

Protecting New Yorkers From Drugged Driving (S8913/A9554)

Bill Sponsors:

Assembly
Transportation Chair
Bill Magnarelli

Senator John Mannion

Assembly Co-Sponsors: Pheffer Amato Stern, Griffin, Woerner, Wallace, Buttenschon, Englebright, Silliti, Thiele. Jean-Pierre, Burdick, Stirpe

Senate Co-Sponsors: Addabbo, Kaminsky, Tedisco, Thomas, Jordan

Presenters:

Kristen Burke, MBA

Regional Toxicology Liaison NHTSA Region 9

Maureen McCormick

Suffolk County DA's Office Co-Chair DAASNY Vehicular Crimes Subcommittee

Hosted By:







Drug Use Crisis

On Wednesday May 11, 2022 the Centers for Disease Control announced that more than 107,600 Americans died from drug overdoses last year.

It is the highest annual death toll on record.

Crossing the Line...



The Problem:

- □ U.S. Transportation Secretary Pete Buttigieg declared the rising number of roadway deaths as a national crisis on March 2, 2022.
- The National Highway Traffic Safety Administration (NHTSA) reported in June of 2021 that nationally 56% of drivers involved in serious injury and fatal crashes tested positive for at least one drug.

The Problem Continued

□ In New York 40% of fatal and injury crashes in 2020 were drug-related. (ITSMR Data)

Drugged driving crashes, injuries and fatalities can be expected to increase post-legalization the same way drunk driving fatalities increased when prohibition was lifted.

VTL § 1192. Operating a motor vehicle while under the influence of alcohol or drugs:

- □ 1. Impaired by alcohol (Traffic Infraction)
- 2. Driving while intoxicated; per se .08 BAC or higher (Misdemeanor)
- 2a. Leandra's Law: No person shall operate a motor vehicle in violation of subdivision two, three, four or four-a of this section while a child who is fifteen years of age or less is a passenger (Felony)
- 3. Driving while intoxicated. No person shall operate a motor vehicle while in an intoxicated condition (Misd.)

VTL §1192.4 & §1192.4a: Drug and Combined Effects

- 4. Driving while ability impaired by drugs. No person shall operate a motor vehicle while the person's ability to operate such a motor vehicle is impaired by the use of a drug <u>as defined in this chapter</u>.
- 4-a. Driving while ability impaired by the combined influence of drugs or of alcohol and any drug or drugs. No per-son shall operate a motor vehicle while the person's ability to operate such motor vehicle is impaired by the com-bined influence of drugs or of alcohol and <u>any drug or drugs</u>
- NY is an ACTUAL IMPAIRMENT state; no "per se" drugged driving charge

Current Definition of Drug: VTL §114-a

The term "drug" when used in this chapter, means and includes any substance listed in section thirty-three hundred six of the public health law and cannabis and concentrated cannabis as defined in section 222.00 of the penal law.

Basic Drugged Driving Elements:

OPERATION

MOTOR VEHICLE

PUBLIC HIGHWAY/PARKING LOT

IMPAIRED TO ANY EXTENT BY A PHL 3306 DRUG

Drugged Driving Loopholes: Pre-existing Cannabis Legalization

- □ The "List" PHL §3306
 - Drug has to be on the List
 - Which means you have to be able to name it
 - (Many impairing substances are not on the list; ie. K-2 Spice, Diflouroethane, N-Bomb, some "Mollys")
 - Drivers can refuse chemical tests unless serious injury or death was caused in a crash
 - List can never keep up with emrging drugs, synthetics

When the Impairing Substance Isn't on "The List"







Kristian Roggio

People v. Litto

Defendant while alleged to be driving while intoxicated by "Dust-Off" (diflouroethane) drove into oncoming traffic on January 13, 2004 killing 18 year old Kristian Roggio. Diflouroethane is not on the drug "list". Charged under 1192.3 (intoxicated condition). Rejected by the Court of Appeals

People v. Litto

8 NY3d 692 (2007) Holding:

"The history and structure of Vehicle and Traffic Law 1192(3) demonstrate that the Legislature intended it to apply only to intoxication caused by alcohol."

