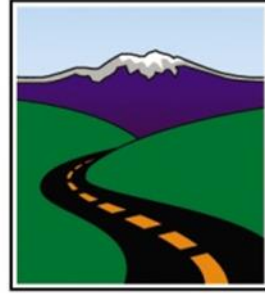




Cannabis Legalization and the Impacts on Impaired Driving

Darrin T. Grondel
SVP Traffic Safety
June 20, 2024





WASHINGTON
Traffic Safety
COMMISSION



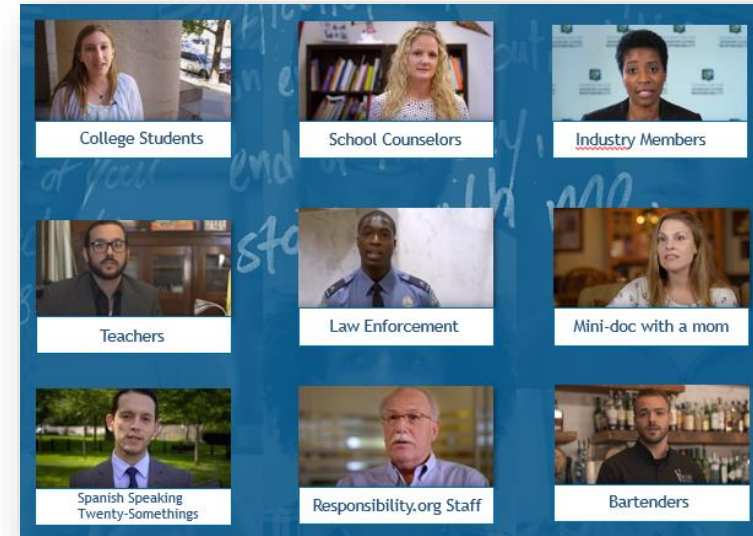
FOUNDATION FOR
ADVANCING ALCOHOL
RESPONSIBILITY.ORG



Responsible Consumption

RESPONSIBILITY
starts with *me*

- Virtual Bar app available in English and Spanish.
- Showing college students that overconsumption isn't the norm on college campuses.
- Real people sharing real stories of what it means to live life responsibly.



RESPONSIBILITY.ORG

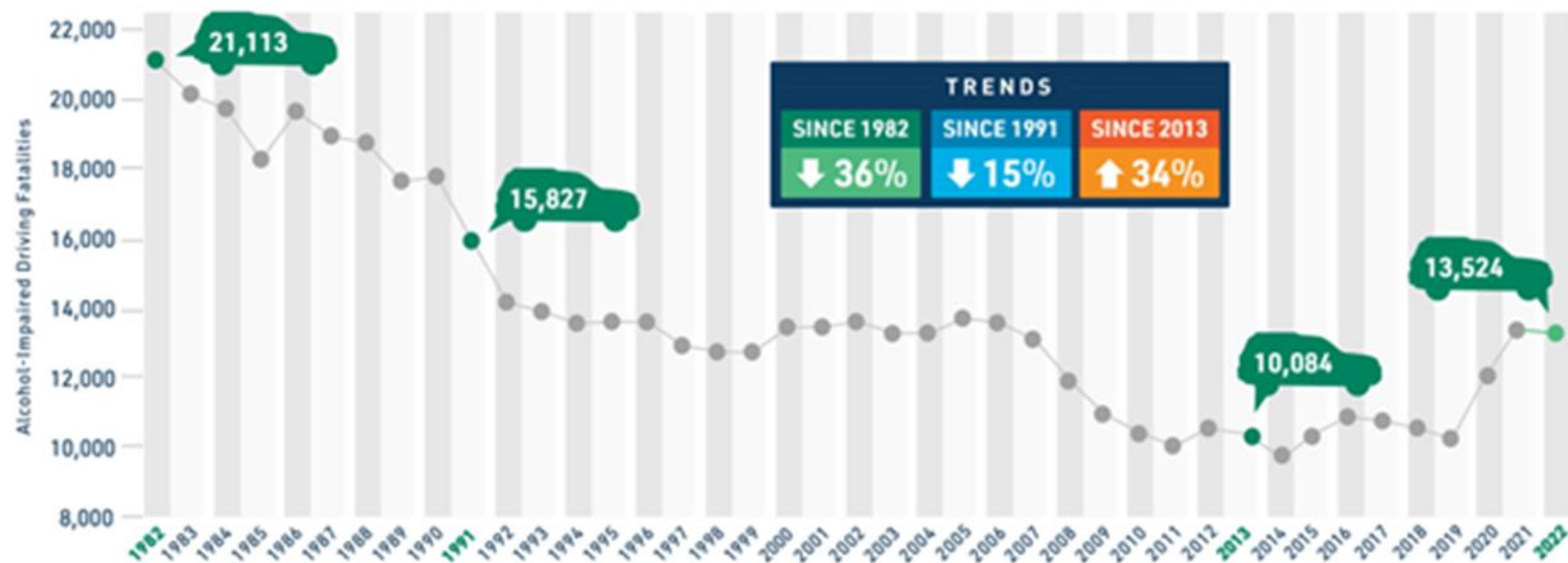


RESPONSIBILITY.ORG

End Drunk Driving

Leading efforts to eliminate drunk driving and working with others to end all impaired driving.

Drunk Driving Deaths Decreased Nearly 1% in 2022



Together, we can end impaired driving, and it will take everyone and effective and proven solutions.





Nearly 1 IN 3
traffic fatalities involves
a **drunk driver**



**Together, we can end impaired driving, and it will take everyone
and effective and proven solutions.**

NHTSA – Alcohol and Drug Prevalence



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

DOT HS 813 399

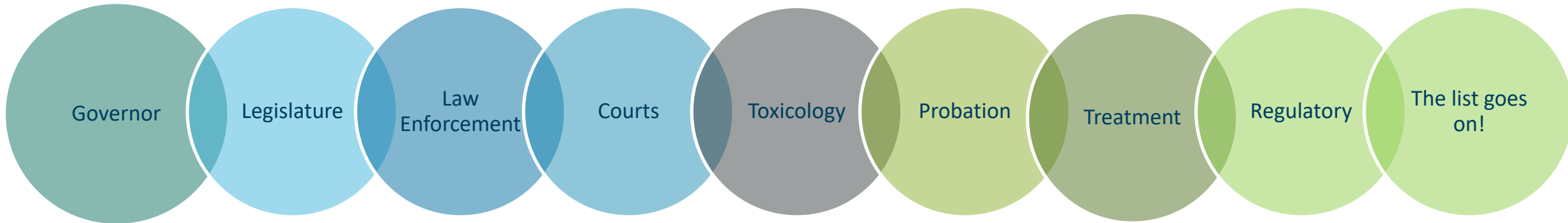


December 2022

Alcohol and Drug Prevalence Among Seriously or Fatally Injured Road Users

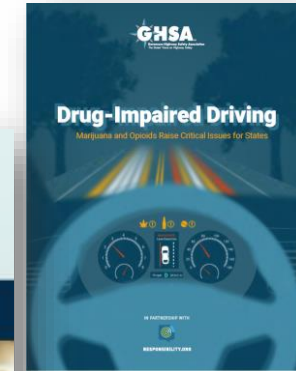
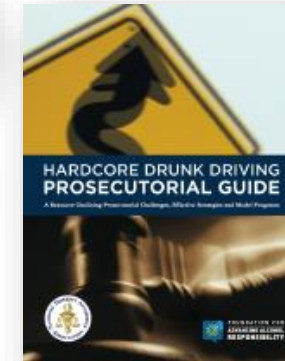
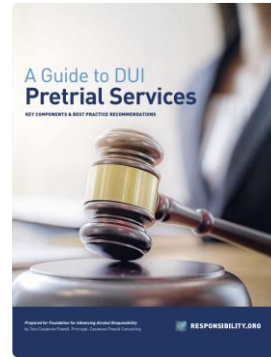
Overall, **55.8%** of the injured or killed roadway users tested positive for one or more drugs (including alcohol) on this study's toxicology panel. The most prevalent drug category detected was cannabinoids (active THC) with **25.1%** positive, followed by alcohol (**23.1%**), stimulants (**10.8%**),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

Systems Thinking



IMPAIRED DRIVING

- High-Risk Impaired Driving
- Multiple substance impaired driving
- State grants with GHSA and Sheriffs
- DUI training guides
- CLE credit online prosecutor course
- Screening and assessment tools
- Ignition interlocks for all DUI offenders and other policy countermeasures



<https://www.responsibility.org/toolkit>

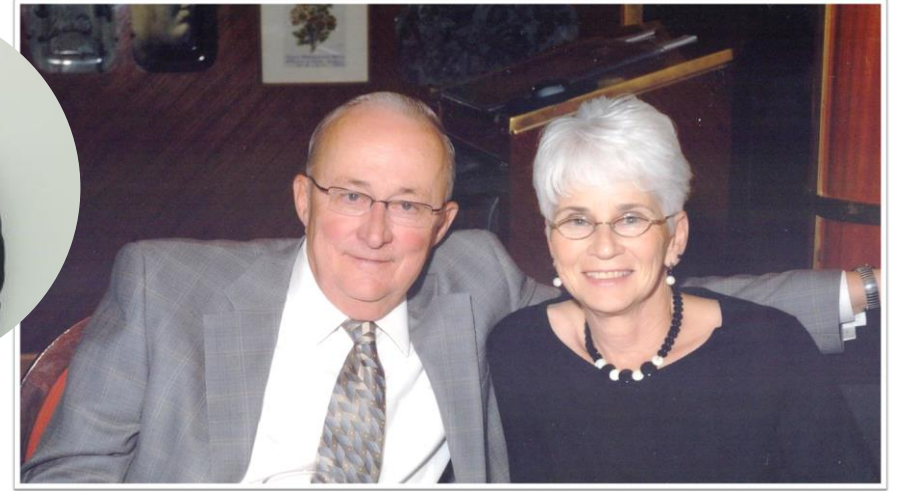
NASID

National Alliance to Stop Impaired Driving



A Coalition Established by
RESPONSIBILITY.ORG

Why is NASID Needed?



