

Minnesota TZD Statewide Conference

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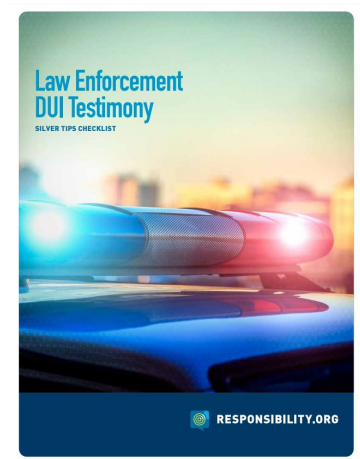
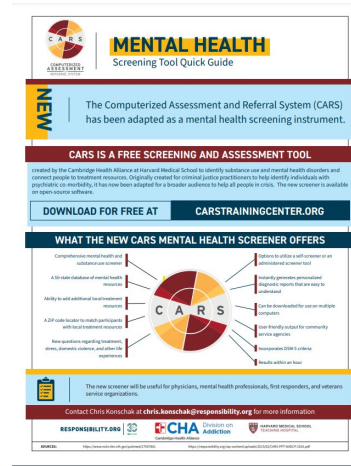
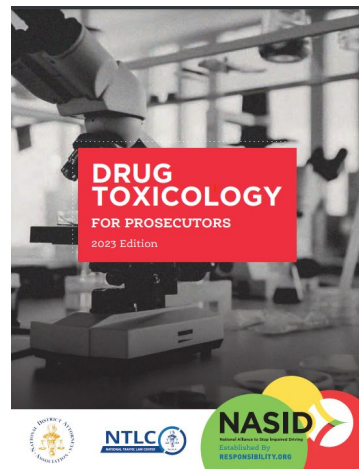
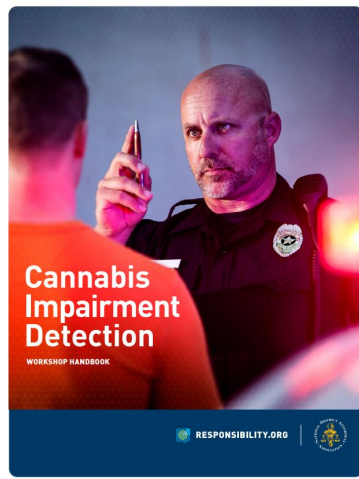
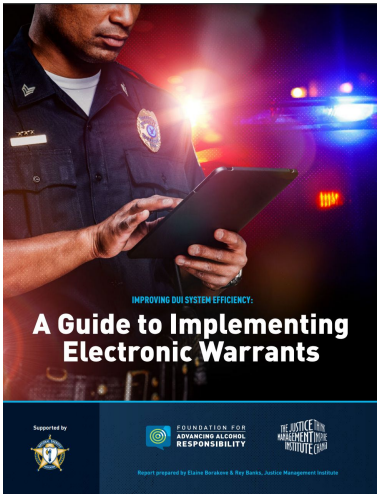
RESPONSIBILITY.ORG



- RESPONSIBILITY.ORG AND NASID
- THE SCOPE OF THE DUID PROBLEM
- TROUBLING DRUGGED DRIVING DATA
- SOLUTIONS: RESOURCES AND TOOLS FOR EDUCATION/
PREVENTION/DETECTION/APPREHENSION
- ORAL FLUID COLLECTION
- GREEN LABS
- NEXT STEPS

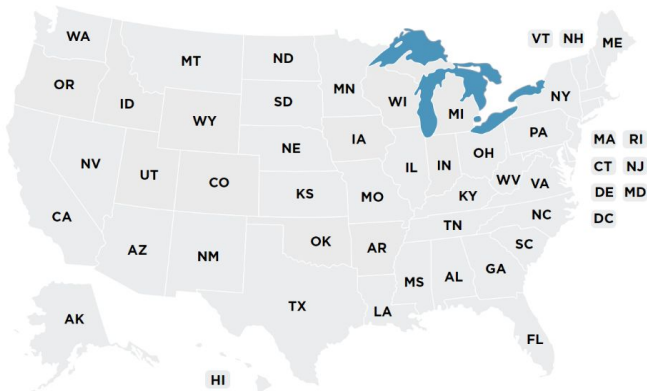
Responsibility.org





State Laws

SELECT A STATE on the map below to view statistics about and laws relating to impaired driving.