People v. Litto

8 NY3d 692 (2007)

"Perhaps gaps exist in the law...
However, a determination by this Court that intoxication in Vehicle and Traffic Law § 1192(3) includes the use of any substance would improperly override the legislative policy judgment."

Meaning that only the legislature can fix this gap

When you can't say what is impairing the driver

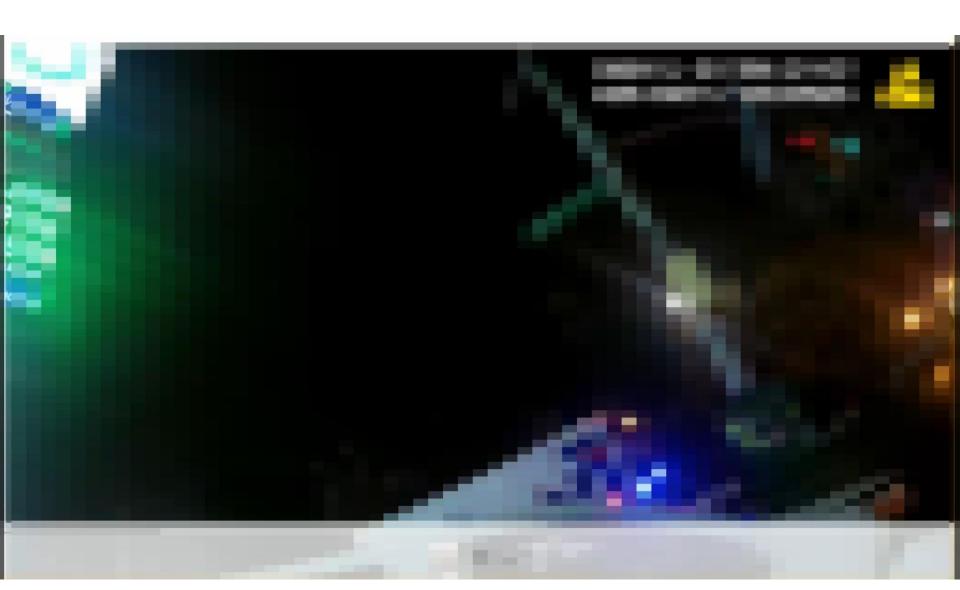
People v. Moss

- Saturday, May 12, 2007
- □ 4:15 p.m.
- □ Victims:
 - Antonia Brancia
 - Sjef Vandenberg





NYPD Body Worn Camera Footage: No Charges Because the Drug Could not be Named



Underenforcement: Loopholes? Number of Trained Law Enforcment?

Facts:

115,711 - Illicit Drug Possession Arrests in NY in 2011*

2,618 - VTL §1192(4) & (4-a) Arrests in NY in 2011*

^{*}Statistics according to DCJS

Improvement, but...

Facts:

40,387 Drug Arrests in 2017*

4,809 Drugged Driving Arrests in 2017**

*Statistics Provided by DCJS

**Statistics Provided by ITSMR

The Loopholes

- 1. Impairing substance must be named by law enforcement and must be on the list
- 2. The driver can refuse an identifying test and a court order cannot be obtained without death or serious injury
- 3. Impairment and intoxication have distinct meanings but are being conflated

Loopholes Continued

- 4. The law requiring submission to roadside screenings does not include oral fluid testing and court decisions invalidated the traffic infraction for refusing
- 5. DRE evaluations can exonerate as well as provide evidence of actual impairment. They should be encouraged through license sanctions
- 6. Drugged drivers should have licenses suspended pending prosecution like DWIs

The Solution: (S8913/A9554) 1. Expand the Definition of "Drug"

• **Definition of "drug".** Amend definition of "drug" as follows:

§114-a. Drug. The term "drug" when used in this chapter, means and includes any substance listed in section thirty-three hundred six of the public health law and any substance or combination of substances that impair, to any extent, physical or mental abilities.

NYACP Support Since 2012

- New York Chapter of the American College of Physicians
- **□ 12,000** members
- RESOLVED, that NYACP work to clarify the legal definition of driving while intoxicated/impaired
- Adopted the language of the proposed legislative correction
- PUBLIC HEALTH ISSUE

More Support for the Proposed Definition of Drug

- DRUG IMPAIRED DRIVING ® A GUIDE FOR STATES, GHSA_DruggedDriving2017_FINAL.pdf
- This toxicology definition of drug in the context of impaired driving is part of the model laws for Prohibiting Driving Under the Influence (DUI) of Alcohol or Drugs [§1(a)] developed by the Institute for Behavior and Health (IBH) and the National Partnership on Alcohol Misuse and Crime (NPAMC).

