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Testimony Before the

U.S. House Oversight & Government Reform - Subcommittee on Government Operations

Hearing on

"Planes, Trains and Automobiles: Operating While Stoned"

July 31, 2014

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Good morning Chairman Mica, Ranking Member Connolly, and distinguished Members of the Subcommittee. My name is Ron Flegel, and I am the Director of the Division of Workplace Programs at the Center for Substance Abuse Prevention (CSAP) within the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the Department of Health and Human Services (HHS). I am pleased to speak with you this morning to talk about SAMHSA's role as it pertains to the issue of drug testing for marijuana, particulary as it relates to "drugged driving."

Administration's Goal: Reducing Drugged Driving

Driving under the influence of drugs or alcohol continues to pose a significant threat to public safety. A systematic review of the literature indicates that acute marijuana consumption is associated with an increased risk of motor vehicle collisions resulting in serious injury or death, compared with drivers not consuming marijuana.[1] Sadly, this is too frequently being demonstrated on America's roads. In 2009, marijuana accounted for 25 percent of all positive drug tests for fatally-injured drivers for whom drug-test results were known and for 43 percent among fatalities involving drivers 24 years of age and younger with known drug-test results.[2] Moreover, approximately one in eight high school seniors responding to the University of Michigan's 2013 Monitoring the Future survey reported driving after smoking marijuana within two weeks prior to the survey interview, more than the number who reported driving after consuming alcohol.[3]

Alcohol-impaired driving has been a focus of road safety for decades, and rates of drinking and driving on the roads have declined due to improved laws, enforcement, and sustained public awareness campaigns that have changed the social norm around alcohol-impaired driving. However, drugs other than alcohol—illicit (*e.g.*, marijuana) as well as prescribed and over-the-counter—can affect driving performance with the potential to alter behavior. The issue of drugged driving continues to be a priority for the Administration. In the 2010 *National Drug Control Strategy*, the Administration set a goal of reducing drugged driving in America by 10 percent by 2015. Additionally, the Office of National Drug Control Policy and National Highway Traffic Safety Administration jointly developed the online Advance Roadside Impaired Driving Enforcement (ARIDE) program, which will train law enforcement personnel on how to observe, identify, and describe the signs of impairment related to drugs, alcohol, or a combination of both. The course will also help other public safety officials, including prosecutors, toxicologists, and judges, understand the signs of impairment to improve their ability to prosecute drugged drivers.

With the release of the 2014 *National Drug Control Strategy* earlier this month, the Administration continues to collaborate with state and local governments, non-governmental organizations, and Federal partners, including SAMHSA, to raise awareness of the dangers of drugged driving and meet the 2015 goal.

[1] Asbridge, M; Hayden, J.; Cartwright, J. (2012). Acute cannabis consumption and motor vehicle collision risk: systematic review of observational studies and meta-analysis, *BMJ* 201;344:e536. Available at http://www.bmj.com/content/344/bmj.e536

[2] Office of National Drug Control Policy. (October 2011). Drug Testing and Drug-Involved Driving of Fatally Injured Drivers in the United States: 2005-2009. Available at http://www.whitehouse.gov/sites/default/files/ondcp/issues-content/fars_report_october_2011.pdf

[3] Institute for Social Research, the University of Michigan. 2011 Monitoring the Future survey.

Results from SAMHSA's National Survey on Drug Use and Health (NSDUH) indicate that, in 2012, 9.7 million persons (4.1 percent) aged 18 or older reported driving under the influence of illicit drugs during the past year. The 2012 rate was lower than the 2002 rate (4.8 percent), but it was a slight increase from than the 2011 rate of 3.8 percent.[4]

The Administration has focused on four key areas to reduce drugged driving:

1. Increasing public awareness;
2. Enhancing legal reforms to get drugged drivers off the road;
3. Advancing technology for drug tests and data collection; and
4. Increasing law enforcement's ability to identify drugged drivers.

These efforts remain the Administration's focus for the upcoming year.

