

**Testimony of Colleen Sheehey-Church
National President, Mothers Against Drunk Driving
House Energy and Commerce Committee
Subcommittee on Digital Commerce and Consumer Protection
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Chairman Latta, Ranking Member Schakowski, and members of the subcommittee: Thank you for the opportunity to testify today before your subcommittee on the issue of drug impaired driving. My name is Colleen Sheehey-Church and I serve as the National President of Mothers Against Drunk Driving, or MADD. Drugged driving is a serious issue and one that is gaining attention across the country. I look forward to sharing with the committee MADD's thoughts on how to best address this problem.

I am uniquely qualified to testify today. My son Dustin Church was killed by a drunk and drugged driver on July 10, 2004. At only 18 years old, Dustin had just graduated from high school and had his whole life ahead of him.

That night in July, Dustin had not been drinking. He was doing what most kids like to do and was hanging out with friends when they decided to go grab a pizza. My husband Skip and I had talked to both of our sons about not drinking until age 21 and never drinking and driving. We also talked to them about the dangers of riding in a car with a drunk driver. I'll never know why Dustin got into the car that night, but I am sure and tests showed that he was sober and had buckled his seat belt. Unfortunately the driver, his friend, had been drinking and had illicit drugs in her system.

The pizza run turned tragic when the driver lost control of her car and it careened off the road into a river. The driver and passenger escaped, but not my Dustin.

Early the next morning, Skip and I got that knock on the door that no parent should ever receive. The pain of losing someone so senselessly to a 100 percent preventable crime never goes away. That's why we must work harder than ever to eliminate drunk and drugged driving.

In 2015, MADD updated our mission statement to include "help fight drugged driving." As one of the largest victim's assistance organizations in the country, we want victims of drugged driving to know that we are here to serve their needs. We also know that the legalization of recreational and medicinal marijuana, the national opioid crisis, and the prevalence of prescription drugs in our society can only lead to more drug impaired driving on our roadways. What we don't know, however, is the role of drugs as causal factors in traffic crashes. This is why more research is needed.

MADD relies on research and data to make informed public policy recommendations. Since our founding in 1980, we have led the way on every major drunk driving reform in our nation. The 21 minimum drinking age, zero tolerance laws, and the national .08 BAC standard are just a few of the major policy initiatives MADD has championed to help cut drunk driving deaths in half since 1980.

MADD is committed to a research and data driven agenda. I would like to call your attention to a report released earlier this year from the National Academy of Sciences (NAS) which states "Alcohol-impaired driving remains the deadliest and costliest danger on U.S. roads today. Every

day in the United States, 29 people die in an alcohol-impaired driving crash—one death every 49 minutes—making it a persistent public health and safety problem.”

The Insurance Institute for Highway Safety (IIHS) reports that “Out of all drugs, alcohol is still the biggest threat on the roads (IIHS Status Report, June 22, 2017). IIHS states that “the battle against alcohol-impaired driving isn’t won” and that “states and localities should keep channeling resources into proven countermeasures to deter impaired driving such as sobriety checkpoints.”

The NAS and IIHS reports are important because recent headlines would lead you to believe that drug impaired driving has overtaken drunk driving in terms of highway deaths. This is not true.

The truth is that we do not know how many people are killed each year due to drug impaired driving. There are two major obstacles to determining the scope of the problem. First, we lack impairment standards for drugs. According to the 2013-2014 National Roadside Survey, marijuana is the second most commonly found impairing drug after alcohol. Yet marijuana has no impairment equivalent to .08 for alcohol. For prescription drugs, there also are no impairment levels for drugs legally prescribed by ones doctor.

In addition to impairment, most states and localities do not have standard testing to determine if drivers involved in fatal crashes were impaired by drugs. This means we do not have a good estimate on how many people are actually killed by drug impaired drivers.

There is a key difference between ‘drug presence’ and ‘drug impairment.’ MADD believes that drug presence is sometimes being used as a way to suggest drug impairment – when this is not the case. Imagine if “alcohol presence” implied “alcohol impairment.” Currently it is possible to ascertain whether a drug is present in a driver’s system, but showing the role of drugs as causal factors in crashes has not yet been achieved.