Why NASID?

Drug and multiple substance impaired driving problem increasing
COVID-19 increases in risky driving will demand attention
Opportunities at state and Federal levels, new elected officials
The issue and technology to address it needs a national voice and leader

How did the idea for NASID begin?

Brian Swift turned tragedy into action
Cannabis-impaired log truck driver crash killed his parents
He advocated for passage of MI oral fluid pilot program law and united stakeholders to expand the effort
Brian Swift will serve as NASID's spokesperson

MICHIGAN

Drugged driving crashes surging across Michigan

As drunken driving deaths decline, drugged driving deaths are on the rise.

John Wisely Detroit Free Press

Published 11:04 p.m. ET Jul. 22, 2017

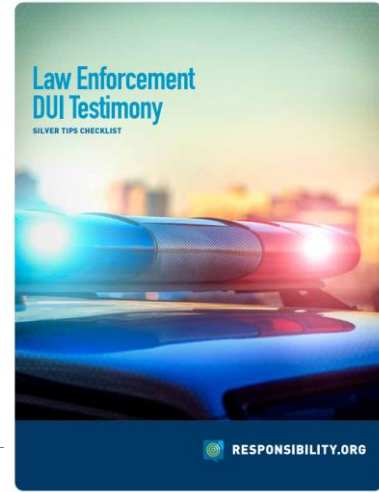
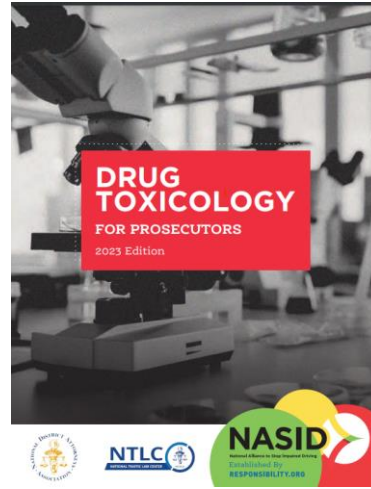
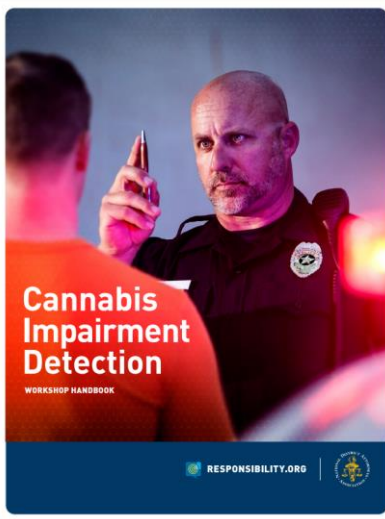
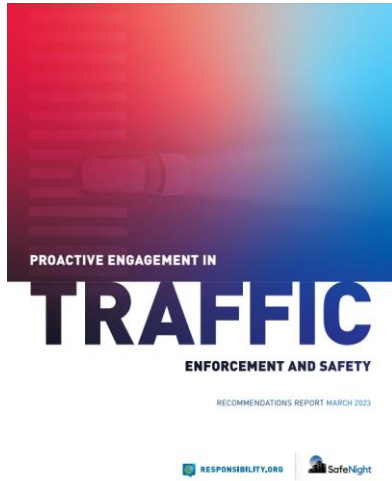
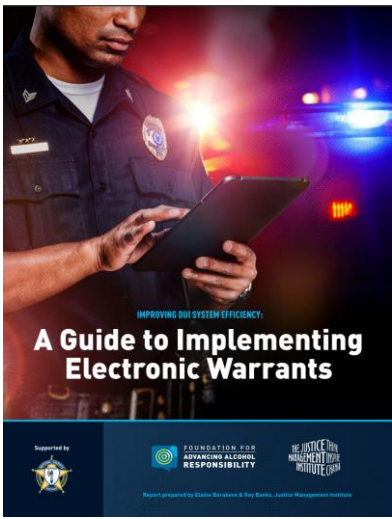
Kalamazoo

Michigan roadside drug testing pilot program expands to all counties

Updated Oct 02, 2019; Posted Oct 01, 2019



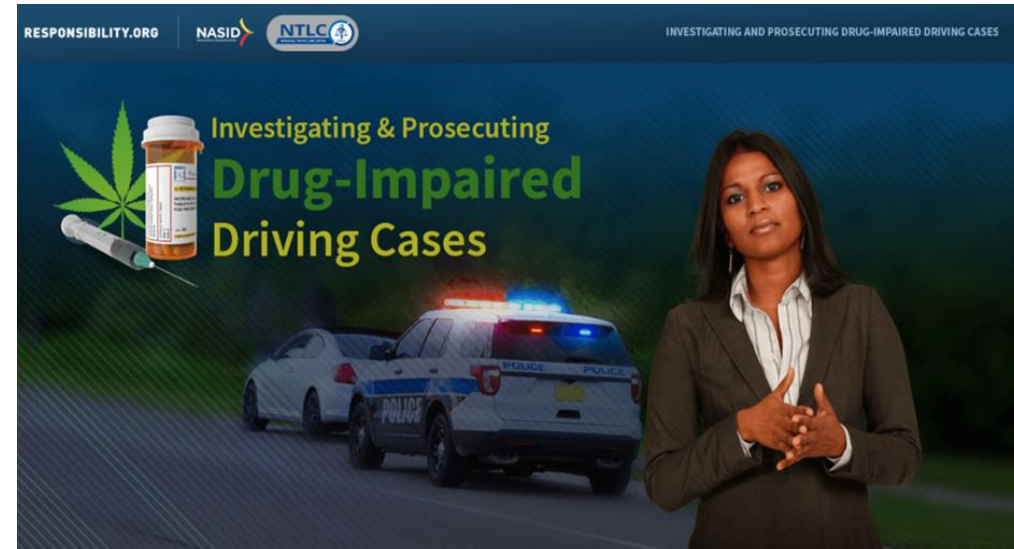
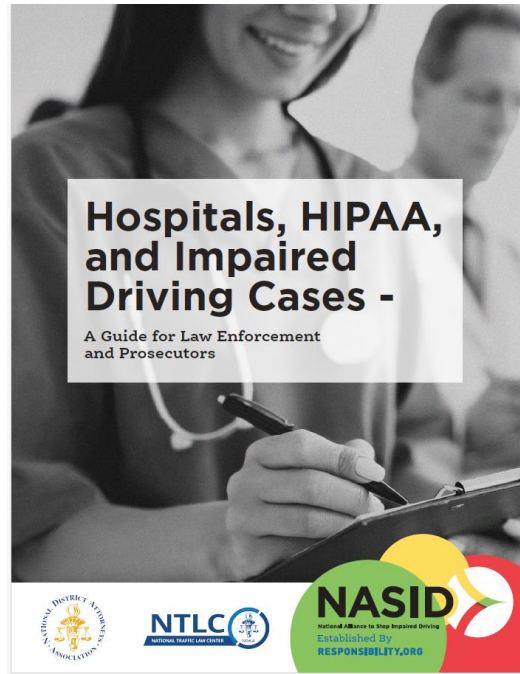




Prosecuting DUI Cases



[NDAA Learning Center: Prosecuting DUI Cases](#)



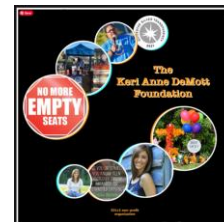
[NDAA Learning Center: Investigation and Prosecution of Drug-Impaired Driving Cases](#)

NASID Members



NASID Allied Members*

**Unable to lobby and do not advocate for legislation at the state or federal level*



What do we know about cannabis

- 540 Chemical Compounds
- 66 – 113 cannabinoid compounds
- Cannabinol CBN (1899)
- Cannabidiol CBD (1963)
- **Delta 9 – THC (1964)**
- Delta 8 -
 - Cannabigerol CBG
 - Cannabichromenes-CBC
 - Cannabinodial CBDL
 - Cannabicyclol CBL
 - Cannabielsoin CBE
 - Cannabitriol CBT
 - Cannabidivarin CBDV