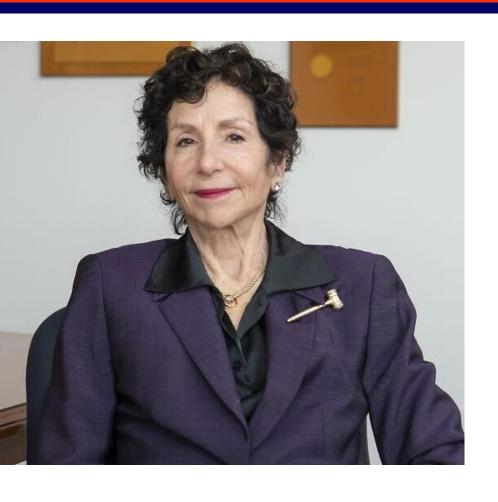
NY is Behind the Rest of the Country

- At least 44 other states do not require the impairing substance to be on an artificial list
- Only 5 other states use a list as of 2018:
 Florida, Hawaii, Massachusetts, Oregon and Alaska

Driving Under the Influence of Drugs: When the See: Law Misses the Mark

Nicholas B. Tiscione*, Ilene K. Alford, Russell Miller, Xiaoqin Shan, and Dustin Tate Yeatman

Hon. Sandra Feuerstein



Killed in Boca Raton, Florida

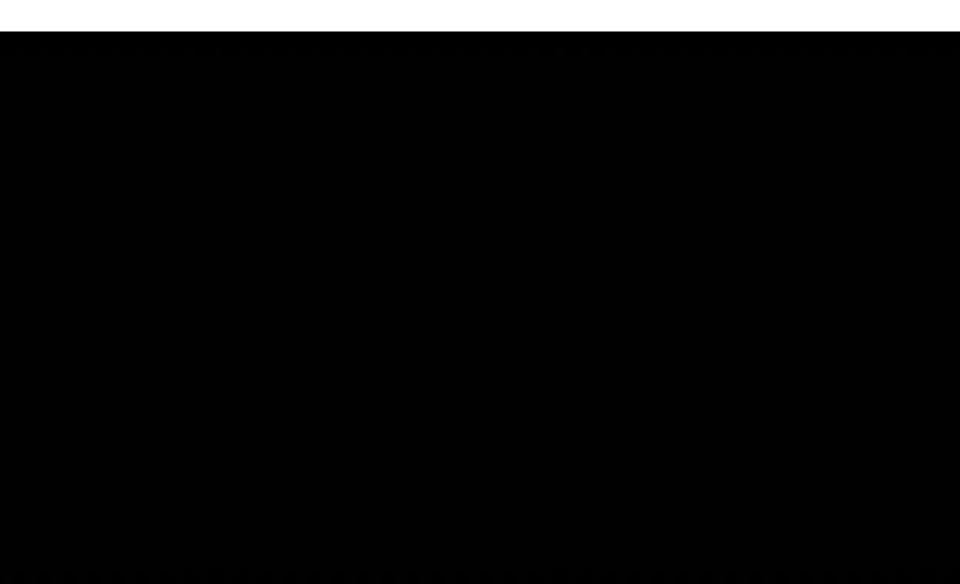
April 9, 2021

Driver alleged to be in possession of "T-Salts"

Driver's behavior was extremely erratic

Case pending

Why a List can never work:



2. Expands Court Orders for Blood Draws Under Specific Circumstances

Current law only allows courts to order evidential blood draws in "serious physical injury or death" cases once a judge finds probable cause. The legislation would also allow courts to order evidential blood draws if a person refuses the test and after a judge has found probable cause in crash cases and for drivers with prior impaired driving charges.

