

UPCOMING TRAININGS & CONFERENCES

A full list of NDA A's virtual learning sessions is available at
ndaa.org/training-courses/.

**NDA A's Mastering Masking Digital Course/
On Demand Training (CLE Available)**
ndaa.org/training/mastering-masking-2/

**NDA A's Human Trafficking and the Impact on
Commercial Driver's Licenses/On Demand Training**
ndaa.org/training/human-trafficking-and-the-impact-on-commercial-drivers-licenses/

**NDA A's Prosecuting DUI Cases Online Course/
On Demand Training (CLE Available)**
ndaa.org/training/prosecuting-dui-cases/

**NDA A's Investigation and Prosecution of Drug-Impaired
Driving Cases Online Course/On Demand Training
(CLE Available)**
ndaa.org/training/on-demand-learning-investigation-and-prosecution-of-drug-impaired-driving-cases/

**Streamlining Justice with Artificial Intelligence
(Live Webinar—Free for Members and Non-Members)**
Sponsored by NICE
 February 22, 2024 @ 2:00 p.m. ET

RESOURCES

Impaired Driving Resources
ndaa.org/programs/ntlc/

CDL-Related Resources
ndaa.org/programs/ntlc/commercial-drivers-license/

NDA A STAFF

Executive Director **Chief Operating Officer**
 Nelson O. Bunn, Jr. Christine Mica

Vice President, Education & Engagement
 Lorena Vollrath-Bueno

THE NATIONAL TRAFFIC LAW CENTER

Director
 Joanne E. Thomka jthomka@ndaajustice.org

Senior Attorneys
 M. Kimberly Brown mkbrown@ndaajustice.org
 Jim Camp jcamp@ndaajustice.org

Staff Attorneys
 Erin Inman erinman@ndaajustice.org
 Bella Truong btruong@ndaajustice.org

Coordinator, Education & Engagement
 Hannah Dickmyer hdickmyer@ndaajustice.org

The National Traffic Law Center is a division of the National District Attorneys Association. This document was prepared under Cooperative Agreement Number 693JJ91950010 from the U.S. Department of Transportation National Highway Traffic Safety Administration. Points of view or opinions in this document are those of the authors and do not necessarily represent the official positions or policies of the Department of Transportation or the National District Attorneys Association.



Volume 32, Issue 2 | February 2024



The National Alliance to Stop Impaired Driving Established by Responsibility.org

By Darrin Grondel

In Michigan's upper peninsula on March 20, 2013, a log truck driver ran a red light, striking and killing Thomas and Barbara Swift in the intersection. Thomas died on impact; Barbara succumbed to her injuries three days later. The truck driver did not have the training and experience required to obtain a proper license to drive the commercial motor vehicle and, in fact, his regular driver's license was suspended at the time of the crash. Additionally, he was reportedly driving recklessly prior to the crash and, most importantly, he was driving while under the influence of cannabis.

Tom and Barbara's son, Brian Swift, embarked on a journey of change to address impaired driving laws in his home state of Michigan. Having worked in politics for many years, he formed a small coalition of key stakeholders who helped pass Michigan Public Act 242 and 243 in 2016, affectionately known as the

Thomas and Barbara Swift Act. These two acts authorized a pilot study for law enforcement officers to use roadside oral fluid screening in five counties and, a year later, authorized the use for all Michigan counties. With the coalition's success, the members wanted to expand their reach and capacity, hence the genesis for the National Alliance to Stop Impaired Driving. Brian currently serves as the NASID spokesperson.



The National Alliance to Stop Impaired Driving ([NASID](#)) is a broad coalition of members, established and led by the Foundation for Advancing Alcohol Responsibility (also known as [Responsibility.org](#)), with the common goal to eliminate all forms of impaired driving, especially multiple substance impaired driving, through effective and proven measures such as DUI system reform, DUI detection, enhanced toxicology testing, and improved use of data and technology. Our [members](#) and allied members include a broad array of public and private organizations and various disciplines dedicated to preventing impaired driving.¹ NASID members include law enforcement, prosecutors, judges, toxicologists, academics, safety advocates, and other industry leaders.

NASID provides national leadership in identifying and promoting solutions to impaired driving, including expanded chemical testing among impaired drivers, training for criminal justice practitioners, toxicology lab capacity improvements, and programs to increase the likelihood of recovery, and reductions in recidivism. NASID's work also includes state and federal advocacy efforts, public awareness and education, and state implementation of evidenced-based programs.