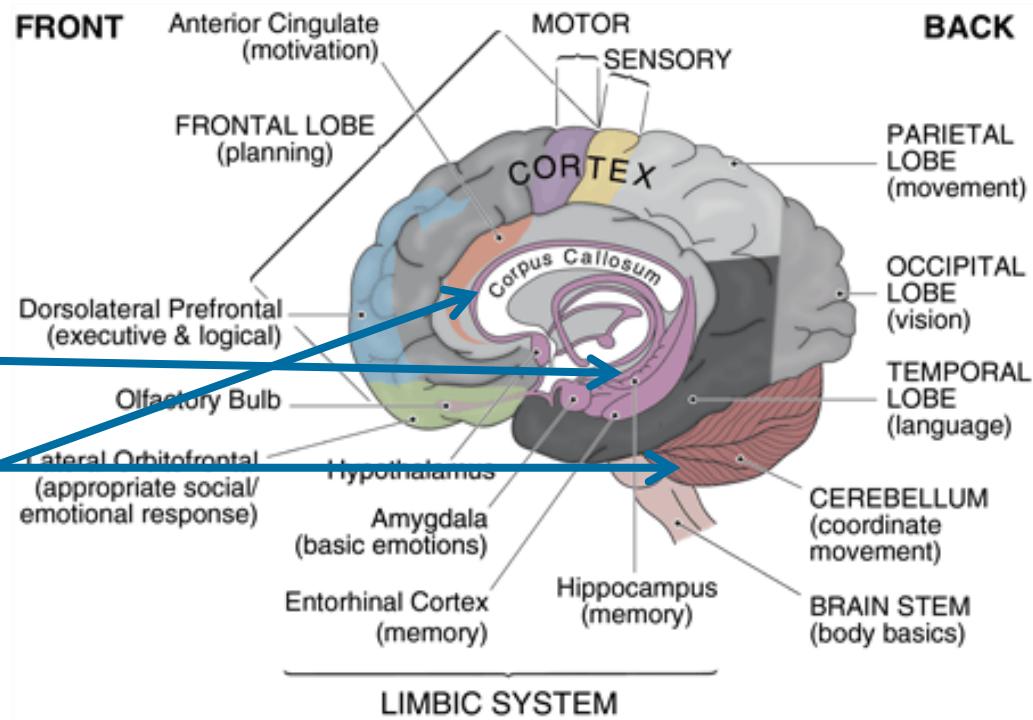
<http://learnaboutmarijuanawa.org/factsheets/cannabinoids.htm>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3736954/>



Signs and Symptoms of MJ Impairment

THC and similar compounds bind with receptors (CB1 and CB2) in the brain and other parts of the body affecting the function of the **hippocampus** (short-term memory), **cerebellum** (coordination) and **basal ganglia** (unconscious muscle movements).



- Marijuana is a lipid (fat) soluble and tends to stay in the brain – lipophilic attracted to fat
- Alcohol is water soluble (Hydrophilic) – blood

Reference - <http://www.brainwaves.com/>

Signs and Symptoms of Marijuana

- Relaxation
- Euphoria
- Relaxed Inhibitions
- Disorientation
- Altered time & distance perception
- Lack of Concentration
- Impaired Memory & comprehension
- Jumbled thought formation
- Drowsiness



- Mood changes, including panic and paranoia with high dose
- Heightened senses
- Body tremors (Major muscle groups: quads, gluts, and abs)
- Eyelid tremors
- Red, Bloodshot eyes
- Possible GVM or green coating on tongue
- Dilated pupils



Strains of Marijuana

Indica

- Body High
- Couch Locked (Indacouch)
- Sleepy
- Feel Depressed Effects

Sativa

- Daytime Strains
- More Energy
- “Can increase focus” – perception
- Can Cause Hallucinations



THC ISOMERS

Isomers are compounds that contain exactly the same number of atoms, i.e., they have exactly the same empirical formula, but differ from each other by the way in which the atoms are arranged.

FDA U.S. FDA @US_FDA

Delta-8 tetrahydrocannabinol, aka delta-8 THC, is a psychoactive substance found in the Cannabis sativa plant, of which marijuana and hemp are two varieties. Delta-8 THC products haven't been evaluated or approved by the FDA for safe use in any context.

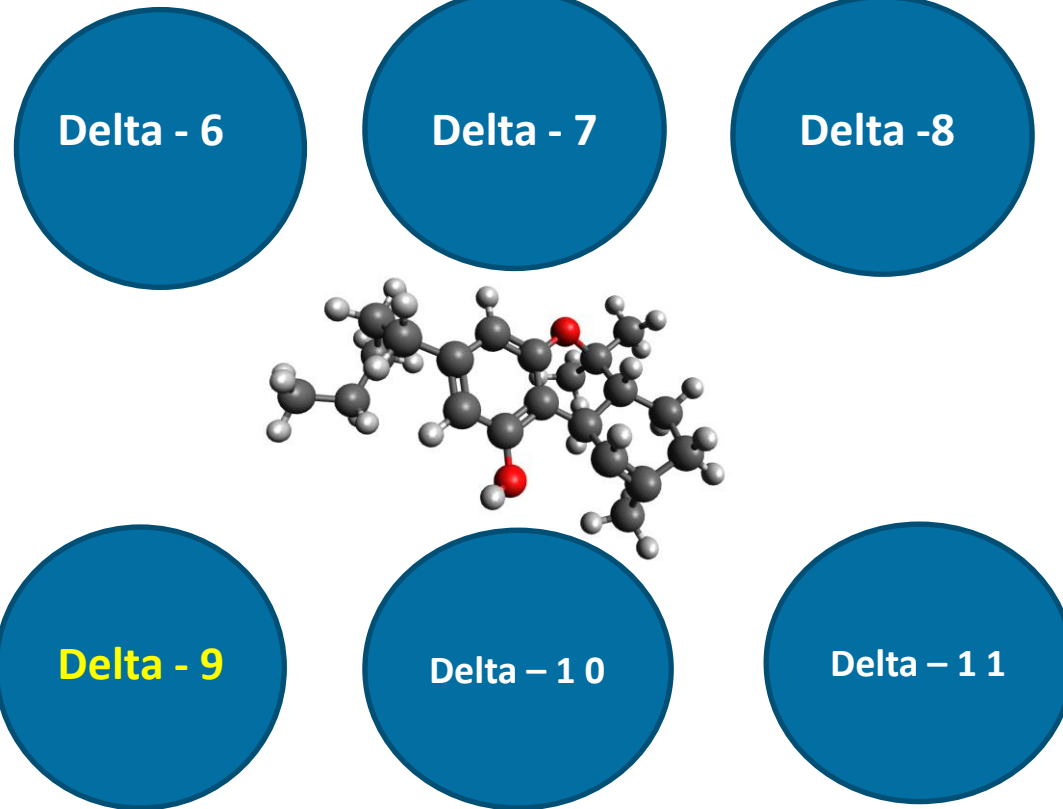
DELTA-8 THC HAS SERIOUS HEALTH RISKS

5 Things to Know about Delta-8 Tetrahydrocannabinol – Delta-8 THC
Delta-8 THC products are not approved by the FDA and may put you at risk.
[fda.gov](https://www.fda.gov)

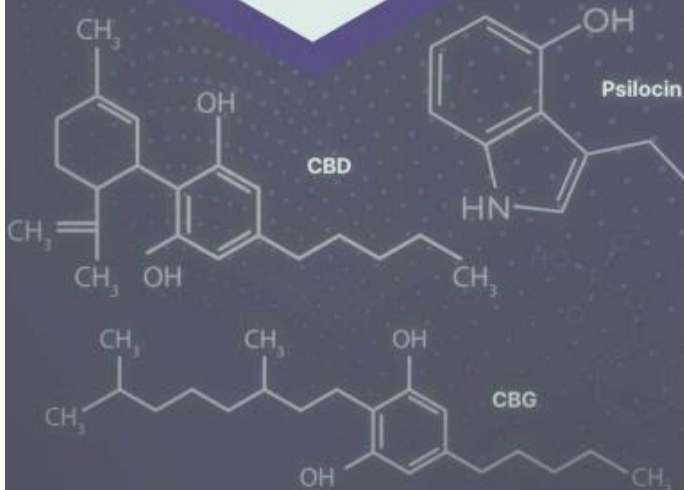
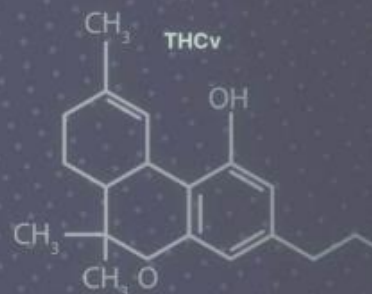
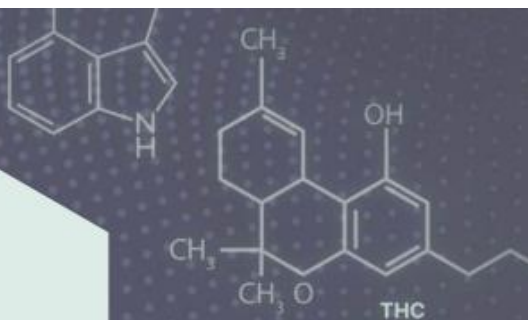
8:44 AM · Sep 14, 2021

67 likes 67 replies Share this Tweet

[Tweet your reply](#)



ACS GUIDE: EVERYTHING YOU NEED TO KNOW ABOUT CANNABINOIDS



This complete cannabinoid guide covers major and minor cannabinoids, how they work in the body, and highlights the top compounds, brands and operators must test for today.