Home > End Drunk Driving > More Pages in This Section

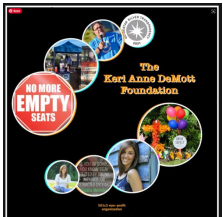
End Drunk Driving



National Alliance to Stop Impaired Driving (NASID) Members



Allied Members:



2007 and 2014 National Roadside Survey Results

- ❖ 3,276 blood and oral fluid paired samples collected VOLUNTARILY from drivers
 - ❖ Not stopped for a driving offense
- ❖ 16.3% of drivers tested positive for drugs
 - ❖ Almost 50% for THC
- ❖ Paired positive samples in both blood and oral fluid
 - ❖ **97.1% CORRELATION RATE FOR PAIRED SPECIMENS**

Oral fluid is a viable alternative to blood, providing similar information on drug intake

- **2014 National Roadside Survey:**
 - 15.2 % tested positive for illicit drugs.
 - 7.3% tested positive for the presence of prescription OTC meds
 - 12.6% tested positive for THC, a 48% increase from the 2007 NRS

NHTSA – Alcohol and Drug Prevalence



Alcohol and Drug Prevalence Among Seriously or Fatally Injured Road Users

Overall, **55.8%** of the injured or killed roadway users tested positive for one or more drugs (including alcohol) on this study's toxicology panel. The most prevalent drug category detected was cannabinoids (active THC) with **25.1%** positive, followed by alcohol (**23.1%**), stimulants (**10.8%**), and opioids (**9.3%**).

XYLAZINE (TRANQ) IN PHILADELPHIA





Alcohol Data:

- 100 + YEARS OF RESEARCH – WE KNOW THE EFFECTS ON THE BODY
- PER-SE OF .08 BASED ON SCIENCE
- IT IS ONE SINGULAR SUBSTANCE
- STANDARDIZED TESTING AND REPORTING

- WHAT WE KNOW WITH CERTAINTY – FATALITIES IN CRASHES INVOLVING ALCOHOL IMPAIRED DRIVING CONTINUE TO REPRESENT 1/3 OF TOTAL FATALITIES IN THE UNITED STATES!!

Drug Impaired Data:



- Historically, much less research on drug impaired driving compared to alcohol.
- Hundreds of impairing drugs and poly-substance use
- Complicating the issue is the difference between presence and impairment.
- Differences in definitions: Per se limits vs any amount, vs impairing amount.
- Lack of data: Who is tested?- Some officers or labs fail to test for drugs if the motorist has a BAC at .08 or above.
- Insufficient number of DRE and/or ARIDE trained officers.
- Poor drugged driving laws in states (ie. NY/FL - need to name the impairing substance to charge).
- Inconsistency – Drug panel being tested for, cutoff levels, delay in sample collection, etc
- **NO CERTAINTY/UNIFORMITY WITH STATE OR NATIONAL DRUGGED DRIVING DATA**

Components of a Comprehensive Impaired Driving Program

- Specialized Training:
 - Standardized Field Sobriety Testing (SFST)
 - Advanced Roadside Impaired Driving Enforcement (ARIDE)
 - Drug Recognition Expert (DRE)
 - Prosecutor Training (TSRP)
 - Judicial Training (JOL)
 - Toxicology Training (RTL)

Components of a Comprehensive Impaired Driving Program

Update DUI laws

- Inclusion of breath, blood and oral fluid in implied consent laws for field screening and evidential testing
- Work with cannabis regulatory agency -Require warning labels on cannabis products re: impairing effects and try to secure funding for highway safety in cannabis laws
- Require tox labs to adopt standard testing protocols- At a minimum test for all tier 1 substances
- All offender IID Laws

Green Labs

Expanded Drug Testing For Impaired Drivers

Law Enforcement Phlebotomy

Components of a Comprehensive Impaired Driving Program

- UTILIZE EFFECTIVE TECHNOLOGY
 - All offender Ignition Interlocks
 - Ocular Data Systems and Evidence Recorders
 - Continuous Alcohol Monitoring
 - The DRE Tablet App
 - DRE Callout App
 - Electronic Warrants
 - Computerized Screening and Assessment Tools
 - Oral Fluid Technology

How Can Roadside Oral Fluid Testing Improve Drugged Driving Data and Improve DUID Investigations?