Data Drives the Narrative

In traffic safety, data drives the narrative. Tragically, fatalities in US traffic crashes climbed to 42,939 in 2021, a 10% increase from 2020 and is the highest number of traffic fatalities since 2005.² While still waiting for the final 2022 Fatality Analysis Reporting System (FARS) numbers to be published, early projections are not promising.³ Historically, police-reported alcohol-involved crashes account for 33% of the total. In 2021, this causal factor rose 14% from 11,718 in 2020 to 13,384 in 2021 according to the National Highway Traffic Safety Administration.⁴

The increase in drugged driving, particularly polysubstance impaired driving, requires focus and prioritization at all levels.

Alcohol impaired driving will always be a priority for NASID and Responsibility.org, however, the increase in drugged driving, particularly polysubstance impaired driving, requires focus and prioritization at all levels. According to the National Highway Traffic Safety Administration's 2021 FARS data:

- 24% of fatal crashes involved drugs, where at least one driver involved tested positive for drugs.
- 60% of drug-positive driver fatalities, involved a driver who tested positive for drugs but not alcohol, and 40% were positive for both alcohol (BAC=.01+) and at least one other drug. Additionally, 33% of drug-positive driver fatalities involved an alcohol-impaired driver.
- 18% of driver fatalities involved a driver who tested positive for two or more impairing drugs.

¹ The National District Attorneys Association is an Allied Member and it does not advocate nor lobby for legislation in this membership capacity.

² Stewart, T. (2023, April). *Overview of motor vehicle traffic crashes in 2021* (Report No. DOT HS 813 435). National Highway Traffic Safety Administration.

³ See National Center for Statistics and Analysis. (2023, April). *Early estimate of motor vehicle traffic fatalities in 2022* (Crash Stats Brief Statistical Summary. Report No. DOT HS 813 428). National Highway Traffic Safety Administration; this report forecasts only a marginal decrease in fatalities for 2022 of about 0.3%.

⁴ National Center for Statistics and Analysis. (2023, June). *Alcohol-impaired driving: 2021 data* (Traffic Safety Facts. Report No. DOT HS 813 450). National Highway Traffic Safety Administration.

NASID Priorities and Strategic Planning

Officially organized in July 2021, NASID hosted its first conference that summer. During the panel discussions, NASID members and conference attendees identified a number of priorities and recommendations for the NASID national strategic framework. The following themes emerged:

- Prioritization of multiple substance impaired driving
- Data challenges and gaps
- Roadside testing with field sobriety tests and other emerging technologies
- Expanding toxicology testing and lab capacity
- Educating policy makers and other key stakeholders on the issues of multiple substance impaired driving
- Focus and support for impaired driving enforcement.⁵

NASID's National Strategic Framework focuses on nine areas, each including goals for improvements and recommendations for the development of new resources. The following are a sample of the NASID framework's priorities, along with a sample of their stated goals:⁶

- Training
 - Support partners' training programs and efforts
 - Develop resources addressing multiple substance impaired driving
 - Promote resources developed in with partners
- Toxicology
 - Promote National Safety Council (NSC) recommendations for standardization for toxicology for DUI cases
 - Develop a judicial and toxicology training program
- Oral Fluid
 - Develop a best practice guide for states' oral fluid policy
 - Establish an oral fluid legislative guide and presentation one-pager
- Behavior
 - Research effective messaging to communicate the dangers of drugs to users/consumers for each classification of drugs in the Drug Evaluation and Classification Program (DECP) as well as for prescription and over-the-counter medications.

Solution Goals

Impaired driving is the only crime where an investigation ceases once minimal evidence is obtained. This results in many multiple substance-impaired drivers going undetected. Currently, the policies and protocols at many state and local level law enforcement agencies prevent drug testing when an impaired driver has a blood alcohol concentration (BAC) at or above the legal limit of .08 BAC and the driver is only charged with an alcohol-impaired driving offense. Drug use is usually only investigated when alcohol is ruled out as the cause of impairment or the impairment does not correspond with the driver's BAC level.

⁵ For a complete list of priorities and goals, please visit nasid.org/framework/, last accessed February 6, 2024.