[Home](#) > [Health Services](#) > Texas Medical Marijuana

Texas Medical Marijuana

Eligible Texans have access to medical marijuana through the State's compassionate use program (CUP) administered by the Texas Department of Public Safety (DPS). Texans with certain medical conditions may qualify. Learn more about its use and who can get a prescription.

[Learn about the compassionate use program](#)

Medical conditions

By law, CUP is limited to Texas patients with:

- Epilepsy
- Seizure disorders
- Multiple sclerosis
- Spasticity
- Amyotrophic lateral sclerosis
- Autism
- Terminal cancer
- [An incurable neurodegenerative disease](#)

Medical marijuana prescriptions

Patients may get Low-THC cannabis prescribed if:

- The patient is a permanent resident of Texas
- The patient has one of the medical conditions listed above
- A CUP registered physician prescribes
- That qualified physician decides the benefit outweighs the risk

There is no age limit for prescriptions. Patients under 18 may need a legal guardian.

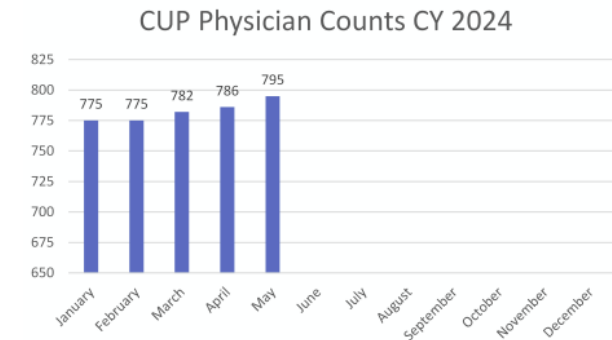
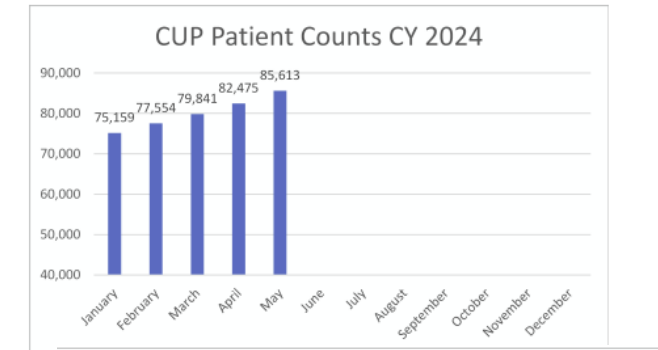
Getting a prescription:

- The physician will enter a prescription in the Compassionate Use Registry of Texas (CURT)
- After, the patient or legal guardian can go to any licensed dispensary to get the prescription
- The patient or legal guardian will need to provide ID and patient's, last name, date of birth, and last five digits of their Social Security Number

[🔗 Search CURT for a registered physician](#)



The graph below represents the number of patients listed by their physicians in the Compassionate Use Registry





Washington State Experience



- Approved by voter Initiative 692 in **1998**
 - Granted:
 - Affirmative defense to criminal prosecution for:
 - Qualifying patients and primary caregivers who possess no more than a “sixty-day supply”
 - (what is a 60-day supply?)
- Key events:
 - 2007 - Definition of sixty-day supply SB 6032 - 24 oz. and **15 plants**
 - 2009 - Change in federal government’s enforcement policy
 - 2010 - Physician assistants, advanced registered nurse practitioners and naturopaths added as authorizers
 - 2011 - SB 5073 passes but is partially vetoed by Gov. Gregoire
 - Made it legal if participant registered in data base – vetoed

Then Comes “Recreational”



- I-502, Nov. 6, 2012
- ACLU, Rick Steves & Peter Lewis
- \$6 million Campaign Fund



Originally published November 6, 2012 at 10:26 PM | Page modified November 7, 2012 at 5:16 PM

Voters approve I-502 legalizing marijuana

Washington state voters made history Tuesday by legalizing the recreational use of marijuana.

By [Jonathan Martin](#)
Seattle Times staff reporter

Washington enthusiastically leapt into history Tuesday, becoming the first state, with Colorado, to reject federal drug-control policy and legalize recreational marijuana use.

Initiative 502 was winning 55 to 45 percent, with support from more than half of Washington's counties, rural and urban.

The vote puts Washington and Colorado to the left of the Netherlands on marijuana law, and makes them the nexus of a new social experiment with uncertain consequences. National and international media watched as vote counts rolled into I-502's election-night party in Seattle amid

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ERIKA SCHULTZ / THE SEATTLE TIMES

A 30-year-old female smokes marijuana in a street party after

Hempfest



THIS STICKER IS NOT A LAWYER AND CANNOT PROVIDE YOU WITH LEGAL ADVICE

HEMPFESTERS! We thought you might be hungry. We also thought now might be a good time for a refresher on the do's and don'ts of I-502.

DON'TS Don't drive while high. Don't give, sell, or shotgun weed to people under 21. Don't use pot in public. You could be cited but we'd rather give you a warning. **DO'S** Do listen to Dark Side of the Moon at a reasonable volume. Do enjoy Hempfest.

Remember: respect your fellow voters and familiarize yourself with the rules of I-502 at seattle.gov/police/marijwhatnow ❤️, SPD

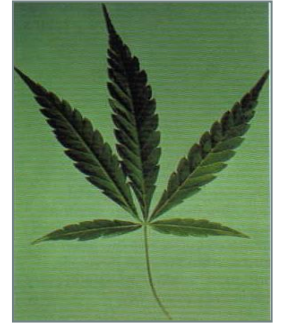
WARNING: THE CONTENTS OF THIS PACKAGE ARE AS DELICIOUS AS THEY APPEAR

I-502 Supporters Say:

- 70 years of prohibition clogged jails, ruined lives
- Tax revenue \$2 billion
- Well funded, well organized political campaign
- Those opposed: out spent, not organized




Recreational vs. Medical Marijuana



- Recreational:
 - Amount limits, up to either:
 - 1 oz “useable” MJ (bud)
 - 16 oz infused product (brownies)
 - 72 oz liquid (soda pop)
 - 7 grams concentrate (hash oil)
 - Illegal to grow your own
 - Lab tested, controlled pesticide use
 - Age 21+
 - Taxed
- Medical pre-2015:
 - Up to 24 oz “useable” MJ
 - Can grow up to 15 plants
 - Double that if you are an MJ provider and patient
 - No dispensaries, but “cooperatives”
 - No lab test, pesticide controls
 - Age 18+ (even providers)
 - Not taxed ($\frac{1}{3}$ – $\frac{1}{4}$ the cost)
 - Need MJ card (not prescription) – tamper resistant
 - Doctor, naturopath, PA, nurse practitioner, osteopath



This is what
an ounce
looks like.



1 OUNCE



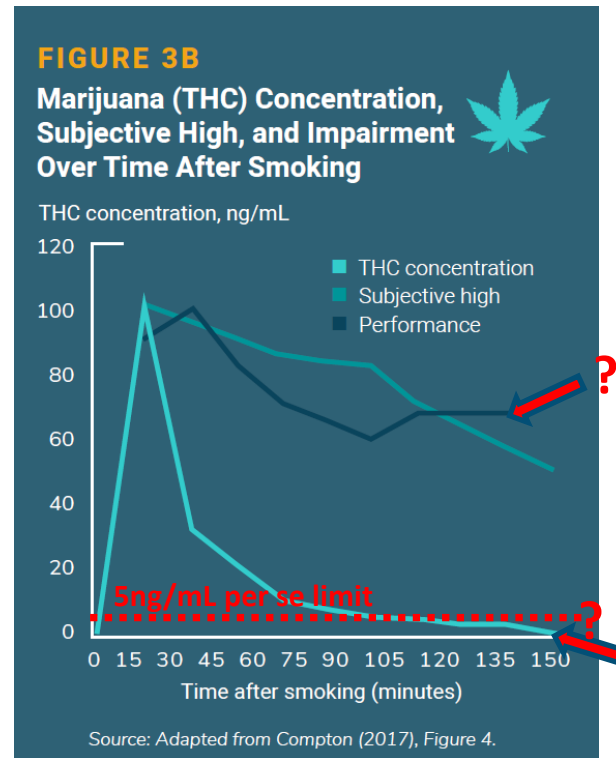
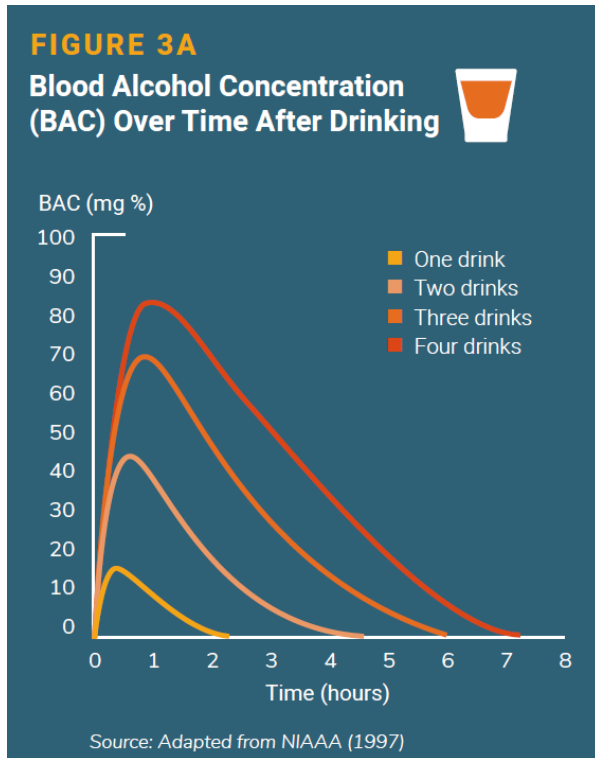
60 JOINTS