Other than alcohol, marijuana is the drug that is most frequently detected in drivers’ systems after a vehicle crash. The National Highway Traffic Safety Administration’s (NHTSA) website currently states that “it is still unclear the extent to which [marijuana] contributes to the occurrence of vehicle crashes. Some studies have attempted to estimate the risk of driving after marijuana use, but these remain inconclusive in terms of predicting real-world crash risk.”

(NHTSA website, July 2018)

MADD firmly stands behind the need to conduct robust research to determine drug impairment, and efforts to educate the public on the dangers of impaired driving.

The Campaign to Eliminate Drunk Driving

With alcohol impairment, we know what works. MADD’s Campaign to Eliminate Drunk Driving began in 2006 and has created a national blueprint to eliminate drunk driving in our country. The Campaign is based on a proven strategy and supports law enforcement, all offender ignition interlock laws, advanced vehicle technology, and asks the public to help us support these

initiatives. Congress has fully endorsed the Campaign by funding its initiatives as part of both MAP-21 and the FAST Act.

Since 2006, MADD has successfully advocated in 32 states plus the District of Columbia for all offender ignition interlock laws. The Centers for Disease Control and Prevention has compiled over 15 peer-reviewed studies that show interlocks reduce DUI recidivism, and several recent national studies show that all-offender interlock laws reduce drunk driving deaths. Thanks to these state laws, over 176 million Americans are protected by all-offender ignition interlock laws.

Congress has continued to fund twice annual high visibility law enforcement campaigns, now known as *Drive Sober or Get Pulled Over*. NHTSA estimates that states which conduct sobriety checkpoints in conjunction with high visibility advertisements have an almost 20 percent reduction in DUI deaths.

Finally, Congress authorized and funded the Driver Alcohol Detection System for Safety program, or DADSS. DADSS is a public-private partnership that seeks to create a passive, reliable, relatively inexpensive and publicly-accepted in-vehicle alcohol detection technology that would prevent a drunk driver from driving a vehicle. IIHS estimates that DADSS has the potential to save 7,000 lives a year.

The concept for DADSS emerged from a 2006 MADD conference in New Mexico, and work began in 2008 with equal support from NHTSA and auto manufacturers. Since that time,

technology development has advanced and a limited on-road test program is in place. The bulk of the program funding now comes from government sources.

Needless to say, as an organization that represents the victims of drunk driving, we are impatient to see successful completion of this program. In this regard, we support the language in the June 12, 2018 House Report 115-750 from the Committee on Appropriations, which states that "The Committee encourages NHTSA and its program partners to work diligently toward making the technology ready for vehicle integration by the end of the FAST Act authorization in fiscal year 2020." We have great faith and confidence that our friends in the auto industry recognize the value of this program and the need to make it available to their customers as soon as possible to help save many thousands of lives.

Recommendations to Move Forward

Mr. Chairman, MADD believes that the best way to move forward on drug impaired driving is to do more on drunk driving, and specifically to increase impaired driving enforcement. MADD has long supported our heroes in law enforcement because we know that they are the men and women who actually get drunk and drugged drivers off the roads. Law enforcement is under enormous pressure and nationwide arrests are down. This is a trend that must be reversed and this is an area we encourage this committee to further explore.

We must encourage law enforcement agencies all across the country to make traffic enforcement a priority. Sobriety checkpoints and saturation patrols catch and deter drunk and drugged drivers.

We also support proper training for law enforcement that helps them detect drugged drivers. Every law enforcement officer should receive Standardized Field Sobriety Testing (SFST) training. This is the basic roadside test that police use to help determine impairment. Next, the Advanced Roadside Impaired Driving Enforcement (ARIDE) training provides an additional level of training to help detect drug impairment. Finally, we support the Drug Recognition Expert (DRE) program which is an intensive training course that gives officers the knowledge to identify drug impairment more definitively and provide expert testimony in a court of law.