⁶ *Id.*

It is critically important to test suspected impaired drivers for both alcohol and drugs in order to better identify the dangerousness of the offense and ensure the offenders are appropriately screened, assessed, sentenced, and treated in a way that positions them for rehabilitation and reduces future DUIs. Additionally, the failure to identify multiple substance and drug-impaired drivers can lead to negative outcomes. For example, the lack of drug testing leads to under-reporting of the problem and limits the overall understanding of the drug-impaired driving issue, thereby preventing informed decision-making on policy and resource allocation. Furthermore, the 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 an offenders' risk and needs. Unless drug use is identified at the outset of the case, offenders are unlikely to be subject to any drug monitoring and/or treatment, creating a missed opportunity to intervene and make informed offender supervision and treatment decisions that would reduce repeat DUIs.

To improve drug detection, a comprehensive approach should be implemented in order to identify drug and multiple substance impaired drivers, promote accountability and behavior change including:

- **Increase specialized law enforcement training.** Most law enforcement officers are trained to identify alcohol-impaired drivers, but many do not receive specialized training to identify the signs and symptoms of drug or multiple substance impairment. A complete investigation for drug-impaired driving requires an evaluation by a drug recognition expert (DRE). The nation needs more drug recognition experts, especially in rural areas and areas with smaller police and sheriff's departments. Advanced Roadside Impaired Driving Enforcement (ARIDE) training is the bridge between Standardized Field Sobriety Test (SFST) training and DREs. The greater the number of ARIDE-trained officers, the more likely that drug and polysubstance-impaired drivers will be identified and DREs will be called upon to perform drug evaluations.
- **Expand drug testing for impaired drivers.** Oral fluid tests are reliable and identify the presence of the most common categories of drugs. They are easy to administer in the field and provide quick results. They have a short detection window which captures recent as opposed to historical drug use. Michigan and Alabama both have statewide programs and more jurisdictions are beginning to implement largescale oral fluid pilots or permanent programs as opposed to smaller county pilots. These tests are not currently used for evidential purposes in the United States and a blood test remains the gold standard for evidence in court. Expanded testing will strengthen DUI investigations and provide vital information to make appropriate sentencing, supervision, and treatment decisions. If drug use is not identified, the majority of these individuals are unlikely to be subject to drug testing or treatment interventions while under supervision which means behavior change is unlikely and the potential for recidivism remains high.⁷
- **Increase the ability of law enforcement to rapidly obtain chemical samples.** Drug-impaired driving cases require a blood draw for evidential purposes and the delay in obtaining the blood sample is a substantial challenge. Impairment from drug use can last for hours, but the body metabolizes drugs quickly and chemical evidence dissipates rapidly. One way to speed the process of blood collection is to train law enforcement officers as phlebotomists so they are able to draw blood. Arizona established the first law enforcement phlebotomy program more than two decades ago and now exists in ten additional states. Law enforcement phlebotomy saves time and money and alleviates the challenge of performing blood draws in hospitals. Another way to expedite chemical samples is for law enforcement to utilize an electronic warrant system. Electronic warrants expedite warrant submission and approval, decrease human errors, and speed the process for blood testing which will better match nanogram levels to what they were at the time of driving – in other words, the chemical evidence is preserved and not lost to metabolism. Arizona, Minnesota, and Utah serve as examples states with robust e-warrant systems. Any jurisdiction contemplating an electronic warrant system is encouraged to develop an individualize system that meets its specific needs and garners support from key stakeholders.⁸

⁷ For additional information about oral fluid testing and how these devices work, please see the Foundation for Advancing Alcohol Responsibility, [Oral Fluid Screening for Impaired Drivers](#).

⁸ Additional information about these two programs is available in the following resources: [Law Enforcement Phlebotomy Toolkit: A Guide to Assist Law Enforcement Agencies with Planning and Implementing a Phlebotomy Program](#), U.S. Department of Transportation, National Highway Traffic Safety Administration (DOT HS 812 705), March 2019, and [Improving DUI System Efficiency, A Guide to Implementing Electronic Warrants](#), Foundation for Advancing Alcohol Responsibility, 2018.