DRUG POLICY RESEARCH CENTER





Marijuana Per Se Limits – Not Supported by Research and Science



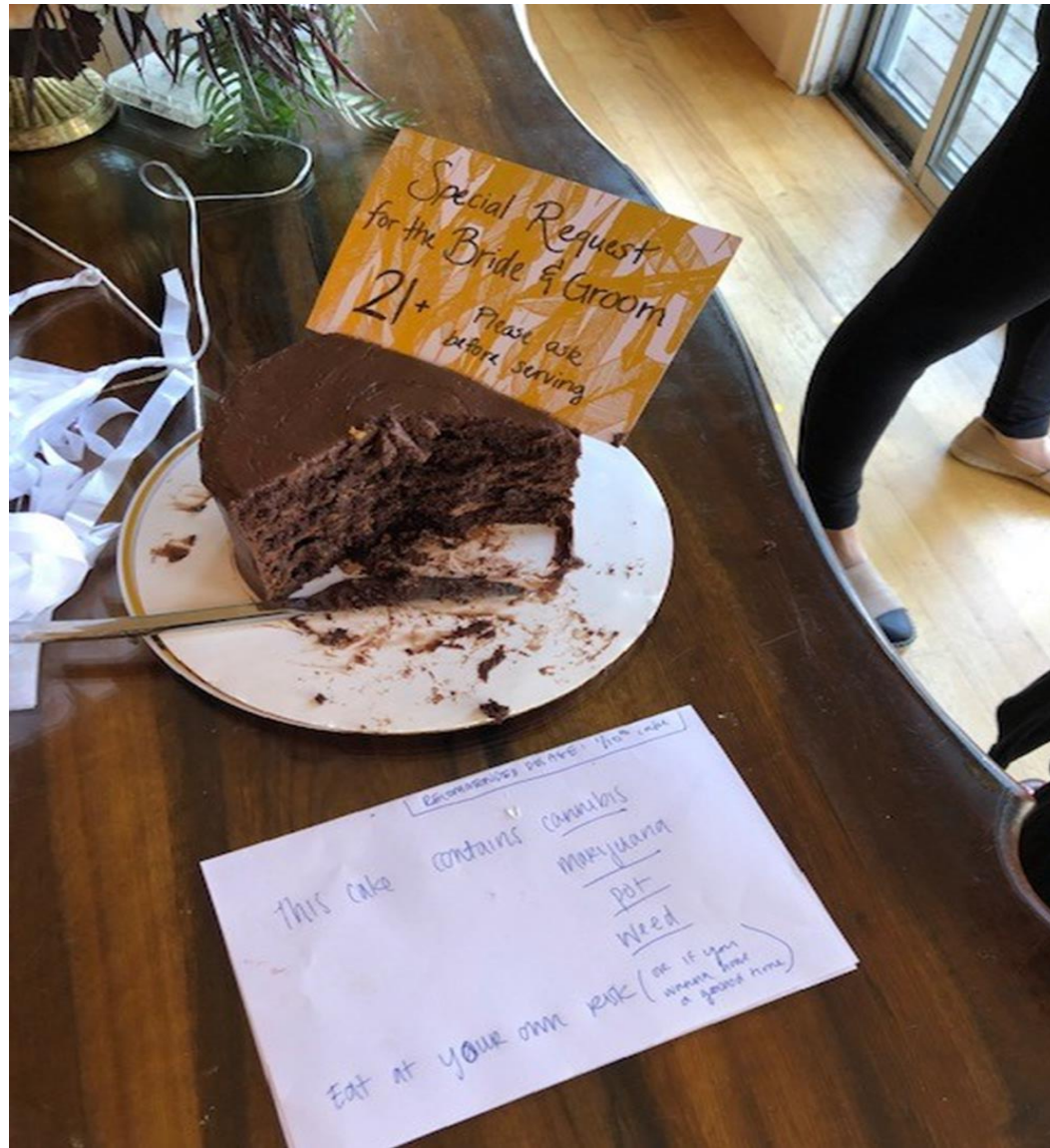
- Impaired could go free; unimpaired could be convicted – based on number
- Blood draws often not fast enough
- Distorts how prosecutors (and jurors) process cases

No More of These...



RESPONSIBILITY.ORG







Cannabis Consumers and Safe Driving: Responsible Use Messaging



RESPONSIBILITY.ORG



How do you cut through
the misinformation on
cannabis and impaired
driving?



Considerations

- ❖ Creation of a Statewide Impaired Driving Task Force or Working Group comprised of various disciplines and expertise.
- ❖ Seek dedicated funding from Marijuana tax revenues for education and enforcement
- ❖ Evaluate data collection (e.g., Traffic Crash Data, Toxicology, Poison Control, Hospital, Drug Seizure, veterinarian, etc.)
 - What information is collected? How is collected? Who has access for analysis?
 - Develop baseline data, if possible, with current data available
 - Crash – arrest data, public perceptions/attitudes on driving, healthy youth surveys, etc.



Considerations

❖ Assess

- Current DUI and DUID laws – definitions, laws, gap analysis
- Medical and Recreational – What is truly medical? What conditions? What is the Dosage? How managed? Who regulates?
- Judicial – review current laws, sanctions, and training – comparison with legalized states and countries

❖ Develop and implement an educational campaign with materials in multiple languages and relevant to various cultures



Considerations



- v Chemical Evidence – Oral Fluid Testing, Blood or Urine
 - v Phlebotomy for LE officers
 - v Eye Sign technology?
- v Toxicology evidence collection and analysis – how will it be collected? what drugs are collected?
 - v Screening levels, sensitivity or **tolerances** consistent across jurisdictions? How will it be used? Reported?
- v Do all fatally injured drivers have a toxicology examination?
- v Do all surviving drivers get assessed on scene by a DRE or if transported? Even if no alcohol present or detected?
- v Green labs similar to “Wet Labs” – provide realistic training and experience for officers to conduct SFST and to better screen the occasional or chronic user. The NDAA and Responsibility.org will be releasing the Cannabis Impaired Driving Workshop Handbook next week!
- v Commercial Vehicle Carriers – International travel/Provincial
 - Safety Manager training for drug and alcohol recognition CFR 382.603
 - Drug Testing – the FMCSA has noted the highest drug failure rate in 7 years –Drug and Alcohol Clearinghouse – see the data

Considerations

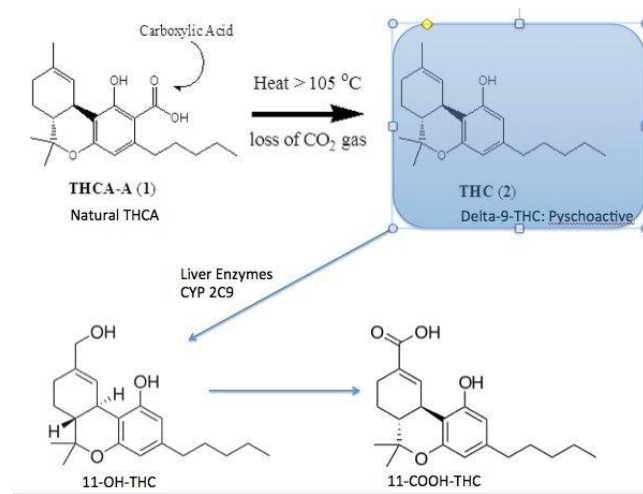
- ❖ What Driving Under the Influence of Drugs (DUID) laws will be considered:
 - Zero Tolerance – Illegal to drive with **any amount** of specified drugs in the body
 - Per se: illegal to drive with amounts of specified quantification in the body exceeding set limits (e.g. 5 ng) delta 9 THC or carboxy
- ❖ Law Enforcement – **SFSTS, ARIDE, DRE**
 - How is DRE viewed for impaired driving? Is this a priority for prosecutors for DUI cases? **ARIDE** was seen as replacing DREs, not a good thing.
- ❖ Officers need to consider the totality of the circumstances and not get locked in just looking for Cannabis – see the whole picture – Poly-drug use is on the rise nationally
- ❖ Training programs for LE, prosecutors, judges
- ❖ Electronic Search Warrants
- ❖ Drugged driving is not just a nighttime or weekend issue but is prevalent day and night
 - Emphasis patrol times, media messaging, officer perspective for daytime crashes



The background features a series of concentric blue circles of varying shades, creating a ripple effect. Overlaid on these circles is a stylized eye shape, formed by several overlapping curved segments in different shades of blue. The text "Data Challenges" is centered within the innermost circle of this eye shape.