Countries that have implemented oral fluid testing

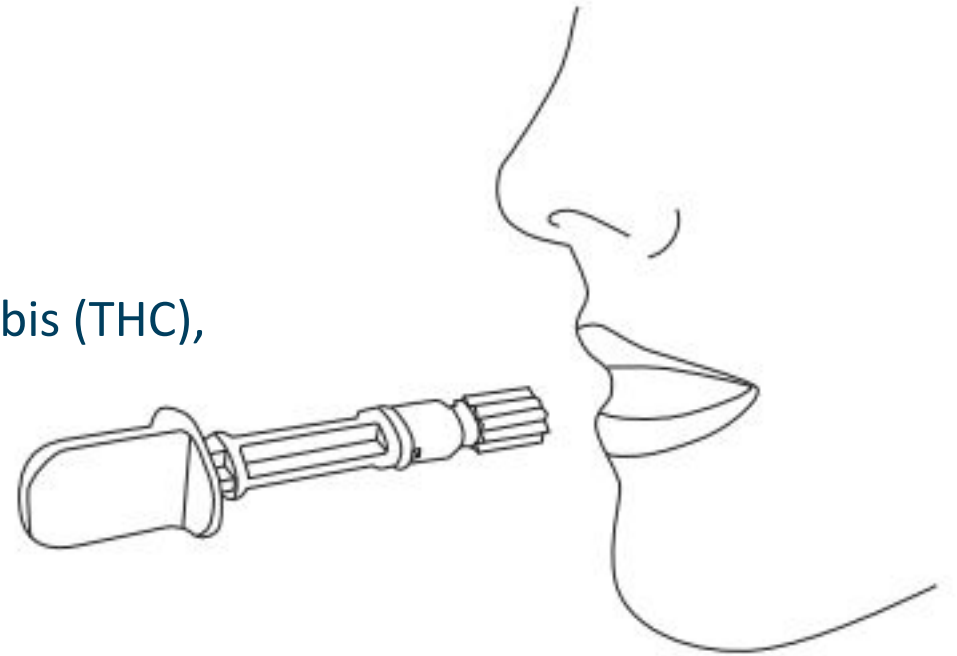
- ❖ Australia: THC, Methamphetamine
- ❖ Canada: THC, Cocaine, Methamphetamine
- ❖ Argentina, Austria
- ❖ Belgium, Brazil
- ❖ Chile, Columbia
- ❖ France, Germany
- ❖ Ireland, Italy
- ❖ Netherlands, New Zealand
- ❖ Poland, Portugal
- ❖ South Africa, South Korea
- ❖ Spain, Sweden
- ❖ Turkey, UAE
- ❖ United Kingdom (arrests up 600% since implementation in 2015)
- ❖ Vietnam
- ❖ United States

States that have implemented or are preparing to implement roadside oral fluid testing

Alabama	Kansas	Nevada	Wyoming
Alaska	Kentucky	North Dakota	
Arkansas	Maryland	Ohio	
Arizona	Michigan	Pennsylvania	
California	Minnesota	South Dakota	
Connecticut	Mississippi	Tennessee	
Georgia	Missouri	Utah	
Illinois	Montana	Virginia	
Indiana	New York	Wisconsin	

Oral fluid screening technology

- Analyzers use lateral flow immunoassay technology.
- Simple and quick collection process.
- Most devices test for common drugs of abuse (e.g., cannabis (THC), cocaine, amphetamines, methamphetamines, opioids, benzodiazepines).
- Use pre-set cut-off levels for each drug.
- Rapid screening results in minutes.
- Ability to print results (e.g., to attach to arrest reports); device can store results (including date/time).
- Technology has built-in quality checks and procedures.



Screening vs. Confirmation testing

Oral fluid screening	Confirmation test
Investigative tool used to support probable cause	Evidential test
Sample collected at roadside	Sample collected post-arrest (unless evidential OF)
Analysis conducted at roadside	Analysis conducted in forensic laboratory
Limited test panel (6+ drugs)	Significantly larger test panel (lab dependent)
Qualitative result (+/-)	Quantitative result (ng level)
Real-time information	Analysis can take months
Not used in court proceedings	Key piece of evidence in court proceedings

Glossary of Terms

CUTOFF

- This is the decision point that differentiates a test result as being either positive or negative.
- The cutoff for a test is given as a defined drug concentration.
- Cutoff levels vary by manufacturer