SAMHSA's Roles and Responsibilities

SAMHSA was established in 1992 and is directed by the Congress to effectively target substance abuse and mental health services to the people most in need of them, and to translate research in these areas more effectively and more rapidly into the general health care system. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. SAMHSA strives to create awareness that:

- Behavioral health is essential for health;
- Prevention works;
- Treatment is effective; and
- People recover from mental and substance use disorders.

SAMHSA serves as a national voice on mental health and mental illness, substance abuse, and behavioral health systems of care. It coordinates behavioral health surveillance to better understand the impact of substance abuse and mental illness on children, adults, and families, as well as the costs associated with treatment. SAMHSA helps to ensure dollars are invested in evidence-based and data-driven programs and initiatives that result in improved health and resilience.

SAMHSA applies strategic, data-driven solutions to field-driven priorities. To this end, SAMHSA helps states, territories, and Tribes build and improve basic and proven practices and system capacity by encouraging innovation, supporting more efficient approaches, and incorporating research-based programs and best practices into funded programs so they can produce measureable results. In addition, SAMHSA's longstanding partnerships with other Federal agencies, Tribal governments, systems, national stakeholders, and the public have uniquely positioned SAMHSA to collaborate and coordinate across multiple program areas, collect best practices and develop expertise around behavioral health services, and understand and respond to the full breadth of the behavioral health needs of children, individuals, and families across the country.

[4]Substance Abuse and Mental Health Services Administration. (2013). *Results from the 2012 national survey on drug use and health: Summary of national findings (*NSDUH Series H-46, HHS Publication No. (SMA) 13-4795). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Substance abuse, substance use disorders, poor emotional health, and mental illnesses take a toll on individuals, families, and communities. These conditions cost lives and productivity, and strain families and resources in the same way as untreated physical illnesses. SAMHSA works to focus the Nation's attention on these preventable and treatable problems.

Drugged Driving and SAMHSA's Roles

SAMHSA has several roles as it pertains to the issue of drugged driving:

1. Conducting surveillance through the NSDUH.
2. Providing funding and technical assistance to grantees for drugged-driving prevention efforts, and evaluating grantees implemented prevention programs that are focused on the problem.
3. Administering the workplace drug-testing program advised by the SAMHSA Drug Testing Advisory Board (DTAB), including issuing Mandatory Guidelines and maintaining a technical-assistance helpline.

NSDUH

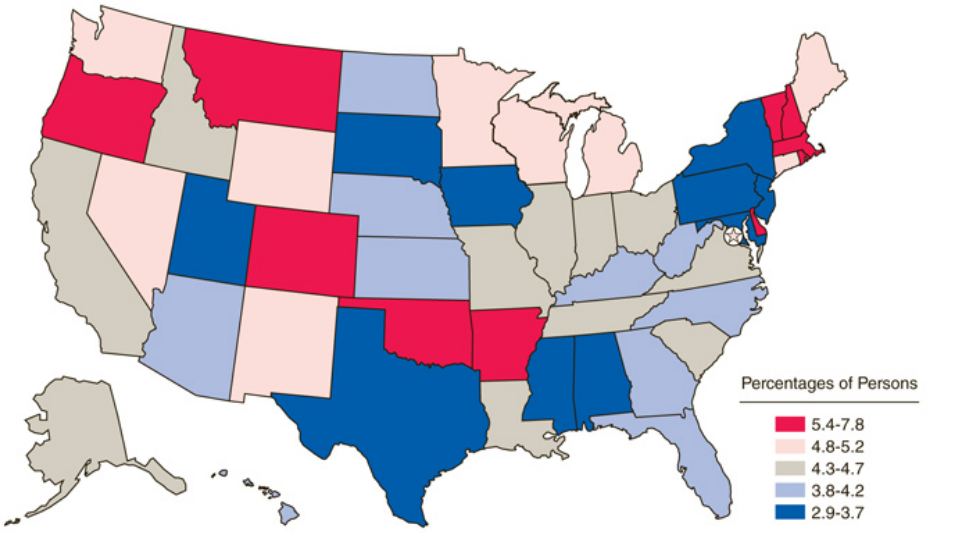
The 2012 NSDUH Summary of National Findings and Detailed Tables[5] includes several tables presenting estimates of driving under the influence of illicit drugs in the past year. The data in these tables are broken out by various demographic characteristics (*e.g.*, age, gender, race/ethnicity), as well as education, employment status, and geographic division and county type.

