RESPONSIBILITY.ORG | POLICY POSITION

Interventions to Eliminate Multiple-Substance Impaired Driving

Responsibility.org Position:

Responsibility.org is dedicated to eliminating all forms of impaired driving. As a part of this commitment, we support efforts to eliminate multiple-substance impaired driving through basic and enhanced training for officers to detect impairment, improved drug testing, increased capacity for toxicology labs, and new technology for drug detection. We also advocate for laws that distinguish driving under the influence (DUI), driving under the influence of drugs (DUID), and multiple-substance impaired driving as separate behaviors in statute, equal penalties for all forms of impaired driving, mandatory mental health and substance use disorder screening and assessment of all impaired drivers, drug-impaired driving education, and training for criminal justice practitioners.

This paper includes the most current and relevant data for this position as of Nov. 12, 2025.

Overview:

Multiple-substance impaired driving involves operating a motor vehicle while impaired by two or more potentially impairing drugs, including alcohol. Research consistently shows that drugs used in combination or with alcohol produce greater impairment than substances used on their own (Compton, et al., 2009; Schulze et al., 2012). The analogy of 1+1=3 is often used to describe the increased impairment and higher crash risk associated with using multiple substances at the same time. **This multiplicative impairment effect poses a higher crash risk on roadways.**

Research Highlights:

- In 2022, 59% of driver fatalities involved a driver who tested positive for drugs but not alcohol and 41% of drivers 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 (BAC=.08+) [National Highway Traffic Safety Administration (NHTSA) FARS data, 5/24].
- The Driving Under the Influence of Drugs, Alcohol and Medicines (DRUID) project of the European Commission found that individuals who drive under the influence of alcohol and drugs are up to 200 times more likely to be involved in a crash (Schulze et al., 2012; Griffiths, 2014).
- Washington State data revealed that multiple-substance impairment was the most common type of impairment found among drivers involved in fatal crashes between

2008 and 2016. Among drivers involved in fatal crashes during this timeframe, 44% tested positive for two or more substances with alcohol and tetrahydrocannabinol (THC) being the most common combination (Grondel et al., 2018).

- A 2024 survey on substance use and mental health matters revealed that 46.3 million (17.7%) individuals aged 18 and over had a substance use disorder in the past year, including 2.8% (nearly 7.3 million) who had both an alcohol and drug use disorder. Among those with a substance use disorder, 16% had both an alcohol and drug use disorder, 43% had an alcohol use disorder only, and 41% had a drug use only disorder (Substance Abuse and Mental Health Services Administration's 2024 National Survey on Drug Use and Health, 2025).

Current Detection Challenges:

Multiple-substance impaired driving is underreported. Most law enforcement officers are trained to identify alcohol-impaired drivers, but unfortunately, many do not receive specialized training to identify the signs and symptoms of drug impairment [e.g., Advanced Roadside Impaired Driving Enforcement (ARIDE) training or Drug Recognition Expert certification].

Impaired driving is the only crime where an investigation often ceases once minimal evidence is obtained allowing many multiple-substance impaired drivers to go undetected. Currently, many states have policies and protocols, such as stop-limit testing, that automatically terminate further drug testing when an impaired driver has a blood alcohol concentration (BAC) level at or above the legal limit of 0.08 g/dL. In cases such as these, only driving under the influence (DUI)-alcohol charges are likely to be pursued. It is only when alcohol is ruled out as the cause of impairment, or the impairment is not consistent with the driver's BAC level that drug use is explored. The nation must expand drug testing to detect multiple-substance impaired driving for all DUI cases. Recent research into state stop-limit testing practices aimed to identify missed drugs in laboratory testing processes. The findings revealed that of the samples collected from states with stop-limit testing, 29% of impaired driving cases were positive for drugs other than alcohol (Mohr et al., 2024). This underscores the critical need for drug testing alongside alcohol testing to fully understand the scope of impaired driving. Similarly, research conducted by the National Transportation Safety Board (NTSB) showed that over 30% of drug positive cases could be missed with stop testing procedures (NTSB, 2022).

While the specific method can vary by state, evidential drug testing is done by blood, urine, or oral fluid collection. If a suspect will not voluntarily submit to a chemical test, a warrant is required. It can take several hours to obtain an evidential sample and drug levels dissipate quickly, potentially allowing crucial chemical evidence of drug usage to disappear. Faster testing secures valuable evidence and improves prosecution.

Fortunately, new technology is available to help officers identify drivers who may be under the influence of drugs or multiple categories of drugs. Oral fluid field screening is becoming a reliable and accurate option to test for the presence of the most commonly detected impairing drugs in road users. These tests are easily administered and produce results within minutes. A

positive result is indicative of recent drug consumption. An evidential test is still required but the use of oral fluid field screening can alert officers that an evidential sample should be quickly obtained.

