Breakout Session 2:

Closing the Research Gaps In Impaired Driving Data

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Closing the Research Gaps in Impaired Driving Data

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ROAROKE VALLEY NORMEL

A 2017 study published in The American Journal of Public Health which reported, "Three years after recreational marijuana legalization, changes in motor vehicle crash fatality rates for Washington and Colorado were not statistically different from those in similar states without recreational marijuana legalization."

A 2016 study reported that the enactment of medical cannabis legislation is associated with an immediate decline in traffic fatalities among younger drivers.

Rosnoles Valley NORML meets at 7:00 pm the second Thursday of every month at The Haven on Stin- 308 5th Street, SW, Rosnoles, 24016

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Assessing the Feasibility of Evaluating the Legal Implications of Marijuana Per Se Statutes in the Criminal Justice System

April 201







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Drug Data Reporting and Linking



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Toxicology Challenges within a State

- Multiple Laboratories
 - State-run vs. Private
- Significant Variance in:
 - Drug Panels
 - Drug Matrices
 - Detection Thresholds
- Changes in Protocols over Time
- BAC Stop Testing Levels
- Flow of Toxicology Data



Other State-Level Challenges

- Data Linkage and Integration across Systems
- Combined Offenses for Alcohol and Other Drugs
- Charge Detail in Judicial Databases
- Linking of Toxicology Information
- Inability to Track an Individual from Citation to Final Disposition

Partnering with Research Groups

Marijuana, Other Drugs, and Alcohol Use by Drivers in Washington State



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





Figure 1. Timeline of the Washington State Study

Table 4. Percentage of THC-Positive Drivers by Wave (Oral Fluid or Blood)

	% THC-positive	Ν	95% CI
Wave 1	14.6	908	[11.9, 17.8]
Wave 2	19.4	672	[16.4, 22.8]
Wave 3	21.4	810	[17.5, 25.9]
In this table, Ns are	e unweighted; percentages are weighte	d.	

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THC-positive includes results from THC and hydroxy-THC.

Naturalistic Driving Research



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Potential Solutions

- Improved Communication within a State
 - Enhanced Focus on Toxicology
 - Build Broad Coalitions
- Consider Research Partnerships
- Invest in Toxicology and Technological Advancements
- Make Drugged Driving Data a State Value and Priority
- New BTSCRP Project "Tracking State Traffic Citation and Adjudication Outcomes"



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Roadmap to Improving FARS Drug Data

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Fatality Analysis Reporting System (FARS)

- A census of all police-reported fatal motor vehicle traffic crashes in the U.S. (50 States, DC, & Puerto Rico)
- Operated cooperatively with States
- FARS Analysts-state employees gather, analyze,& enter data



FARS Operations

- Eight State record sources
- > 140 data elements coded into uniform data system
- Quality control checks
- Not all data is available
- Not all data elements are coded



FARS Drug Data: A Cautionary Note

- Many people are seeking answers about drugged driving
- Many look to NHTSA's FARS data
- FARS Drug-involved Data has many limitations



Understanding the Limitations of Drug Test Information, Reporting, and Testing Practices in **Fatal Crashes**

Amy Berning & Dereece D. Smither

Since 1975, the National Highway Traffic Safety Administration (NHTSA) has collected data from all 50 States, the District of Columbia, and Puerto Rico on all police-reported fatal crashes on public roadways. NHTSA's National Center for Statistics and Analysis (NCSA) includes data from these fatal crashes in the other than alcohol on driving performance is insufficient to Fatality Analysis Reporting System (FARS). This dataset provides a wealth of information on fatal crashes, the roadways, vehicles, and drivers involved.

"Impaired driving" includes use of alcohol, or drugs, or both. Blood alcohol concentration (BAC) results are not known for all drivers in fatal crashes. For crashes with missing alcohol data, NHTSA uses a statistical model called "multiple imputation" to estimate the BAC of a driver at the time of the crash. In contrast, the variables regarding drug test information in crashes is evolving. It does not include estimates for missing data or impairment levels and therefore needs further interpretation. This paper summarizes some of the complexities related to drug-involved driving, notes limitations of drug data collected in FARS, and presents challenges in interpreting, reporting, and analyzing the data.

Drug Presence Versus Drug Impairment

An important distinction to make when evaluating impaired driving data is the mere presence of a drug in a person's system, as compared to the person being impaired by a drug in his/her system. FARS drug data provides information about drug presence, rather than whether the driver was impaired by a drug at the time of a crash. Data identifying a driver as "drug positive" indicates only that a drug was in his/her system at the time of the crash. It does not indicate that a person was impaired by the drug (Compton & Berning, 2009). The presence of some drugs in the body can be detected long after any impairment. For example, traces of cannabinoids (marijuana) can be detected in blood samples weeks after use. Thus, knowing that a driver tested positive for cannabinoids does not necessarily indicate that the person was impaired by the drug at the time of the crash.

NHTSA's Office of Rehavioral Safety Research

In addition, while the impairing effects of alcohol are wellunderstood, there is limited research and data on the crash risk of specific drugs, impairment, and how drugs affect drivingrelated skills. Current knowledge about the effects of drugs make judgments about connections between drug use, driving performance, and crash risk (Compton, Vegega, & Smither, 2009).

Every State has enacted a law defining drivers who are at or above .08 grams per deciliter BAC as "legally impaired," but there are no similar, commonly accepted impairment levels for other drugs. Some State laws have established levels for some drugs at which it is illegal to operate a motor vehicle (Lacey, Brainard, & Snitow, 2010; Walsh, 2009). The alcohol laws are based on evidence concerning the decreased ability of drivers across the population to function safely at these BACs. Such evidence is not currently available for concentrations of other drugs. Additionally, not all drugs reported in FARS are illegal. Over-the-counter and prescription medications are also reported. The legal status of a drug is not a factor in determining a drug's potential for decreasing driving performance or increasing crash risk.

Differences in Drug Testing Procedures

There is no consistent policy or set of procedures between, or sometimes even within, States for drug testing. Considerable variation exists regarding who is tested; which drug is tested for: type of test, cut-off levels, and equipment; and which biological specimen (blood, urine, or oral fluid) is used. Some jurisdictions test only fatally injured drivers; others test all drivers involved in fatal crashes. Some jurisdictions test no one at all. As such, a jurisdiction that tests more drivers is likely to have a higher percentage of drivers who are known to be drug-positive.

Similarly, there is no consistency regarding the types and number of drugs for which drivers are tested. Lab tests are costly. A driver is more likely to be tested for drugs if there is infor-

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Limitations—FARS Drug Data

lssue	Things to Work On
Quality	 limited drugs entered need specificity on specimen need info on testing panels and thresholds type of test not indicated need concentration amounts need positive and negative results need time/date of specimen collection non-representative survivors and decedents presence indicated not impairment*
Quantity	 >testing of surviving and deceased drivers



Improvements to Date

- Unlimited drugs allowed
- Updated specimen list
- Some variables renamed
- Identify positive & negative tests
- Software & training updates



Improvements to Come

- Add Test Type Variable
 - Screening Test, Confirmatory Test, Unknown
- Record data source
- Reorganize drug list



Longer Term Updates

- Time and date of
 - specimen collection
 - test performed
- Record concentration level of each drug
- Testing panel and detection threshold