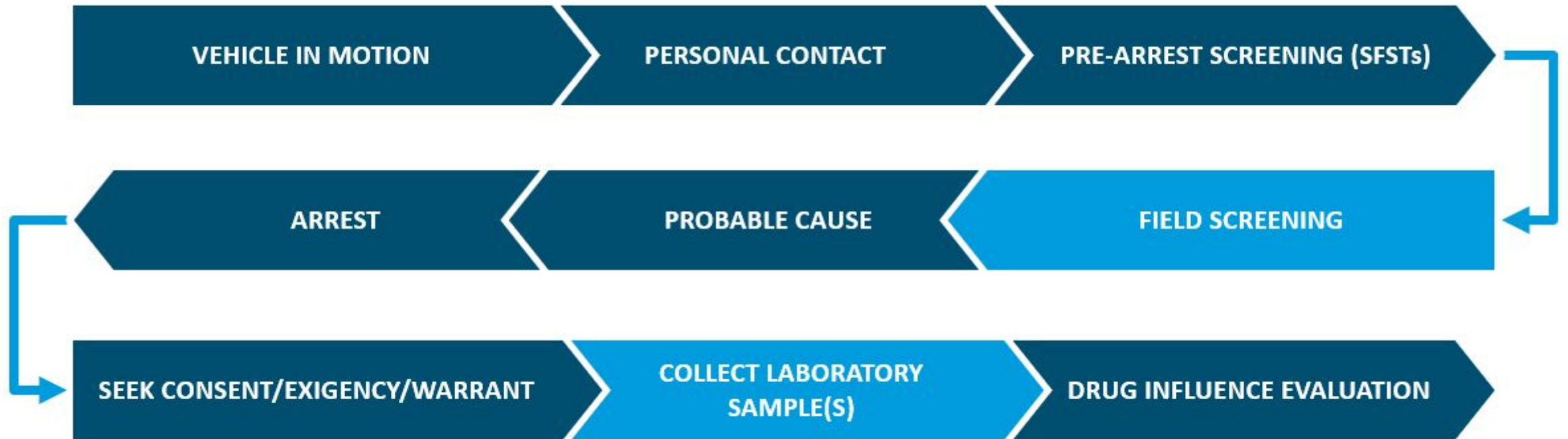
Drug Group	Target Compound	Cutoff (ng/mL)
Amphetamine	(S)-Amphetamine	50
Benzodiazepine	Temazepam	20
Cannabis	Delta-9-THC	25
Cocaine	Benzoylcegonine	30
Methamphetamine	(S)-Methamphetamine	50
Opiates	Morphine	40



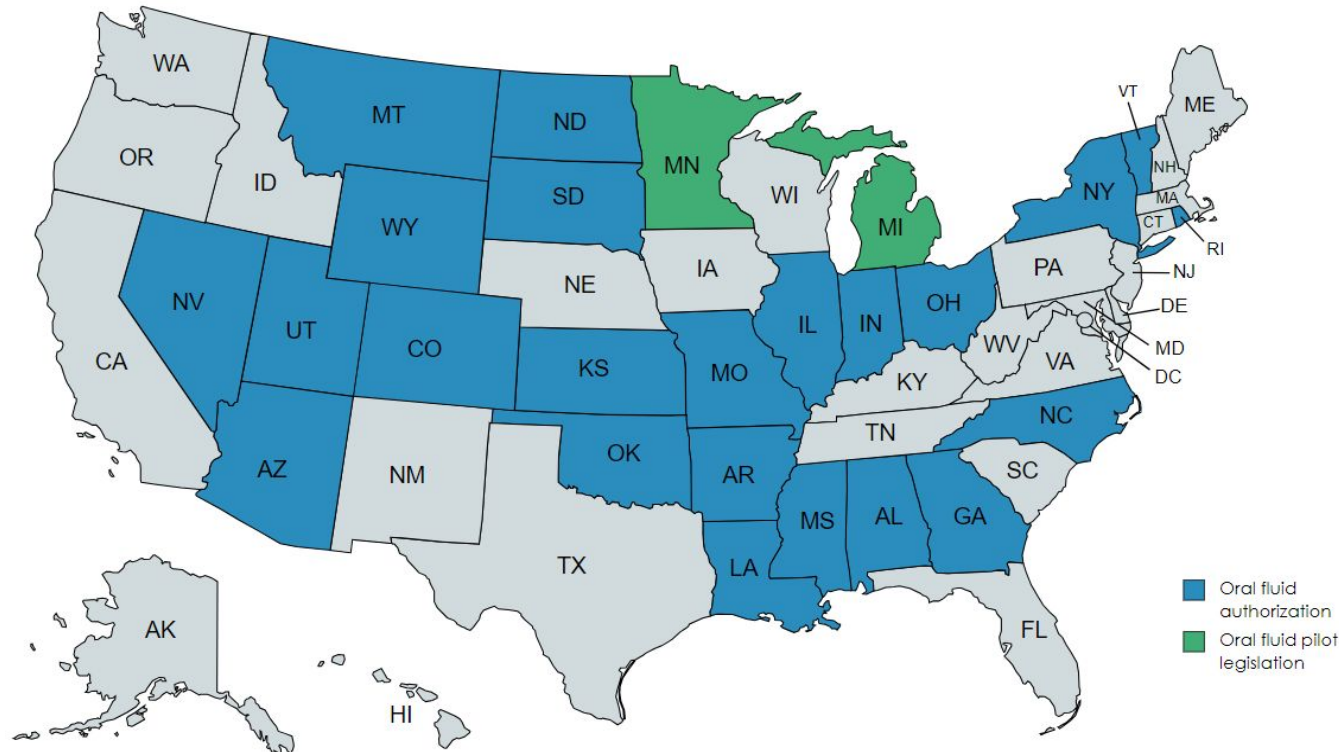
Advantages of roadside Oral Fluid drug testing