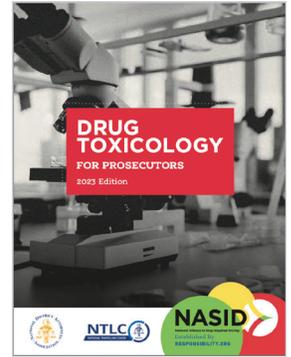
Resources and Training

NASID, through funding from the Foundation for Advancing Alcohol Responsibility (also known as Responsibility.org), has a strong partnership with the National District Attorneys Association's (NDAA) National Traffic Law Center (NTLC). Together, NASID, Responsibility.org, and NTLC, along with groups of nationally recognized subject matter experts, have developed new training curricula and monographs that are free to all prosecutors and law enforcement officers, as well as the public.

Drug Toxicology for Prosecutors

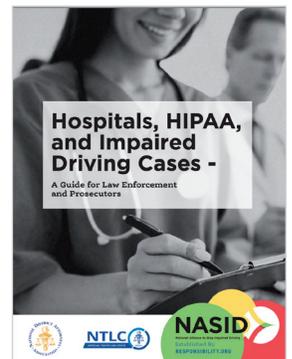
Drug-impaired driving cases are some of the most challenging to investigate and prosecute. With that in mind, it became necessary to update NTLC's *Drug Toxicology for Prosecutors* monograph. The original resource was published in 2004 and, despite the title including a reference "for Prosecutors," it is intended to assist law enforcement officers and others connected to the criminal justice system.

As discussed above, since its original publication, the presence of poly-substance impaired drivers on the roadways has dramatically increased thus posing a significant and increased danger to public safety. The updated monograph provides the necessary information about the categories of drugs and their impairing effects, the pharmacokinetics and pharmacodynamics of the categories of drugs, the forensic toxicology and testing of these drugs, and how to best present this evidence in court utilizing expert witnesses. It serves as a guide to aid prosecutors and law enforcement officers to better understand the complex components of the drug-impaired driving case and effective ways to present difficult, scientific toxicology evidence. This monograph is available on the NTLC website or by clicking [here](#).



Hospitals and HIPAA—A Guide for Prosecutors and Law Enforcement

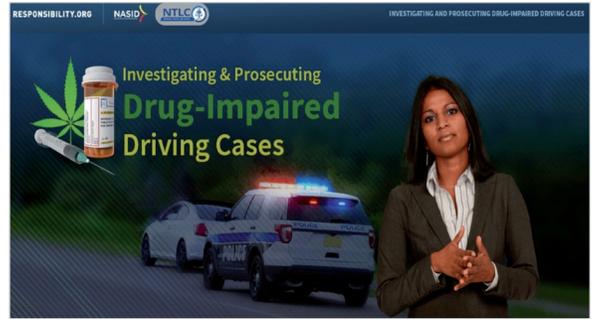
There are several reasons why a law enforcement officer or prosecutor may need to secure medical records or a blood sample in an impaired driving case. It could be due to the suspicion of drug(s) causing a driver's impairment, a collision resulting in medical attention for the suspected impaired driver, or a suspect refusing a breath test, leading to a search warrant for blood. Matters are only complicated if the suspect is taken to a hospital outside the jurisdiction of the investigating law enforcement agency. Additionally, when dealing with hospitals, law enforcement officers and prosecutors are frequently confused by the legal implications of the Health Insurance Portability and Accountability Act of 1996 (also known as HIPAA). For this reason, a resource guide for law enforcement and prosecutors, *Hospitals and HIPAA—A Guide for Law Enforcement and Prosecutors*, helps simplify the frequently feared interaction with hospitals. This guide provides the basic, general legal principles behind HIPAA, as well as the specific provisions relating to criminal law, and the exceptions it provides for law enforcement and prosecutors conducting investigations into criminal matters such as impaired driving cases. This guide also provides helpful suggestions for law enforcement and prosecutors to develop cooperative relationships with hospital personnel to positively impact investigations while minimizing the need for hospital personnel to testify in court, including ideas on how to address out-of-state search warrants for hospitals and how to sidestep a hospital blood draw with a law enforcement phlebotomy program.



Prosecuting Drug-Impaired Driving Cases Online Training

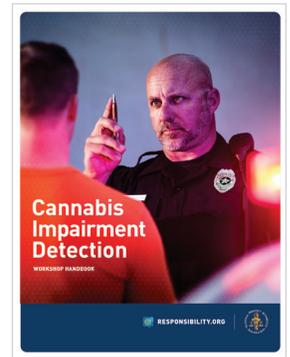
Currently, state cannabis medicinal and recreational legalization efforts continue across the United States, despite still being illegal at the federal level. Many prosecutors and law enforcement officers have had little to no training to understand the methods of ingestion of cannabis, its physiological and cognitive impairing effects on driving, and how that impairment affects the operator of a motor vehicle. Many have never visually observed a person under the influence of cannabis or other drugs and how motor skills and cognitive capabilities are affected.