Data Challenges

The Problem with Fatal Crash Data



Delta 9
Hashish Oil
Hashish
Marijuana/Marihuana
Marinol
Tetrahydrocannabinols (THC)
Cannabinoid (Type Unk)



Presence of Substances Among Drivers During COVID-19

Drug Category	Before (N= 1,880)		During (N= 1,123)	
	n	%	n	%
Alcohol	400	21.3	302	26.9*
Cannabinoids [^]	402	21.4	350	31.2*
Stimulants	190	10.1	115	10.2
Sedatives	158	8.4	95	8.5
Opioids	142	7.6	145	12.9*
Antidepressants	37	2.0	5	0.4*
Over-the-Counter	43	2.3	18	1.6
Other Drugs	27	1.4	20	1.8
At Least 1 Category	959	51.0	714	63.6*
Multiple Categories	341	18.1	267	23.8*

[^] Active THC (Δ -9-THC or 11-OH-THC)

* Significantly different ($p < .05$) compared to Before period

Thomas, F. D., Berning, A., Darrah, J., Graham, L., Blomberg, R., Griggs, C., Crandall, M., Schulman, C., Kozar, R., Neavyn, M., Cunningham, K., Ehsani, J., Fell, J., Whitehill, J., Babu, K., Lai, J., and Rayner, M. (2020, October). Drug and alcohol prevalence in seriously and fatally injured road users before and during the COVID-19 public health emergency (Report No. DOT HS 813 018). National Highway Traffic Safety Administration.



DOT HS 813 018



October 2020

Drug and Alcohol Prevalence in Seriously and Fatally Injured Road Users Before and During the COVID-19 Public Health Emergency



VIOLATIONS REPORTED TO CLEARINGHOUSE (continued)

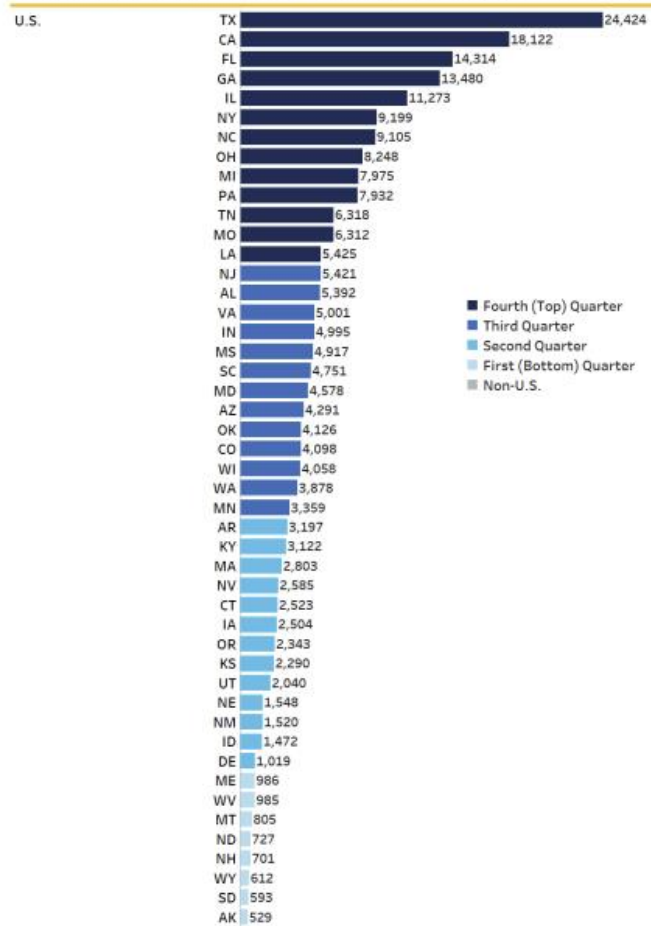
Positive drug tests account for 81% of the total violations reported. The chart below represents the breakdown of results reported to the Clearinghouse by year since January 6, 2020 of the number of times a driver tested positive for each substance.

Number of Positive Tests with Substances Identified						
Substance	2020	2021	2022	2023	2024	Total
Marijuana Metabolite (Δ 9-THCA)	29,511	31,085	40,916	37,657	11,478	150,647
Cocaine Metabolite (BZE)	7,940	8,765	10,953	10,326	3,201	41,185
Methamphetamine (MET/MAMP)	5,187	5,082	5,569	4,515	1,548	21,901
Amphetamine (AMP)	4,953	4,904	5,349	4,222	1,336	20,764
Oxymorphone (OXYM)	1,372	1,276	1,398	1,094	298	5,438
Oxycodone (OXYC)	1,106	1,049	1,130	923	250	4,458
Hydrocodone (HYC)	1,082	1,048	1,042	836	204	4,212
Hydromorphone (HYM)	1,000	930	965	811	209	3,915
Morphine (MOP)	443	353	445	370	123	1,734
Codeine (COD)	386	329	444	358	107	1,624
6-Acetylmorphine (6-AM)	302	191	177	116	41	827
Phencyclidine (PCP)	137	118	138	90	32	515
Ecstasy (MDMA)	65	60	68	76	26	295
Methylenedioxyamphetamine (MDA)	30	33	45	49	17	174
All substances	53,514	55,223	68,639	61,443	18,870	257,689

Information By Location

The following tables provide breakdowns of violations based on the jurisdiction that issued the driver's CDL/CLP and the number of registered employers by their domicile.

Violations Reported, by Location of CDL/CLP Issuance



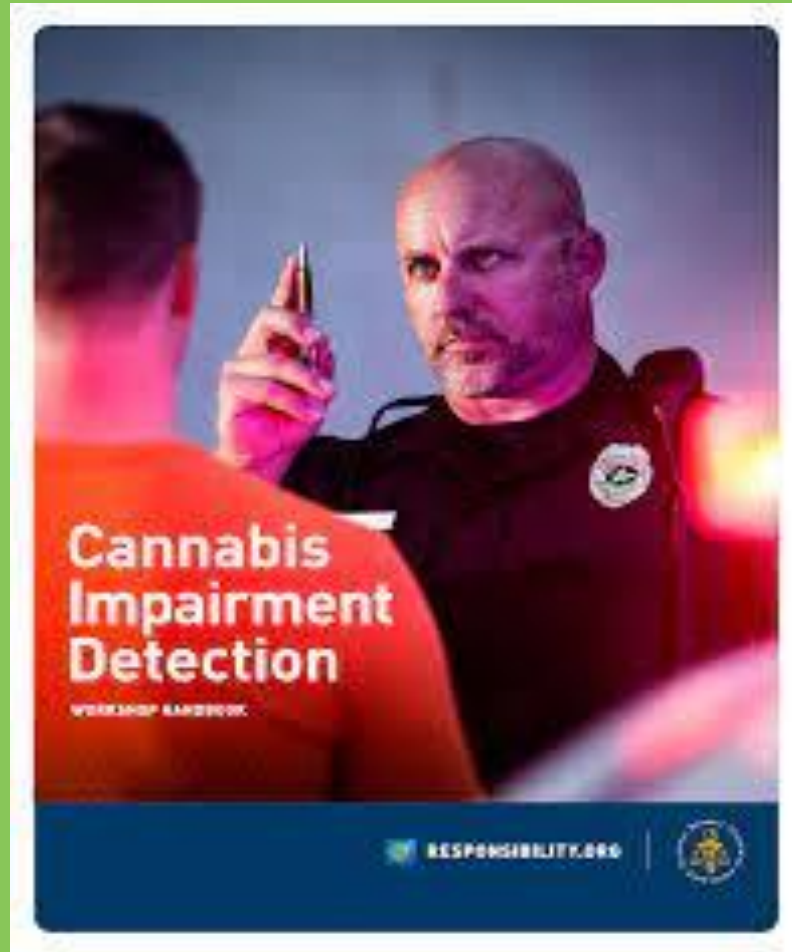
NATIONAL TOXICOLOGY PILOT PROGRAM

- New National Resource Toxicologist Pilot Program
- First ever national forensic toxicology lab assessment
- Identifies testing & funding challenges, successes, and gaps
- Provides technical assistance to partners
- Improves data and communication with stakeholders
- First step to changing national and state testing protocols
- Critically needed to advance DUID, multiple substance DUI efforts



Until we are able to test all impaired drivers for all substances, we will never understand the complete impact of impaired driving on public health.”
- Amy Miles, Project Director & President, SOFT