Refusals

- □ The bill extends the same sanctions (license revocation and civil fine) that exist for refusing to submit to a chemical test to a refusal to submit to an evaluation for drugs by a DRE.
- Evidence of a refusal to submit to a DRE evaluation would also be admissible at trial (in the same manner as evidence of refusal to submit to a chemical test).
- □ No time limit on a Refusal for admissibility

3. Defining Impairment and Intoxication

Dangerous drug impairment that affects cognitive functioning and results in dangerous driving may not look like obvious intoxication. Some drug impairment can result in a failure to recognize and react to surroundings while the driver's external change in appearance is subtle. Trained law enforcement officers can identify and articulate this less obvious but dangerous level of impairment. Recent court decisions have blurred these terms. These definitions codify long-standing judicial interpretation and retain the requirement to demonstrate evidence of actual driver impairment. The mere presence of a drug in a driver's system is not enough to charge a person with drugged driving.

Restoring and Codifying the Definitions

This bill codifies the definitions enunciated more than 40 years ago by the Court of Appeals in People v. Cruz, 48 N.Y.2nd 419 (1979) and People v. Ardila, 85 N.Y.2nd 846 (1995) and extends them to all impairing substances. Courts and practitioners had been familiar with the application of these terms until a recent Appellate Division decision conflated them in People v. Caden N., 189 A.D.3rd 84 (3rd Dept.2020). This legislation will re-establish "impaired" and "intoxicated" as separate standards. The two standards are necessary to recognize the distinct and scientifically supported danger of drug impaired driving.

4. Add Oral Fluid Testing to the Field Sobriety Test Statute

- Preliminary Breath Test PBT) provision of the VTL [§1194(1)] to require that any person involved in an accident ...shall, at the request of a police officer, "submit to a breath test and/or oral/bodily fluid to be administered by the police officer, and/or to an evaluation by a drug recognition expert (DRE)"
- The bill reinstates the traffic infraction for refusing a field sobriety test

Testing and Training



Add to VTL §1194(1)(B)?



Draeger 5000 Portable Saliva Immunoassay Device



ARIDE Training

ADVANCED ROADSIDE IMPAIRED DRIVING ENFORCEMENT

Enhanced drug recognition training for patrol officers – actual impairment observations

5. Equates DRE exams to evidential breath and blood tests for refusal sanctions

- DRUG RECOGNITION EVALUATION PROVIDES THE <u>BEST</u> EVIDENCE OF <u>ACTUAL IMPAIRMENT</u>
- □ CAUSED BY DRUGS LINKS OBSERVATIONS
 - Rather than Illness or Injury
 - Rather than Sleepiness or other factors
- NOT JUST USE There is no "PER SE" Drugged Driving charge.

DRE

 DRE evaluation screens out exonerating medical conditions.

Existing law encourages testing by imposing license sanctions for refusing to take an evidential test. The bill applies the same license revocation for refusing a DRE exam.

But DREs can only identify impairment by drug category

- Seven Categories
- □ CNS Depressants (+ Alcohol)
- CNS Stimulants
- Hallucinogens
- Dissociative Anesthetics
- Narcotic Analgesics
- Inhalants
- **Cannabis**



