gap between SFST and the DEC program in that it is an additional 16 hours of training but does not amount to the level of knowledge and training that DREs receive.
• The program trains officers to observe and identify signs of drug-related impairment.
• Can be delivered in-person or online (free of cost to interested agencies).
DRE
ENFORCEMENT EVALUATIONS
2010 – 2015

2011: 21,865
2012: 22,899
2013: 25,197
2014: 26,471
2015: 28,295
2015 DRE Enforcement Evaluation Opinions

BY DRUG CATEGORY

<table>
<thead>
<tr>
<th>Drug Category</th>
<th>Opinions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hallucinogens</td>
<td>183</td>
</tr>
<tr>
<td>Inhalants</td>
<td>201</td>
</tr>
<tr>
<td>Dissociative</td>
<td>241</td>
</tr>
<tr>
<td>Narcotic</td>
<td>8,149</td>
</tr>
<tr>
<td>CNS Depressants</td>
<td>8,430</td>
</tr>
<tr>
<td>CNS Stimulants</td>
<td>9,056</td>
</tr>
<tr>
<td>Cannabis</td>
<td>10,880</td>
</tr>
</tbody>
</table>
## DUID testing

<table>
<thead>
<tr>
<th>Testing method</th>
<th>Location</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
</table>
| 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                                                                       |
# States w/OF implied consent provisions

<table>
<thead>
<tr>
<th>Saliva</th>
<th>Oral fluid</th>
<th>Other bodily substances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>Utah</td>
<td>Arizona</td>
</tr>
<tr>
<td>Colorado</td>
<td></td>
<td>Georgia</td>
</tr>
<tr>
<td>Michigan</td>
<td></td>
<td>Illinois</td>
</tr>
<tr>
<td>Missouri</td>
<td></td>
<td>Indiana</td>
</tr>
<tr>
<td>New York</td>
<td></td>
<td>Kansas</td>
</tr>
<tr>
<td>North Dakota</td>
<td></td>
<td>Louisiana</td>
</tr>
<tr>
<td>Oklahoma</td>
<td></td>
<td>Nevada</td>
</tr>
<tr>
<td></td>
<td></td>
<td>North Carolina</td>
</tr>
<tr>
<td></td>
<td></td>
<td>South Dakota</td>
</tr>
</tbody>
</table>

17 states

Source: Walsh (2009); NMS Labs (2014); NAMSDL (2016).
Oral fluid testing

• Would provide objective data to justify a DUID arrest and to require a blood or urine sample for an evidential test.

• Pilot testing of roadside oral fluid screening is ongoing throughout the country (e.g., CA, KY, OK).

• Several states have introduced legislation to either add oral fluid/saliva language to implied consent statutes or to establish their own pilots (e.g., MI, MD).
Police in Michigan will begin testing drivers' saliva for the presence of drugs during a pilot program in five counties that began in Nov.
Future testing methods

Cannabis breathalyzers

Intelligent fingerprinting
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.

• 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.
What can states do?

Train practitioners

- Law enforcement (ARIDE and DEC)
- Prosecutors (NTLC, TSRPs)
- Judges (JOLs, National Judicial College)
- Probation (NHTSA/APPA Probation Fellow)

Testing/tools

- Develop accurate, inexpensive, and convenient roadside testing devices (e.g., oral fluid)
R.org partnered with GHSA and Shaq to provide $20,000 grants to states to increase the number of officers trained in ARIDE or certified as DREs.
CHALLENGE PUBLIC PERCEPTIONS
Perceptions of risk

- There are many common misperceptions about drugged driving, specifically marijuana-impaired driving:
  - Drugged driving is not a serious problem.
  - Some drug use does not adversely affect driving ability.
  - Some drug use improves driving ability (due to compensation strategies).
  - Driving high is a safer alternative to driving drunk.
  - Driving high isn’t illegal.
  - The likelihood of detection and apprehension for drugged driving is low.
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.
Teen perceptions

- Survey of 2,800 teens from high schools across the country and 1,000 parents of licensed teenage drivers.
- 22% of teens admit that driving under the influence of marijuana is common among their peers.
- 33% of teens perceive it to be legal to drive under the influence of marijuana in states where it is legal for recreational use; 27% of parents agree.
- 88% of teens think driving under the influence of alcohol is dangerous but only 68% think driving under the influence of marijuana is dangerous. Among parents, it is only marginally higher – 93% vs 76%.
- Overall, the study indicates that teens are receiving mixed messages.
What can states do?

**Education**

- Survey public opinions and attitudes
- Develop and implement a campaign
- Develop targeted messaging for high-risk groups
- Do community outreach
Colorado: *Drive High, Get A DUI*
Grinding one can crash the other.

Don’t drive high.
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.
A MOVEMENT TO PLAN A RIDE BEFORE YOU'RE HIGH

CDOT, LYFT, AND POT INDUSTRY HELPING SMOKERS

DENVER
R.Org: Drive Like You Give A #&%@!
California: *DUI Doesn’t Just Mean Booze*
Reinventing the wheel. Knowing *when* and *how*. 

**HOW DO WE SOLVE THIS PROBLEM?**
Drunk driving fatalities have declined 50% from 1982 to 2016.
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
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
AAA studies: https://www.aaafoundation.org/impaired-driving-and-cannabis
**Policy Options**

**Establish a state task force to address DUID.**
Include every facet of the DUI system, including advocacy groups and other interested parties, to create a strategic plan to prevent and reduce DUID.

**Provide more tools to law enforcement.**
- Provide funding to train officers (DRE/ARIDE).
- Launch an oral fluid pilot program to identify DUID drivers effectively and efficiently.

**Establish enhanced penalties for polysubstance-impaired driving.**
Drugs used in combination or with alcohol cause greater impairment and heighten crash risk. This justifies tougher sanctions similar to those in place with drivers who have high blood alcohol concentrations (BACs of .15+).

**Require treatment if indicated by an assessment.**
Tie treatment completion to re-licensing as a condition of probation.

**Increase the number of DUI or hybrid DUI/Drug Courts.**
Increase the number of DUI or hybrid DUI/Drug Courts in your state to deal with the highest-risk offenders (e.g., repeat offenders). These programs are highly effective in reducing recidivism and saving costs.

**Improve your state’s DUID data collection.**
- Mandate alcohol and drug testing of all fatally-injured drivers.
- Encourage alcohol and drugs testing for surviving drivers in fatal and serious-injury crashes.
Create parity in sanctions between DUI and DUID where appropriate.

Many states have unequal penalties for DUI and DUID.

Separate DUI and DUID statutes.

It is important to accurately quantify alcohol, drug, and polysubstance-impaired driving and not report all three as a single behavior.

Mandate screening and assessment.

All impaired drivers need substance use and mental health disorder screening/assessment to identify underlying causes of offending and to reduce recidivism.

Ensure that the language in your DUID statute is broad enough.

Ensure that the language in your DUID statute is broad enough to include inhalants and emerging synthetic/designer drugs.

Establish a zero tolerance law for all drugs, including marijuana, for drivers under the age of 21.

Impairment plus inexperience increases youth crash risk relative to other age groups. This law establishes parity with existing zero tolerance laws for alcohol for drivers under the age of 21.

Additional Sources

For more information about DUID, refer to Drug-Impaired Driving: A Guide for What States Can Do, produced by the Governors Highway Safety Association (GHSA) with funding from Responsibility.org. It summarizes the state of knowledge on DUID and identifies state actions to address the problem.
QUESTIONS?
Erin Holmes
Director, Traffic Safety
Foundation for Advancing Alcohol Responsibility
erin.holmes@responsibility.org
(202) 445-0334