- ❖ A reflection of free drug circulating in the blood
- ❖ Sample taken proximate to traffic stop
- ❖ No medical personnel required for collection
- ❖ Parent drug detection shows recency of use
- ❖ Aid the investigative process – help establish probable cause
- ❖ Enhances public safety
- ❖ Creates general deterrence

Impaired driving investigation: Oral Fluid Screening



Current policy landscape: Oral fluid authorization



- 23 states have some form of oral fluid statutory authorization.
- 2 states (MI, MN) enacted pilot legislation.
- Approaches to policy vary – implied consent, preliminary testing, pilot/standalone law.
- Passing a law is phase 1.
- Shift away from pilots and studies toward phased implementation approach.

Proprietary and confidential — do not distribute

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Roadside programs: Pathways to implementation

Established via legislation and funded by the **STATE LEGISLATURE**.

(e.g., Michigan, Minnesota)

Established and funded by a **STATE HIGHWAY SAFETY OFFICE** (program implemented by law enforcement agencies).

(e.g., Arizona, Indiana)

Launched by a **LAW ENFORCEMENT AGENCY**.

(e.g., California, Illinois, Montana)

Established by a **STATE AGENCY** (e.g., forensic laboratory) in coordination with law enforcement agencies and other partners.

(e.g., Alabama)

Phase I: Michigan Pilot Program

- Counties that participated: Berrien, Delta, Kent, St. Clair and Washtenaw
- 31 DREs participated
- **92** oral fluid roadside tests conducted, with one refusal
 - 100% accuracy for: AMP, MAMP, OPI
 - 85.71% accuracy for: BZO, COC, THC
- Michigan State Police (MSP) pilot study concluded:
 - Oral fluid has been found to be ***accurate for purposes of preliminary roadside testing.***



Successful Implementation - ALABAMA

Journal of Analytical Toxicology, 2023, 00, 1–9
DOI: <https://doi.org/10.1093/jat/bkad051>
Advance Access Publication Date: 1 August 2023
Article

OXFORD

Implementation of the First Comprehensive State Oral Fluid Drug Testing Program for Roadside Screening and Laboratory Testing in DUI cases—A 5-Year Review

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Abstract

Oral fluid (OF) is a valuable specimen for driving under the influence of drugs (DUI) applications. This study demonstrates the implementation of the first comprehensive OF drug testing program in the United States, including approved roadside screening OF devices for law enforcement and validated liquid chromatography–tandem mass spectrometry (LC–MS–MS) confirmation methods. Three roadside OF screening devices were evaluated: the Dräger DrugTest® 5000, Abbott SoToxa®, and Randox Evidence MultiSTAT™. Two qualitative LC–MS–MS confirmation methods were validated per ASB Standard 036. The first method utilized an automated dispersive pipette extraction extraction using Integra and Hamilton STARlet platforms for drugs of abuse. The second method used a liquid–liquid extraction to detect cannabinoids. The prevalence of drugs in blood and OF was monitored over 5 years of casework. Calibration curves were analyzed with each batch to monitor OF concentrations for research purposes. Three roadside OF screening devices were deemed fit for purpose. Devices demonstrated appropriate sensitivity, specificity, positive and negative predictive values, and accuracy above 90%. The validated LC–MS–MS confirmation methods demonstrated appropriate sensitivity, specificity, positive and negative predictive values, and accuracy above 90%.

- Oral fluid is a valuable specimen for DUI testing
- Over 5 year study THC and cocaine were detected at a positivity rate of 90% and 97% in OF vs 75% and 44% in blood.
- All tested devices had performance rates exceeding 90% and FP and FN rates were 2% and 7% respectively.
- Strong support from the DRE program, TSRP, local attorneys and judges, and tox lab created an environment for success.