As noted above, in 2012, 9.7 million persons (4.1 percent) aged 18 or older reported driving under the influence of illicit drugs during the past year10.3 million persons, or 3.9 percent of the population aged 12 or older, reported driving under the influence of illicit drugs during the past year. The 2012 rate was lower than the 2002 rate (4.7 percent), but it was higher than the the 2011 rate of (3.7 percent). Across age groups, the rate of driving under the influence of illicit drugs in 2012 was highest among young adults aged 18 to 25 (11.9 percent); this rate for young adults was similar to the rate in 2011 (11.6 percent). Additionally, the rate of driving under the influence of illicit drugs during the past year among adults aged 26 or older increased from 2.4 percent in 2011 to 2.8 percent in 2012.

In May 2012, SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) issued a state-level short report (State Estimates of Drunk or Drugged Driving).[6] The report used combined 2006-2009 data to produce estimates by state that were then compared to the 2002-2005 estimates. According to this short report, the rates of drugged driving were among the highest in Rhode Island (7.8 percent) and Vermont (6.6 percent).

[5] http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/Index.aspx
[6] http://samhsa.gov/data/2k12/NSDUH109/SR109StateEstDrunkDrugDriving2012.htm

Percentages of Persons Aged 16 or Older Driving under the Influence of Illicit Drugs in the Past Year, by State: 2006 to 2009



NOTE: Some estimates may differ from previously published estimates due to updates (see End Note 6).
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2006 to 2009 (Revised March 2012).

SAMHSA Grantee Use of Funding, Technical Assistance and Evaluation

Currently, nine states are focused on drugged-driving prevention efforts using SAMHSA grant funds from their respective Substance Abuse Prevention and Treatment Block Grant, Strategic Prevention Framework State Incentive Grant, or Partnerships for Success grant.

SAMHSA's Center for the Application of Prevention Technologies (CAPT) provides state-of-the-science training and technical assistance to states and communities, and thus addresses drugged driving for a state or community that chooses to focus on this issue and/or if data suggest that drugged driving is a particular issue for that state or community. The CAPT has posted on its website a list of state efforts to address drugged driving and a data source to guide prevention planning.[7]

Among some of the highlights of the document are that:

- West Virginia, Wisconsin, and Wyoming are using SAMHSA funds to address driving while under the influence of drugs.
- West Virginia's Division on Alcoholism and Drug Abuse Bureau for Behavioral Health worked with the state police on "distracted driving," which includes drugged and "buzzed" driving.

[7] http://captus.samhsa.gov/access-resources/state-approaches-addressing-drugged-driving

- Wisconsin's Partnership for Success grant addresses drugged driving by increasing the number of Drug Recognition Experts, who are police officers trained to recognize impairment in drivers under the influence of drugs other than, or in addition to, alcohol.
- Wyoming Governor's Council on Impaired Driving is addressing this issue through a media campaign and they are working in collaboration with the Wyoming Partnership for Success Grant.
- Many states receive funding for addressing drugged driving through national highway safety grants and funds that come from states' offices of highway safety, departments of transportation, and departments of highway traffic and safety.

SAMHSA's Program Evaluation for Prevention Contract (PEPC) is focused on evaluations of implemented programs for SAMHSA's Partnership for Success grantees. This is noteworthy, because a number of grantees, such as the ones just described, will have data on drug-impaired driving, which SAMHSA will use for its cross-site evaluations, as reported by PEPC contractors.

Division of Workplace Programs

SAMHSA's Division of Workplace Programs (DWP) has unique and nationally important regulatory, knowledge development, and technical assistance roles and responsibilities for Federal and non-Federal workplaces, with respect to their drug-free workplace policies and programs.

The DWP has oversight responsibility of the HHS-certified laboratories operating under the Mandatory Guidelines for Federal Workplace Drug Testing Programs requirements. The HHS-certified laboratories conduct forensic drug testing for Federal agencies under Executive Order 12564, *Drug-Free Federal Workplace*, issued by President Reagan in 1986, and the Supplemental Appropriations Act of 1987 (Public Law 100-71), as well as specific Federally-regulated industries.