Cannabis Impairment Detection Workshops



<https://nasid.org/solutions/>

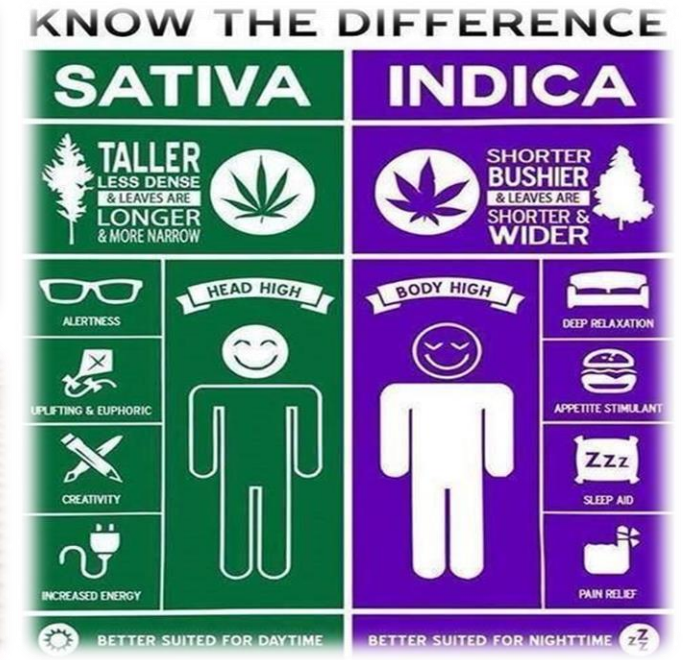
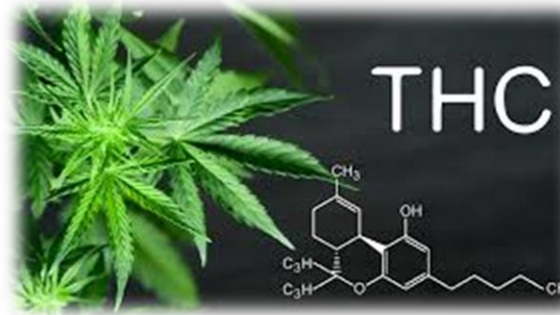


HOW:

Classroom curriculum:

Potential topics-

- Current products available
- Ingestion methods and consideration of duration of effects
- THC v. CBD
- Different types of high (Indica/Sativa strains)
- Polydrug use (cannabis and alcohol)
- How cannabis impairs a driver
- General indicators of impairment
- SFSTs/ARIDE roadside tests and how they specifically point to cannabis impairment
- Wrap up / critique



HOW:

Lab/workshop curriculum

Potential Topics-

- ❖ General indicators of cannabis impairment
- ❖ SFSTs/ARIDE roadside tests and how they specifically point to cannabis impairment
- HGN expectations
- Importance of ARIDE tests
- Frequent users versus occasional users
- Oral fluid as a screening device roadside tool
- Q & A with consumers
- Direct interaction with users in a controlled environment at optimal impairment time
- Medic present





Whose doing green labs?

- Connecticut – Grant GHSA/R.org
- **Maryland** – MCPD, Maryland SP
 - Chesapeake Regional Safety Council
 - Grant GHSA/R.org
- Missouri
- Nevada – Spring 2023
- Ohio – Ohio SP - Academy
- Oklahoma – NSA and NASID
- Seattle P.D. 2022 - Funding NASID
- Denver April 2023



Roadside drug testing and other solutions:

Policy, programs, and progress

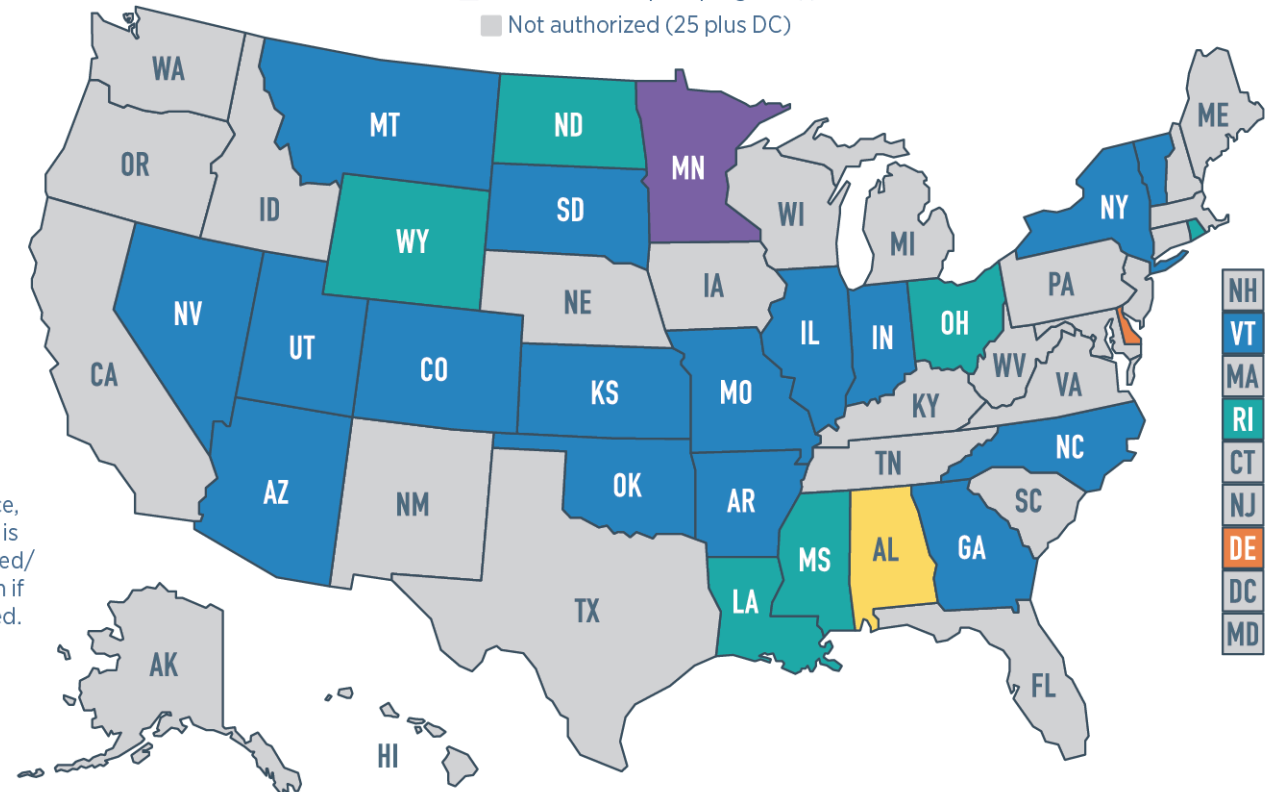


Current policy landscape: Oral fluid authorization

ORAL FLUID AUTHORIZED TO DETECT DRUGS?

October 2023

- Authorized by implied consent law (16)
- Authorized by impaired driving statute; implied consent N/A (6)
- Authorized by implied consent law AND impaired driving statute (1)
- Authorized for those under the age of 21 (1)
- Authorized as a pilot program (1)
- Not authorized (25 plus DC)

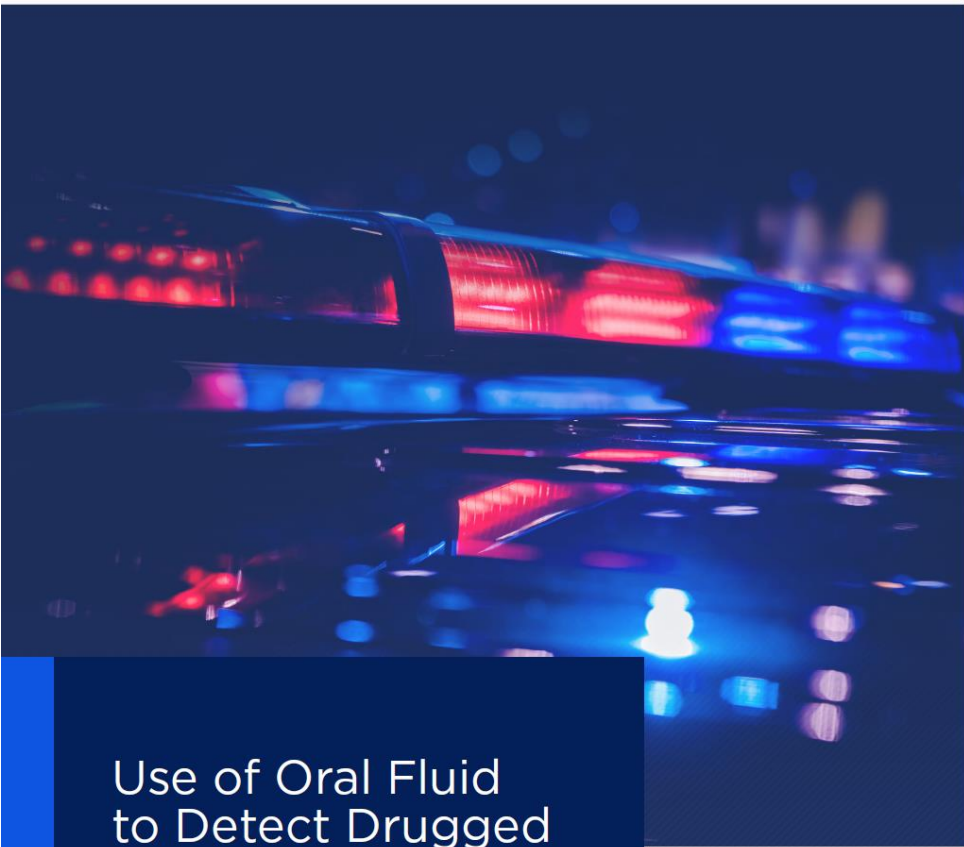


23 states have some form of oral fluid statutory authorization.

2 states (MI, MN) enacted pilot legislation.

Approaches to policy vary – implied consent, preliminary testing, pilot/standalone law.