Indiana Oral Fluid Program

Indiana Criminal Justice Institute

ICJI

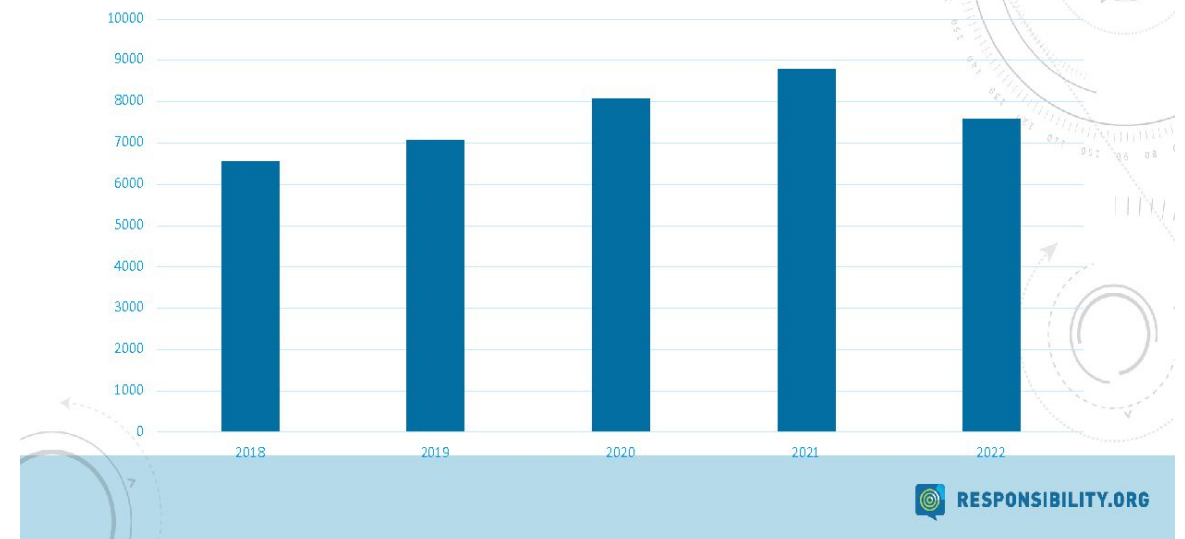
THE INDIANA STORY:

- 2020 – 80 analyzers issues to LE
 - Emphasis in urban areas of Indiana – 110 Uses
- 2021 – Heavy focus on training and data collection
 - 200 analyzers with 879 Uses
- 2022 – Equal Usage b/t urban and rural areas in Indiana
 - Increased focus on ARIDE – 782 Uses
- Since 2020 – over 3,000 tests
 - Poly positive – 47 Percent of Cases
 - THC Positive - 67 Percent of Cases

Indiana: Benchmark for success

- Significant increase in submissions to lab for drug analysis:
 - **61** of **92** (78%) of counties increased submissions by **15%** or more.
 - **42** of **92** (46%) of counties increased submissions by **50%** or more.
 - **71.1%** of submissions positive for one or more drugs (6,246 vs. 6,720).
 - THC positives increased from **40.4%** in 2019 to **53.4%** in 2021 (+13%).

Drug Sample Submissions to State Lab



ARIDE Training in Indiana

Courses	Courses	Agencies Represented	Attendees
2018	17	63	198
2019	7	32	81
2020	4	24	63
2021	14	81	235
2022	24	160	471

Crawfordsville, Indiana

Lt. Matthew Schroeter

- 2019 - 61 OWI arrests (2 ARIDE trained)
- 2020 - 86 OWI arrests (5 ARIDE trained)
- 2021 - 116 OWI arrests (10 ARIDE)
- 2022 - 129 OWI arrests (15 ARIDE trained)
- 2023 - 112 OWI arrests (20 ARIDE trained)
- 2023 - 192 projected OWI arrests
- FATALS DOWN 13% FROM 2022-2023