Drug Influence Evaluation – Symptomology Matrix



| | CNS Depressants | CNS Stimulants | Hallucinogens | Dissociative Anesthetics | Narcotic Analgesics | Inhalants | Cannabis |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HGN | Present | None | None | Present | None | Present | None |
| Vertical Nystagmus | Present (High dose for that individual) | None | None | Present | None | Present (High dose for that individual) | None |
| Lack Of Convergence | Present | None | None | Present | None | Present | Present |
| Pupil Size | Normal (1) | Dilated | Dilated | Normal | Constricted | Normal (4) | Dilated (6) |
| Reaction To Light | Slow | Slow | Normal (3) | Normal | Little or none visible | Slow | Normal |
| Pulse Rate | Down (2) | Up | Up | Up Down | | Up | Up |
| Blood Pressure | Down | Up | Up | Up | Down | Up/Down (5) | Up |
| Body Temperature | Normal | Up | Up | Up | Down | Up/Down/ Normal | Normal |
| General Indicators | Disoriented Droopy Eyelids Droopy Eyelids Drowsiness Drunk-like behavior Flaccid muscle tone Gait ataxia Slow, sluggish reactions Thick, slurred speech Uncoordinated NOTE: With Mothaqualone, pulsa will be elevated and body tremors will be evident. Alcohol and Quadiudes elevate pulss. SOMA and Quadiudes dilate puppils. | Anxiety Body tremors Dry mouth Euphoria Exaggerated reflexes Excited Exaggerated reflexes Exited Eyelid Tremors Grinding teeth (Bruxism) Increased alertness Insomnia Irritability Redness to asal area Reastlessness Rigid muscle tone Runny nose Talkative | Body tremors Dazed appearance Difficulty wf speech Disoriented Flashbacks Hallucinations Memory loss Nausea Paranola Perspiring Poor perception of time & distance Rigid muscle tone Synesthesia Uncoordinated Uncoordinated Uncoordinated NOTE: With LSD, pilloerection may be observed (goose bumps, hair standing on end) | Blank stare Confused Confused Chemical odor (PCP) Cyclic behavior (PCP) Difficulty wf speech Disoriented Early HGN Onset Hallucinations Incomplete verbal responses Increased pain threshold "Moon walking" (PCP) Perspiring (PCP) Perspiring (PCP) Rigid muscle tone Sensory distortions Slow, slurred speech | Constricted pupils Depressed reflexes Drowsiness Droopy eyelids (Ptosis) Dry mouth Euphoria Facial tiching Facial training Facial training Facial training NOTE: Tolerant users exhibit Inpairment | Bloodshot, watery eyes cyes Confusion Disorientated Flushed face Intense headaches Lack of muscle control Non-communicative Normal or flaccid muscle tone Odor of substance Possible nausea Residue of substance Slow, thick, slurred speech NOTE: Anesthetic gases cause below normal blood pressure; volatile solvents and aerosols cause above normal blood pressure above normal blood pressure. | Body tremors Disoriented Debris in mouth Eyelid tremors Impaired perception of time & distance Increased appetite Marijuana debris in Marked reddening of conjunctiva Normal muscle tone Odor of Marijuana Possible paranoia Relaxed inhibitions |
| Duration Of Effects | Barbiturates: 1-16 hours Tranquilizers: 4-8 hours Methaqualone: 4-8 hours | Cocaine: 5-90 minutes Amphetamines: 4-8 hours Methamphetamines: 12 hours | Duration varies widely from one Hallucinogen to another LSD: 4-6HRS Psilocybin: 2-3hrs | PCP On-set: 1-5 minutes Peak effects: 15-30 minutes Exhibit effects up to 4-6 hrs DXM – Onset 15- 30 min. Effects 3-6 hours | Heroin: 4-6 hrs Methadone: up to 24 hrs Other: Vary | 6 - 8 hours for most Volatile solvents Anesthetic gases and aerosols - very short duration | 2-3 hours – exhibits effects (Impairment may last up to 24 hours without awareness of effects) |
| Usual Methods Of Administration | Oral Injected (occasionally) | Insufflation Smoked Injected Oral | Injected Transdermal Snort (Insufflation) Oral Smoked | Smoked (PCP) Oral Insufflation (PCP) Injected (PCP) Eye drops | Injected Oral Smoked Insufflation | Insufflation (Historically have been taken orally) | Smoked Oral |
| Overdose Signs | Cold, clammy skin Pupils dilated Rapid, weak pulse Coma Shallow breathing | Agitation Increased body temperature Hallucinations Convulsions | Long, intense "trip" | Long, intense "trip" | Slow, shallow breathing Clammy skin Coma Convulsions | Coma | Fatigue Paranoia |

- 1) Soma, Quaaludes and some anti-depressants usually dilate pupils
- 2) Quaaludes, ETOH and possibly some anti-depressants may elevate

- 3) Certain psychodelic amphetamines may cause slowing
 4) Normal, but may be dilated
 5) Down with anesthetic gases, up with volatile solvents and aerosols
 6) Pupil size possibly normal

The Current Catch-22 Followed by WHY the Law Must Change: People v. David Levine

- Decided April 29, 2021
- □ Appellate Term, 9th and 10th
- No Probable Cause for arrest and request for blood where the PO observed impairment but could not name the drug
- Consent blood showing Alprazolam,
 Clonazepam and Citalopram suppressed.

6. Suspends drugged drivers' licenses pending prosecution

- Under current law, a drugged driver can be arraigned and leave court with a valid license until the case is concluded.
 Drivers with a .08 BAC (or higher) are suspended.
- The bill suspends both alcohol intoxicated and drugged drivers' licenses when there is a test result or admission.