In addition to law enforcement training, prosecutors need to know best practices to obtain drugged driving convictions. We support the Traffic Safety Resource Prosecutors (TSRP) who help train prosecutors in order to get drunk and drugged driving convictions.

Research and Data

In the short term, our focus must be on providing law enforcement with the necessary resources to get drunk and drugged drivers off the road. In the mid to long term, we need to focus on conducting further research and improving data to understand the scope of the drugged driving problem and measure the level of impairment associated with different amounts of drugs.

One important piece of research that we urge Congress to reinstate and fully fund is the National Roadside Survey (NRS) which has been conducted for the last 45 years by NHTSA and/or the IIHS. The National Institutes of Health also supported the last two NRS surveys. This study is conducted roughly every ten years and the last roadside survey was conducted in 2013-2014. This is not a sobriety checkpoint. Drivers are paid to voluntarily participate. If they are found to be impaired, as participants of the survey they are not arrested but rather safety escorted home. This is a critical tool that gives policy makers important information about drivers who are using alcohol and drugs and then driving on our roadways.

The NRS is critical to the highway safety community as we try to better understand drunk and drug impaired driving. In fact, it is one of the few data points available to give us a sense of what is really happening on the roads in terms of presence. The 2013-2014 NRS found that there has been a large decrease in the percentage of drivers who were alcohol positive, from 35.9 percent in 1973 to 8.3 percent in 2013–2014. For BrACs of .08 and higher, there was a decrease from 7.5 percent in 1973 to 1.5 percent in 2013–2014, revealing an impressive 80 percent reduction in the percentage of alcohol-impaired drivers on the road on weekend nights.

In contrast, THC was the most widely found drug and the prevalence increased from 8.6 percent in 2007 to 12.6 percent in 2014. This can be attributed to the widely changing landscape of marijuana legalization and medical marijuana legalization. It should be emphasized that the survey identifies only the presence of drugs and not impairment.

Congress has prohibited funding for the NRS as part of the annual appropriations process. We have been told that this is due to privacy concerns. These concerns are unfounded as again the survey is completely voluntary and the data is entirely anonymous.

The information from the roadside survey is critical to tracking the prevalence of drug presence among drivers, and we urge the committee to work with your colleagues to restore funding for the NRS.

With the prevalence of marijuana legalization, both recreational and medicinal, it is critical that more work be done to understand impairment. We agree with a recent AAA study which states a .08 equivalent may not be possible with marijuana, but we still must better understand how marijuana impairment influences driving behaviors. For example, how long should someone wait after using marijuana before driving? And how does this vary between edibles and smoking? We need answers to these questions in order to make good policy.

In addition to impairment, we encourage more testing to determine the presence and amounts of drugs among drivers in crashes. Most states and localities do not have standard testing to determine if drivers involved in fatal crashes were impaired by drugs. This means we do not have a good estimate on how many deaths occur in crashes of drivers with drugs in their systems or who are impaired.

Closing

In closing, I encourage the Congress to look at near term solutions to stop recent increases in traffic fatalities. The National Academy of Sciences report makes clear that alcohol is the leading killer on our roadways and therefore drunk driving should be a major focus in crash prevention. The good news is that doing more to prevent drunk driving will result in fewer drugged driving deaths, too.

Law enforcement is our best defense against drunk and drugged drivers. We urge the committee to work with law enforcement leaders to make sure that traffic enforcement is a priority. In addition, proper training such as SFST, ARIDE, and DRE are important tools police need to detect driver impairment, make arrests, and ultimately convict.

Finally, it is critical that we have the research and data needed to better understand the problem of drugged driving. Congress can start by reinstating the National Roadside Survey. In addition, we must look at ways to identify drug impairment, especially with regard to marijuana, in order to make better policy recommendations to the public.

Mr. Chairman, I'm here because my son Dustin was killed by a drunk and drugged driver. It is my hope that the recommendations I am making on behalf of MADD will help to make progress on drunk driving and drugged driving and prevent others from the same tragedy that has devastated my family.

Thank you again for the opportunity to testify before your committee. I am happy to answer any questions you might have.