Such information is critical for an effective DUI investigation and successful adjudication of drug impaired driving. The Prosecuting Drug-Impaired Driving Cases online course is for prosecutor education. This course, in conjunction with NTLC's *Cannabis Impairment Detection Workshop Handbook* (see below for additional information) enhances an attendee's ability to identify drivers under the influence of cannabis and other poly-substance impairment, thus improving impaired driving adjudications to save lives. This on-line, on-demand course is available here at no cost to students. It includes a short test at the end, and attorneys earn CLE credits after successfully completing the test. For more information about this course, click [here](#).



Cannabis Impairment Detection Workshop Manual

With cannabis impaired driving incidents on the rise, law enforcement officers needed training to better detect those drivers. At the workshop, law enforcement officers can observe and test individuals under the influence of cannabis. The Manual provides insight and tips for agencies interested in hosting its own cannabis impairment detection workshop. This resource is designed to assist organizations in addressing and avoiding common obstacles in hosting these trainings. The manual may be accessed [here](#) or contact NTLC Staff Attorney [Erin Inman](#) for additional information.



Oral Fluid Roadside Screening Workshops or Summits

Oral fluid screening devices are reliable, fast, non-invasive, and able to detect recent (within 4 hours) use of drugs. These devices can be used by law enforcement officers at the roadside to identify the presence of drugs among suspected impaired drivers. NASID is able to host an oral fluid roadside screening workshop or summit upon the request of a state or jurisdiction. This workshop or summit is offered at no charge to the requesting state or jurisdiction and will help demonstrate the benefits of this new and emerging technology to help identify potential drugged drivers.⁹ For more information, please contact Darrin Grondel, SVP of Traffic Safety for Responsibility.org at darrin.grondel@Responsibility.org.

NASID Membership

We must act and advocate for change to end impaired driving. All are welcome to join NASID and contribute to the crucial mission of saving lives! For details about NASID membership, contact Manager of Member Relations [Joey Ford](#), NASID Director [Darrin Grondel](#), or NASID Manager [Christiana Falcon](#), or click [here](#).

⁹ For additional information about oral fluid testing and how these devices work, please see the Foundation for Advancing Alcohol Responsibility, [Oral Fluid Screening for Impaired Drivers](#).

About the Author

Darrin Grondel is Senior Vice President, Traffic Safety, Foundation for Advancing Alcohol Responsibility. Dr. Grondel's career in traffic safety began with the Washington State Patrol as a trooper in 1992, where he was promoted to sergeant, lieutenant and ultimately captain before retiring in 2017.

During his time as captain, Governor Christine Gregoire appointed Dr. Grondel as director of the Washington Traffic Safety Commission (WTSC) in 2012. He was reappointed by Governor Inslee in 2013 and served in this role for over eight years.

Under his leadership, the WTSC led the passage of multiple traffic safety laws including impaired driving policies and distracted driving laws that resulted in improved enforcement and effectiveness. Dr. Grondel also directed Washington's efforts to measure the effect of marijuana legalization on impaired driving. The data, programs, public education, research, and policies he implemented to prevent drug-impaired driving and multi-substance impaired driving have provided a national model to address these emerging issues.

As director of the WTSC, Dr. Grondel served as chair of the Washington Impaired Driving Advisory Council, the Traffic Records Committee, the Tribal Traffic Safety Advisory Board, and the Washington State Autonomous Vehicle Work Group.

At the national level, Dr. Grondel served on the executive committee of the Governors Highway Safety Association (GHSA) Board of Directors, first as secretary and then as its chairman. He serves as a member of the International Association of Chiefs of Police (IACP) Roadway Safety Committee, the National Sheriffs' Association's Traffic Safety Committee, and the National Safety Councils Alcohol Drugs and Impaired Driving Committee. Dr. Grondel has contributed to numerous national projects related to drug-impaired driving, autonomous vehicles, and national strategic efforts to reduce traffic fatalities to zero.

Dr. Grondel has a Doctorate in Organizational Leadership from The University of Massachusetts Global, a master of public administration from The Evergreen State College and a bachelor of political science from Brigham Young University.



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