

# Roadside technology combats drug driving

by Brian Thiessen

Australia had a problem; a third of drivers killed on roads in the state of Victoria tested positive for drugs other than alcohol.

Police had been testing for driving impairment using the Standardized Field Sobriety Test (SFST) and Drug Recognition Expert (DRE) programs, which are also used in Canada. The limitation of both tests are that they are only used when police have cause to suspect a driver and are not a strong enough deterrent to drug driving. Something more was needed to combat a problem that was becoming more severe each year.

The solution? The Victorian Parliament passed legislation in Dec. 2003 empowering police to randomly test drivers for the presence of cannabis (Delta 9 THC) and methamphetamine. Anyone found guilty of driving while on these illicit drugs faces fines up to \$1,200 and could lose their driver's license.

Critics argued that the link between the 'presence' of drugs and road safety was tenuous, since detection of an illegal drug doesn't indicate whether a person is fit to drive. Advocates argued that the real power of the law was in the message it sends; drug driving is dangerous and zero tolerance is needed. Moreover, thresholds cannot be set, as in the case of alcohol, because the relationship between drugs and impaired driving is still relatively new.

Roadside testing for drugs is not as simple as for alcohol. Few drugs are detectable in the breath, therefore a bodily fluid sample is required. This can be messy and an unduly invasive procedure.

The Victorian Government approved the drug-testing program providing roadside testing devices used met the following requirements:

- the preliminary roadside screening test must not take longer than five minutes to complete;
- only saliva is tested;
- the component of the device which collects the saliva sample must not be overly intrusive;
- the test subject must receive a portion of the second saliva sample to use as evidence in legal proceedings.

A significant government concern was that the devices were highly accurate, as even a small number of false positives would erode public support for the program. A tender for



devices capable of testing for meth and Delta 9 THC was released in February 2004. Evaluation consisted of four regimes of testing.

- university laboratory testing using spiked saliva samples;
- controlled dose human volunteer testing, also at a university, which produced results in line with the spiked testing;
- false positive testing done on drug free human volunteers;
- field-testing under operational conditions.

The Securetec Drugwipe II and Cozart Rapiscan devices were assessed as reliable and accurate. A police roadside drug testing process was designed which required three separate tests before a driver was fined or prosecuted. This 'safety net' approach helped assure the public that the process was fair and beyond reproach.

When a vehicle is stopped, a preliminary test is conducted with the Drugwipe II using a saliva sample. The driver is delayed no longer than five minutes and is free to go if the test is negative. If it's positive, the driver is asked to undergo a second, confirmatory saliva test in a



specially equipped bus. This is done with the Rapiscan and takes about 20 minutes.

Neither preliminary test on its own results in prosecution. Rather, should the driver again test positive, the sample taken is divided in two. One half is sent to an accredited laboratory, which tests the sample using Gas Chromatography Mass Spectrometry (GCMS). The other half is given to the driver, who is free to have an independent test done; they are prosecuted only if the lab test is positive.

Should a driver be unable to provide a saliva sample, a registered medical practitioner or approved health professional takes a blood sample, either at the roadblock or a nearby police station. This process ensures that no one is subject to an unwarranted prosecution.

Random testing for cannabis and meth began in December and Victoria Police (VP) had tested 1,518 car drivers and 337 truck drivers by Jan. 27, 2005. Three truck drivers (one in 112) and 15 car drivers (one in 101) tested positive for drugs. However, by the time the Canadian Police Research Centre (CPRC) began working with the VP in March 2005, the over-

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all rate had risen to one in every 67 drivers testing positive. That's three and a half times higher than the rate for alcohol roadside testing in the state (one in 250).

The results were surprising and disturbing even to Insp. Ian Cairns, who heads the VP Traffic Alcohol and Drug Section. Impaired driving by alcohol had dropped in the state after roadside testing began and it was hoped the drug testing program would achieve the same result.

The drug-driving program hasn't been without its problems. Three drivers who tested positive both at the roadside and in the bus in the first three weeks of the program were later cleared by laboratory testing – false positives. As a result, handling procedures were changed and since then each positive has been confirmed by the lab.

Interviews with the media, police and drivers has shown overwhelming support for the initiative.

### European study confirms the effectiveness of road-side alcohol counter-measure testing

The European Union (EU) conducted a Roadside Testing Assessment study to identify requirements for roadside testing equipment and compare existing equipment/prototypes. The assessment addressed result validity, equipment reliability, usability and usage costs. The project studied 2,968 subjects and compared 15 different on-site urine drug tests and three on-site saliva tests (one also used perspiration) in eight countries. It was concluded that roadside drug tests:

- are needed and useful under both impairment and per se type legislation;
- will increase the confidence of police officers when prosecuting drugged driving, since without an on-site tool to confirm the suspicion, officers will be more reluctant to prosecute;
- can save time and simplify the enforcement procedure by, for example, avoiding the need to take the subject to a police station or health care facility for testing;
- can save money by excluding a drug as the cause of an impairment, thus avoiding more expensive laboratory analysis – and by reducing the inconvenience experienced by people who didn't take drugs by allowing them to continue on their way more rapidly;
- are and should always remain preliminary tests that allow police to take immediate measures on-site. A legal sanction should only be based on the result of a reference method in a certified laboratory and/or on the signs of impairment of the subject (depending on the type of legislation in force).

Other conclusions:

- Subjects are impressed by the result – even more so if the procedure was complex or if the result is read electronically – and often confess when confronted with a positive result, even if they vehemently denied taking drugs before the test result;
- Roadside tests and the publicity from them can have a deterrent effect because the subjective risk of being caught increases;
- On-site tests will be more targeted and economical if based on a suspicion by a trained police officer. Training to recognize recent drug use or impairment is also essential to effective enforcement of drug-driving laws;
- Users of on-site tests have shown great creativity in overcoming some of the encountered problems;
- The need for on-site tests is so great that in some countries police officers would rather use an imperfect device than wait for a more suitable one;
- Those countries which do not permit roadside drug testing, such as the UK, should consider legislative changes to permit future use of on-site tests of proven validity.

### Situation in Canada

The Canadian Society of Forensic Science reports there are currently fewer than 200 cases per year of impaired driving by a drug in Canada; a small amount when compared to the approximately 81,000 C.C.C. impaired driving incidents occurring each year

In response the CPRC is embarking on a project to examine roadside drug testing technologies. This project will include:

- a national study and roadside drug testing to determine the scope of the drug driving problem in Canada;
- an analysis of legal issues;
- laboratory testing of roadside drug testing technologies;
- an examination of the Drug Recognition Expert program in a Canadian context.

Laboratory results are expected this summer.

The initiative is strongly supported by Mothers Against Drunk Driving (MADD). "We need to keep impaired drivers off our roads, whether they drink alcohol or use drugs," says national president Karen Dunham. "We want the government to provide police with the legal framework and appropriate tools so they can catch and charge drug-impaired drivers."

"Our goal is to save lives," says Jim Cessford, Chief Constable of the Delta Police Department and Chair of the CPRC. "We use approved screening devices at roadside spot checks to catch drivers who drink but we have nothing comparable to deal with drivers using drugs."

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