Cannabis Legalization



The Insurance Institute for Highway Safety Report

- An IIHS study reviewing data from 2009- 2019 found that injury and fatal crash rates in California, Colorado, Nevada, Oregon and Washington increased in the months following the "relaxation" of marijuana laws in each state.
- There was a 6% increase in injury crash rates and a 4% increase in fatal crash rates compared with other Western states where recreational marijuana use was illegal during the study period. But the same study classified the 4% increase as statistically insignificant.

Creating a Functional Drugged Driving Statute:

- Does not roll back cannabis legalization any more than having a functional alcohol DWI statute rolled back the end of prohibition.
- 58913/A9554 does not create any additional bases' for car stops. The sponsors have expressed concern for the equity of those stops. Their bill deals with the loopholes in the law *after* the stop is made. Probable cause or a strictly unbiased checkpoint are required for the stop or the charges will be dismissed by the court.

CANNABIS

Delta 9 – THC (Tetrahydrocannabinol)

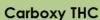
(Main Psychoactive = Gets User High)

CBD -Cannabidiol

(Primary Medical Properties)

Other Chemical Compounds

(We Don't Even Know; at least 113)



(Inactive Metabolite, evidence of past use) 11 - Hydroxy THC

(Active metabolite, Useful for determining TIME of ingestion)

Highly Psychoactive

Cannabigero

Cannabinol

Better evidence of recent use Does not last in blood long (declines rapidly)

Less likely to accumulate in fat

About the same ½ life as THC

High Levels in Edibles



POTENCY



• 1985 – Less than 3% THC

• 2018 – Up to 90% THC





www.nhtsa.gov

- "Inadvisable to try and predict effects based on blood THC concentrations alone"
- "It is difficult to establish a relationship between a person's THC blood or plasma concentrations and performance impairing effects."
- 2017 Report to Congress: weak relationship between THC blood levels and impairment
 - Advise AGAINST Per Se laws



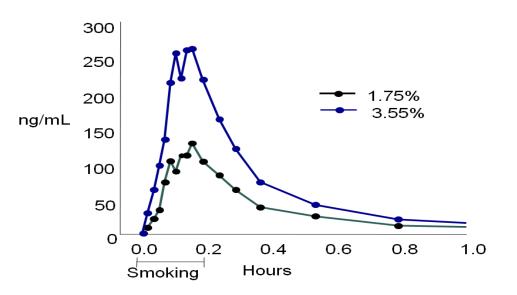
NATIONAL CONFERENCE of STATE LEGISLATURES

The Forum for America's Ideas

- 1 ng: Pennsylvania
- 2 ng: Nevada & Ohio
- 3 ng: West Virginia
- 5 ng: Illinois, Montana,
 Washington
- 5 ng: Colorado = Reasonable Inference

Δ 9 THC – Rapidly Dissipates from the Blood

Smoked THC Time-Concentration Curve



Effect of Blood Collection Time on Measured Delta 9 – THC (Hartman, Marilyn Huestis, 2016)

- THC in the blood reduces by 73.5% within 30 minutes of smoking
- THC in the blood reduces by 90.3% within 1.4 hours of smoking