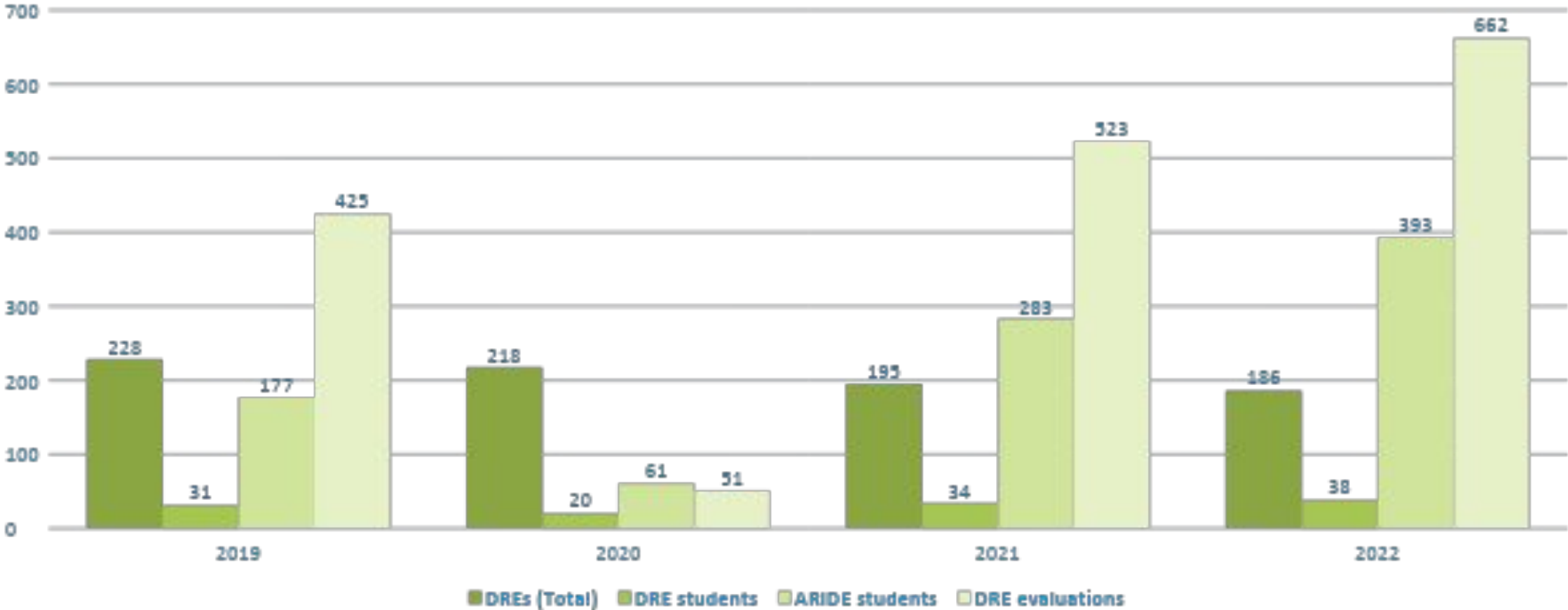
ARIDE Training in Indiana

“Since attending ARIDE in 2022, my OWI arrest rate went up 67% just in that year alone prior to the previous year. I am on track to have an additional 20% increase this year. ARIDE saves lives and I highly recommend every officer to attend ARIDE at least every two years to stay sharp with OWI Investigations as it is a perishable skill.”

Johnathan R. Wells - Martin County Sheriff's Office

Oral fluid screening supports the DRE program

Indiana DRE Program and ARIDE training (2019-2022)



Additional Tools: Oral Fluid Testing

“We first received the Oral Fluid Testing units in the fall of 2020. From 2019 to 2020 we saw a 210% increase in DRE evaluations. From 2020 to 2021, we saw an additional 153% increase in DRE evaluations (first full year of Oral Fluid Testing). For the 3.5 years we have been using Oral Fluid Testing, we have seen a 228% increase in DRE evaluations when compared to 2019.”

Sgt John Kreiger – Fort Wayne Police Department

Additional Tools: Oral Fluid Testing

“In the 3 years prior to Oral Fluid Testing, I averaged 2.4 calls a year for evals. In under 2 years of having Oral Fluid Testing, I am currently averaging 8 calls for evals a year.”

Even on negative results, we’re getting calls. The mere fact that the officer saw impairment and took that step to confirm the impairment was by drug, caused them to feel more confident in calling a DRE out even though it was negative.”

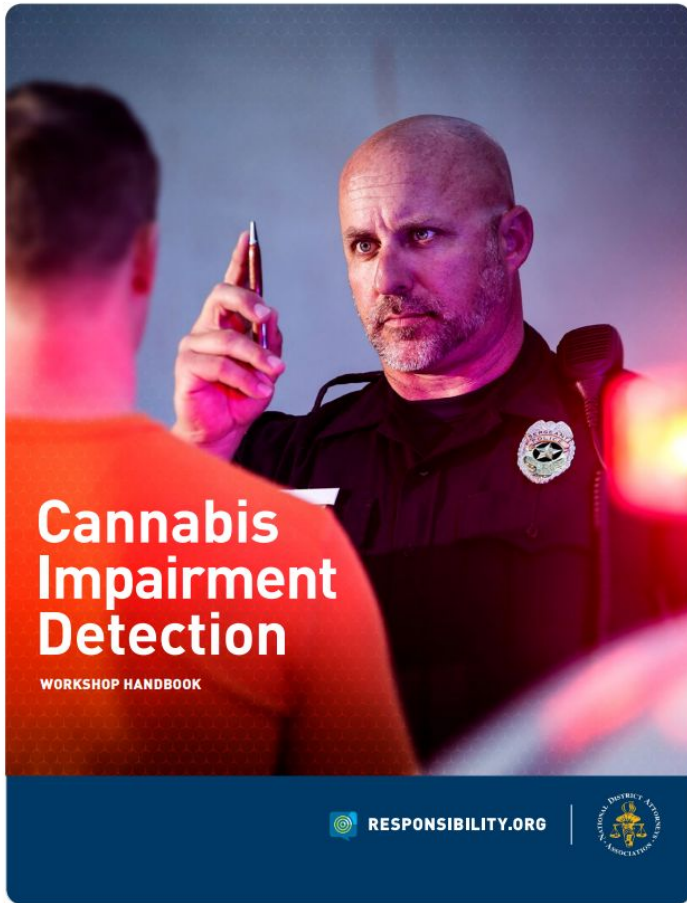
Matthew Kling – Angola Police Department