Shift away from pilots and studies toward phased implementation approach.



Use of Oral Fluid to Detect Drugged Drivers: A Toolkit



The Steps to DUI Detection + Enforcement + Oral Fluid Roadside Screening Technology



STEP 1

VEHICLE IN MOTION

Officer observes a traffic violation, initiates a stop, always observing the vehicle, driver, and passenger(s).



STEP 2

PERSONAL CONTACT

Officer engages driver and assesses for signs of impairment: slurred speech, bloodshot watery eyes, or other eye signs, confusion, hyperactivity, responses to questions, odors, container, and other observations.



STEP 3

PRE-ARREST SCREENING

Standardized Field Sobriety Testing (SFST): (HGN [Horizontal Gaze Nystagmus, Walk & Turn, One Leg Stand])

ARIDE Officers should apply additional tests

- Modified Rhomberg
- Lack of Convergence
- Finger to Nose



STEP 4

ADDITIONAL ROADSIDE SCREENING

- Preliminary Breath Test PBT
- Oral Fluid Roadside Screening

Post Detection Enforcement



ARREST AND TESTING

Subject is arrested based on probable cause, and brought in for DRE evaluation (if available) and evidential chemical testing (Breath, Blood, Oral Fluid, or Urine).

Oral fluid screening technology



Law Enforcement Tech Solutions



E-Warrants



Ocular Data Systems



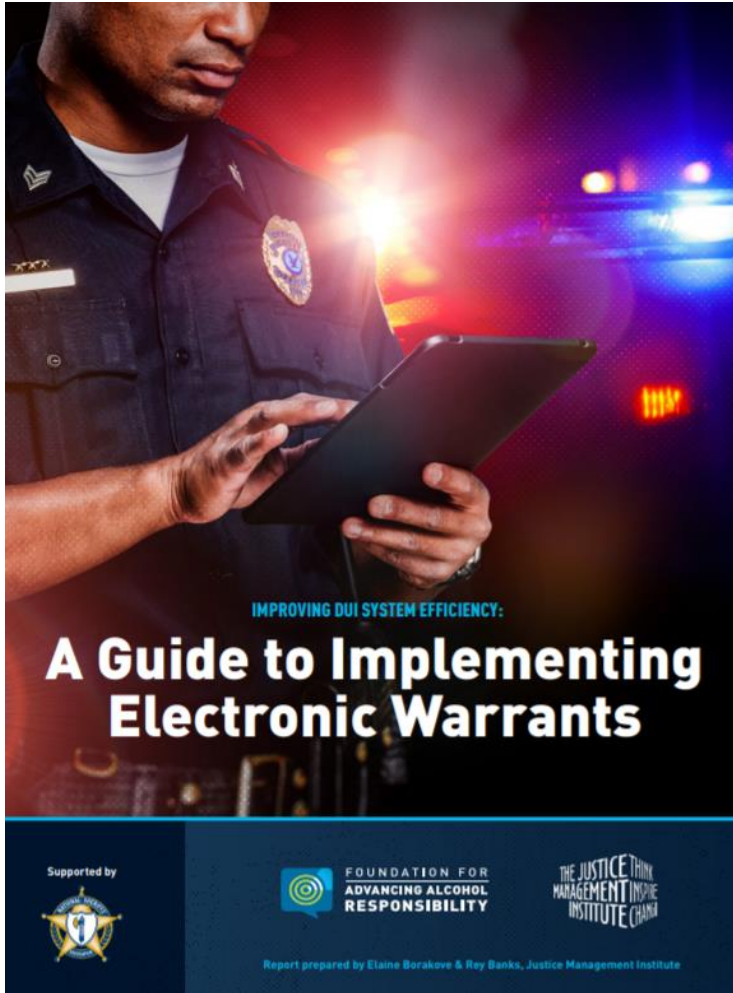
Oral fluid testing



E-fingerprints



Phlebotomy



www.responsibility.org/ewarrants

eWarrants Report



eWarrants
Implementation Guide

Read this guide to understand the importance of eWarrants.

DOWNLOAD



eWarrants
Executive Summary

Discover why we created this eWarrants guide and why it's needed.

DOWNLOAD



eWarrants
Checklist

This checklist outlines what's most critical for supporting eWarrants.

DOWNLOAD



Practices for Implementing Expedited Search Warrant Programs for Obtaining Evidence From Impaired Drivers

https://www.nhtsa.gov/sites/nhtsa.gov/files/documents/14735-expeditedwarrantsreport_041521_v2a_tag.pdf

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



March 2019

Toolkit Contents

- ❖ Understanding the need for and importance of a law enforcement phlebotomy program
- ❖ Planning and implementing a phlebotomy program
- ❖ Training
- ❖ Addressing liability concerns
- ❖ Barriers and how to overcome them
- ❖ Costs
- ❖ Tips for implementing and sustaining a successful law enforcement phlebotomy program
- ❖ Additional resources

https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/documents/14222-phlebotomy_toolkit_final-032819-v1a_tag_0.pdf

NASID Resource: State Cannabis DUI Laws

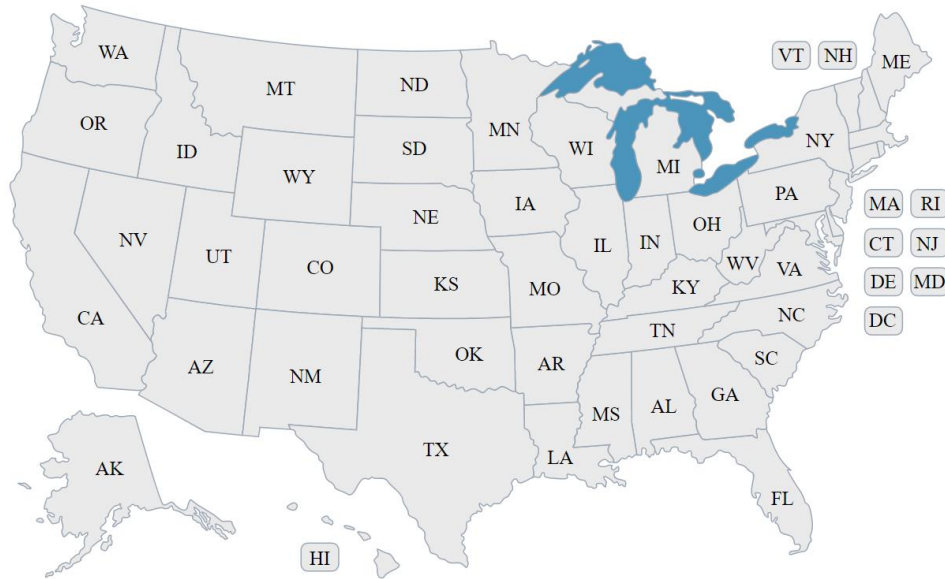


About Impaired Driving **State-By-State Info** Framework Members Get Involved



State Laws

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



Colorado



Share this data

STATE LAWS **CANNABIS LAWS**



Implied Consent Laws

DRUGS

CRS 42-4-1301.1 - [Learn More](#)
The law states that every driver shall be deemed to have expressed a consent to take a blood, breath, saliva, or urine test when requested to do so by a law enforcement officer who has probable cause to believe that that person is DUI or DWAI (CRS 42-4-1301(1)(g)) - [Learn More](#)

BLOOD

CRS 42-4-1301.1 - [Learn More](#)
The law states that every driver shall be deemed to have expressed a consent to take a blood, breath, saliva, or urine test when requested to do so by a law enforcement officer who has probable cause to believe that that person is DUI or DWAI (CRS 42-4-1301(1)(g)) - [Learn More](#)

URINE

CRS 42-4-1301.1 - [Learn More](#)
The law states that every driver shall be deemed to have expressed a consent to take a blood, breath, saliva, or urine test when requested to do so by a law enforcement officer who has probable cause to believe that that person is DUI or DWAI (CRS 42-4-1301(1)(g)) - [Learn More](#)

ORAL FLUIDS

CRS 42-4-1301.1 - [Learn More](#)
The law states that every driver shall be deemed to have expressed a



WTSC Cannabis DUIC PSA





Computerized Assessment and Referral System



CARS comprehensive mental health screener domains

Panic disorder	Social phobia	Eating disorders
Intermittent explosive disorder	Attention deficit/ hyperactivity disorder	Obsessive compulsive disorder
Depression	Generalized anxiety	Suicidality
Mania/bipolar disorder	Post-traumatic stress disorder	Conduct disorder
Oppositional defiant disorder	Psychosis	Nicotine dependence
Alcohol use disorder	Drug use disorder	Gambling disorder
Psychosocial stressors	DUI/criminal behavior	



NASID Conference 2024



2024 NASID CONFERENCE

DATES:
November 18-20, 2024

LOCATION:
Renaissance Arlington
Capital View
2800 Potomac Ave
Arlington, VA 22202

NASID
National Alliance to Stop Impaired Driving
Conference



<https://www.marriott.com/en-us/hotels/waspy-renaissance-arlington-capital-view-hotel/overview/>





RESPONSIBILITY.ORG

Darrin T. Grondel

Darrin.Grondel@Responsibility.org

571-309-7615



/GoFAAR



@goFAAR



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