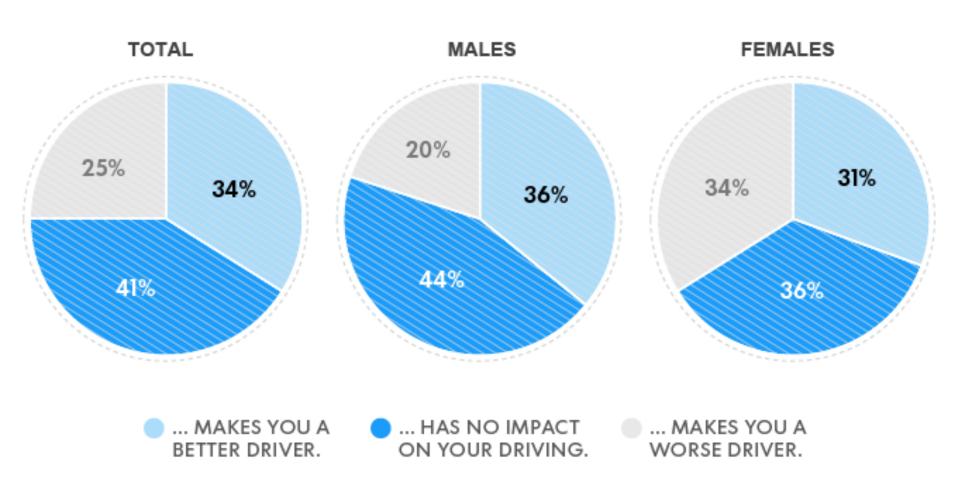
NHTSA

 "It is possible for a person to be affected by marijuana use with concentrations of THC in their blood **BELOW** the limit of detection"

Courtesy Marilyn Huestis, Borkenstein Drug Course, 2012

Teens driving under the influence

PERCENTAGE OF TEENS THAT BELIEVE DRIVING UNDER THE INFLUENCE OF MARIJUANA...



BIGGEST MISCONCEPTIONS

- There has to be Δ-9
 THC in the blood for the user to be impaired by marijuana, and
- 2) People drive slower while impaired by marijuana. (Most marijuana crashes involve speed)

newsday.com \$1.25 | LI EDITION Tuesday Oct. 9, 2012















Pv. Joseph Beer

Monday, October 8, 2012

3:30 AM

Southern State Parkway, Hempstead

Profile Pictures 2 of 2











Joseph Beer August 30 🖗

Share

🖒 12 people like this.



Options Share





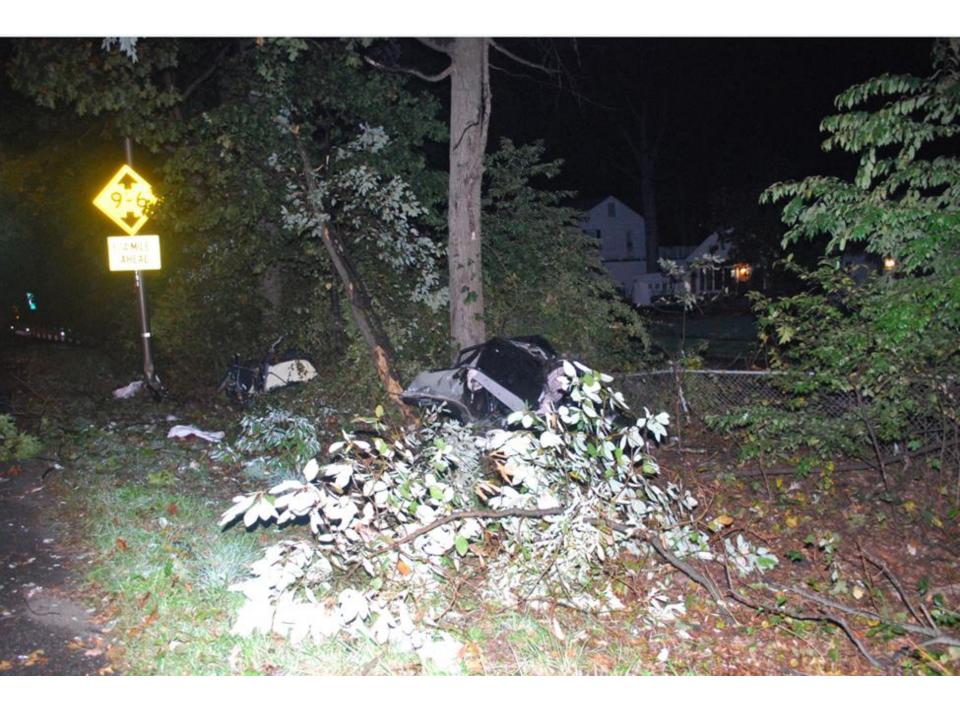


Text Messages



| Name | Date & Time | Status | Folder | Туре | Text |
|-----------|---------------------------------|--------|--------|----------|----------------------------------------------------------------------------------|
| * Brandon | 10/05/12 02:51:16 PM (GMT-4) | Sent | Sent | Outgoing | Word where you work at ? Same shit school and what not lol I got the whip now :) |
| * Brandon | 10/05/12 02:52:02 PM (GMT-4) | Read | Inbox | Incoming | Airport yea I heard trav was tellin me you whippin the sti now |
| * Brandon | 10/05/12 02:52:44 PM (GMT-4) | Sent | Sent | Outgoing | Yea shit crazy if you want we can go on a I ride laterrr |