DEVELOPING A COMPREHENSIVE ORAL FLUID PROGRAM:

1. WHO IS COORDINATING THE PLAN FOR THE STATE? NAME A STATEWIDE COORDINATOR.
2. ESTABLISH A POC FOR THE LE AGENCY.
3. DEVELOP STANDARD OPERATING PROCEDURES.
 1. When QC checks will be done?
 2. When in the investigation to run a test and how.
 3. How often will data be transferred to state coordinator?
 4. Will you tell DRE the roadside result or just that it was positive?
4. WHO IS CHARGED WITH TRAINING?
5. WHO IS COLLECTING AND ANALYZING DATA AND WHAT DATA DOES CALIFORNIA WANT TO COLLECT?



GREEN LABS - Cannabis Impairment Detection Workshop



Maryland Green Lab



WJZ

CBS NEWS
BALTIMORE

70° 6:00 PM

LECTROCUTED ON BALTIMORE METRO TRACKS

Green Labs



- Planning is critical
 - Stakeholder Engagement (Public meetings/Media interviews)
 - Law Enforcement or Industry
 - Legal and Liability – Involve your attorneys and know your laws
 - Location – Know your laws, large enough space for breakouts
 - Funding for the lab – Cast a wide net and get what you can for free
 - Medical personnel on site
 - Securing Product – Utilize dispensaries
 - Food and beverage

Green Labs

- Be prepared to answer these questions:
 - Is it illegal to consume in a government-owned building? If yes, is there an exception for training?
 - Is there a no-smoking policy for the building?
 - Is there a no drug-use policy for the building?
 - If using a non-government building, do you need permission to dose on their property, outside, in a tent?
 - Is there a location for medical personnel to be on site?





Green Labs

- Plan – Plan – Plan
 - Outline the day's events and be transparent so everyone knows what to expect – How the day will flow
 - While consumers are dosing in one room with instructors, plan educational sessions for students in another room.
 - Intro and SFST Review
 - ARIDE signs and symptoms of cannabis impairment
 - TSRP or Toxicology review
 - Cannabis trends
 - Types of cannabis
 - Routes of administration
 - Dosage amounts

Green Labs

- Additional Considerations
 - Pre-testing of subjects
 - Track dosages
 - Think about type and variety of product to include alcohol, vaping, edibles, smokeable products
 - Document everything
 - Get the right subjects – Frequent and occasional consumers – Build trust and utilize dispensaries to get subjects
 - Avoid new users – unpredictable
 - Utilize forms in the handbook



Green Labs

- Post Workshop Q & A Session
 - Instructor led – 30-45 minutes
 - Have consumers in front of room and students in audience
 - Review each case – What did students observe? Would you have made an arrest?
 - Then describe the consumer, what they consumed? How did they consume? etc..
 - Allow consumer to speak about their experience.
 - Discuss lessons learned
 - Opportunities for improvement
 - Ensure safe rides home and to be in the care of an adult for 8-24 hours



Next Steps:

- DOWNLOAD AND UTILIZE THE NHTSA DRUG IMPAIRED DRIVING CRIMINAL JUSTICE TOOL.
<https://www.nhtsa.gov/document/drug-impaired-driving-criminal-justice-evaluation-tool>
- Review and Implement NASID Solutions
<https://nasid.org/solutions/>
- Hold an Oral Fluid Summit and Create an OF Working Group
- Review OF educational documents (ie. AAA) and reports from pilots
- Implement a program- Secure Oral Fluid Analyzers and test kits and incorporate into HVE
- Conduct a Green lab that incorporates oral fluid testing





- Ensure that oral fluid testing is an available option for law enforcement. **Implied consent laws should extend to drugs** and support the collection of blood and/or oral fluid for drug testing and include the collection of a specimen or specimens for multiple tests.
- Authorize and encourage law enforcement officers to **collect and test specimens for drugs** on all DUI/DUID arrestees (when probable cause exists) **even if BAC is .08 or greater.**
- Authorize and **encourage drug testing for all surviving drivers** in fatal crashes when there is probable cause that impairment was a factor.
- Enact laws and/or implement policies **mandating drug testing** and reporting of results for **all fatally injured drivers.**

IT TAKES A VILLAGE TO SOLVE THE PROBLEM



Just like the Safe System Approach, it will take all of us to solve the problem of drugged driving

The solutions are out there if we just take the time to look and work together in concert

There is no silver bullet but combined, each action will lead to fewer deaths on our roadways from impaired driving!

Oral Fluid technology and Green Labs are tools that should be added to your larger impaired driving program

Thank you for your time and attention!!!