The most recent Mandatory Guidelines were published in the Federal Register on April 30, 2010, with an implementation date of October 1, 2010. In general, these Guidelines apply to:

1. Executive agencies;
2. The Uniformed Services, excluding the Armed Forces as defined;
3. Any other employing unit or authority of the Federal Government except the U.S. Postal Service, the Postal Rate Commission, and employing units or authorities in the Judicial and Legislative Branches;
4. The Intelligence Community, but only to the extent agreed to by the head of the affected agency;
5. Laboratories and instrumented initial test facilities (IITFs) that provide drug testing services to the Federal agencies;
6. Collectors that provide specimen collection services to the Federal agencies; and
7. Medical Review Officers that provide drug testing review and interpretation of results services to the Federal agencies.

In addition, the U.S. Department of Transportation is required to follow the laboratory and testing procedures for controlled substances that are set forth in these Guidelines in its regulatory program that requires drug and alcohol testing of employees who perform safety-sensitive duties in Federally-regulated transportation industries.

SAMHSA's Mandatory Guidelines do not apply to drug testing under authority other than Executive Order 12564, including testing of persons in the criminal justice system, such as, arrestees, detainees, probationers, incarcerated persons, or parolees.[8]

Currently, urine is the only specimen a Federal agency may collect under the Guidelines for its workplace drug testing program. A Federal agency must ensure that each specimen is tested for marijuana and cocaine metabolites and is authorized to test each specimen for opiates, amphetamines, and phencyclidine.

These guidelines are developed and revised based on recommendations from the DTAB, an advisory committee governed by the Federal Advisory Committee Act.The DTAB advises the SAMHSA Administrator based on an ongoing review of the direction, scope, balance, and emphasis of the Agency's drug testing activities and the drug testing laboratory certification program.

The DTAB reviews the Agency's program for national laboratory certification for Federal workplace drug testing programs as required by Public Law 100-71 and as described in the Mandatory Guidelines for Federal Workplace Drug Testing Programs. It considers and recommends areas for emphasis or de-emphasis, new or changed directions, and mechanisms or approaches for implementing recommendations. Periodically, the DTAB reviews specific science areas on new drugs of abuse and the methods necessary to detect their presence.

SAMHSA is in the process of revising the Mandatory Guidelines, as noted in ONDCP's 2014 *National Drug Control Strategy* and as discussed at DTAB open meetings. The proposed revisions address the DTAB's July 2011 recommendations, which, based on review of the science, recommended that SAMHSA revise the Mandatory Guidelines to include oral fluid as an alternative specimen to test; and and to include additional Schedule II prescription medicationssuch as oxycodone, oxymorphone, and hydromorphone, for testing.

The current SAMHSA Guidelines are specific to testing of Federal employees for the purpose of workplace settings and do not directly govern issues related to drugged driving. The proposed revisions to the Mandatory Guidelines are still being finalized, and will be posted in the Federal Register for public comment once completed.

Drug-Free Workplace Helpline

Finally, SAMHSA runs the Drug-Free Workplace Helpline[9], which assists employers and union representatives with policy development, drug testing, employee assistance, employee education, supervisor training, and program implementation.

[8] Although HHS has no authority to regulate the transportation industry, the Department of Transportation (DOT) does have such authority. DOT is required by law to develop requirements for its regulated industry that ''incorporate the Department of Health and Human Services scientific and technical guidelines dated April 11, 1988, and any amendments to those guidelines."

[9] 800-WORKPLACE (800-967-5752)

Conclusion

As I stated at the opening of my testimony, the issue of drugged driving continues to be a priority for SAMHSA and for the Administration. SAMHSA, along with other Federal agencies, continues to collaborate with state and local governments, nongovernmental organizations, and Federal partners to raise awareness of the dangers of drugged driving and meet the Administration's goal of reducing drugged driving in America. The Administration continues to advance the work on this important issue, and we look forward to continuing to work with the Congress on these efforts.

Thank you for this opportunity. I welcome any questions that you may have.