See the National Alliance to Stop Impaired Driving's (NASID) oral fluid screening resources, map on oral fluid use by state, and its joint position paper with Responsibility.org on oral fluid field screening, available here, to learn more.

Implications of Current Practice:

It may seem unnecessary to identify drivers impaired by drugs if they can already be prosecuted for driving under the influence (DUI) based on their BAC level. Given the extra time, paperwork, and cost associated with performing evidential tests, many jurisdictions fail to see the value in identifying whether a DUI offender is really a multiple substance offender. The failure to identify these drivers has several implications that can lead to negative outcomes:

- Lack of testing leads to under-reporting; it limits overall understanding of the scope and magnitude of impaired driving which hinders informed decision-making on policy and resource allocation.
- Failure to identify drug use at the time of arrest limits the court's ability to effectively dispose of cases and craft sentences tailored to offenders' risk and needs.
- Current laws are structured in such a way that unless drug use is identified at the outset of the case, offenders may be less likely to be subject to any drug monitoring and/or treatment. In some states, the arresting officer must name the specific drug that is impairing the driver.
- Failure to identify drug use misses an important opportunity to intervene and make informed supervision and treatment decisions.

Solutions:

A comprehensive approach is needed to address the complex issue of multiple-substance impaired driving, and a myriad of strategies should be implemented to identify these high-risk individuals and promote accountability and behavior change.

Strategies include:

- Increase the number of law enforcement officers who are trained to identify the signs and symptoms of drug impairment (Advanced Roadside Impaired Driving Enforcement, and Drug Recognition Expert training).
- Increase drug testing of drivers arrested for alcohol-impaired driving and abolish stop-limit testing practices.
- Expand the use of oral fluid field drug screening of drivers to detect recent drug use.
- Implement electronic warrant systems. See more information about these systems in Responsibility.org's E-warrants Implementation Guide.

- Train more law enforcement officers as phlebotomists to reduce the amount of time needed to obtain a blood draw. (These programs are currently used in 10+ states). See the NHTSA's Law Enforcement Phlebotomy Toolkit to learn more.
- Require mandatory screening and assessment of all impaired drivers for substance use disorders (both alcohol and drugs) and other mental health disorders. See the Computerized Assessment and Referral System (CARS) tool to learn more.
- Require mandatory alcohol and other drug testing, through blood, breath, or oral fluid collection, for all individuals involved in any motor vehicle crash when there is probable cause to suspect impaired driving.

Further, policymakers, state and federal agencies, criminal justice, and medical practitioners need education on these issues and must work collaboratively to identify gaps in the DUI system that allow multiple-substance impaired drivers to avoid accountability. More research and resource allocation are needed to increase law enforcement training, improve testing practices, and facilitate behavior change. Multiple-substance impaired drivers are high-risk drivers who need interventions and countermeasures, including supervision, tailored to their individual treatment needs and recidivism risk level.

Established in 1991 as a national not-for-profit organization, Responsibility.org leads the fight to eliminate drunk and impaired driving and underage drinking.

References:

Compton, R., Vegega, M., & Smither, D. (2009). *Drug-Impaired Driving: Understanding the Problem & Ways to Reduce It: A Report to Congress.* Washington, D.C.: NHTSA.

Griffiths, P. (2014). *An Overview of Drug Impaired Driving in the European Union.* Presented at the 2nd International Symposium on Drugs and Driving. Wellington, NZ: New Zealand Drug Foundation.

Grondel, D., Hoff, S., & Doane, D. (2018). Marijuana Use, Alcohol Use, and Driving in Washington State: Emerging Issues with Poly-Drug Use on Washington Roadways. Olympia: Washington Traffic Safety Commission.

Mohr, A. L. A., Cieri, G., & Logan, B. K. (2024). *Assessing impaired driving through comprehensive forensic toxicology: A multistate approach*. https://nasid.org/wp-content/uploads/2024/11/NASID-Forensic-Technology-Doc.pdf

National Highway Traffic Safety Administration. (2024). Fatality Analysis Reporting System (FARS) data: 2022 statistics. Retrieved May 2024.

National Transportation Safety Board (2022, December). *Alcohol, Other Drug, and Multiple Drug Use Among Drivers* (SRR-22-22).

Schulze, H., Schumacher, M., Urmeew, R., et al. (2012). *DRUID Final Report: Work Performed, Main Results and Recommendations*. Bergisch Gladbach, Federal Republic of Germany: Federal Highway Research Institute (BASt).

Substance Abuse and Mental Health Services Administration. (2025). *National Survey on Drug Use and Health: 2024 annual national report.*