| Name | Date & Time | Status | Folder | Туре | Text |
|-------------------|---------------------------------|--------|--------|---------------------------------------|-------------------------------------------------------------------------------------------|
| * Woods Shayan | 09/22/12 07:48:08 PM (GMT-4) | Sent | Sent | Outgoing | Fine lets go on a blunt ride one day shit is mad fun you'd love it |
| * Woods Shayan | 09/22/12 07:59:04 PM (GMT-4) | Read | Inbox | Incoming | A blunt ride? |
| * Woods Shayan | 09/22/12 08:00:34 PM (GMT-4) | Sent | Sent | 1 (); ;; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | We drive around the highway smokingg weed lol didnt you say you wanted to try the urb :x? |









Toxicology

| Time | Specimen | Drug | Δ – Joseph Beer | V – Neal Rajapa | V – Chris Kahn | V – Peter Kanhai | V – Darian Ramnarine |
|----------------------------------------|-------------|---------|-----------------------|--------------------|-------------------|---------------------|-------------------------|
| 3:30 AM | Whole Blood | Delta-9 | | 39.5 ng | 35.4 ng | 15.9 ng | 7.6 ng |
| 3:30 AM | Whole Blood | Carboxy | | 101.6 ng | 190.6 ng | 74.8 ng | 67.7 |
| 4:30 AM (1 hr. after crash) | Whole Blood | Delta-9 | 7.0 ng | | | | |
| 4:30 AM (1 hr. after crash) | Whole Blood | Carboxy | 15 ng | | | | |
| 5:15 AM (1 hr. 45 min. after crash) | Whole Blood | Delta-9 | 4.5 ng | | | | |
| 5:15 AM (1 hr. 45 min. after crash) | Whole Blood | Carboxy | 20 ng | | | | |

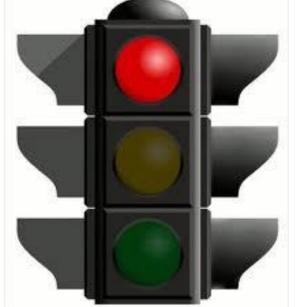
Drugged Driving Randomness



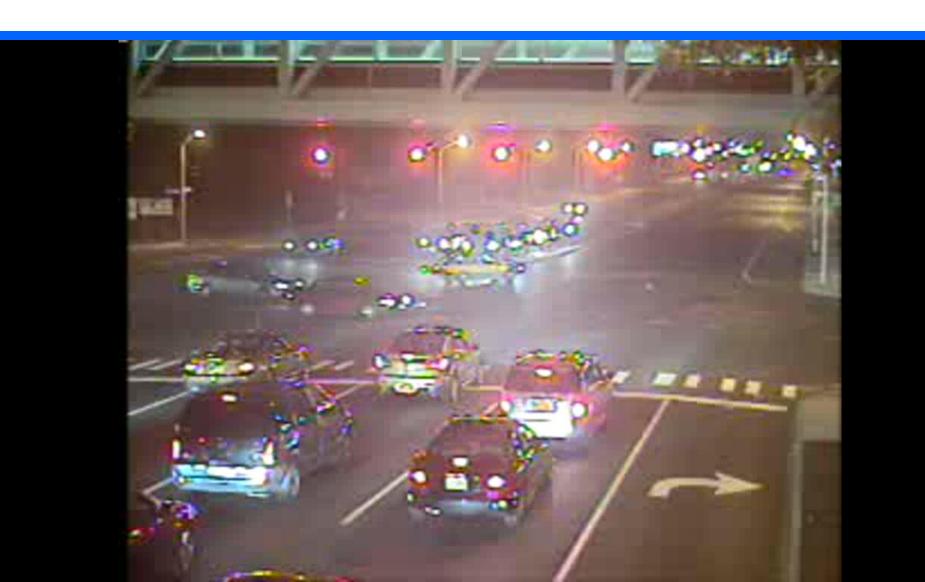


9 p.m. on July 24, 2011

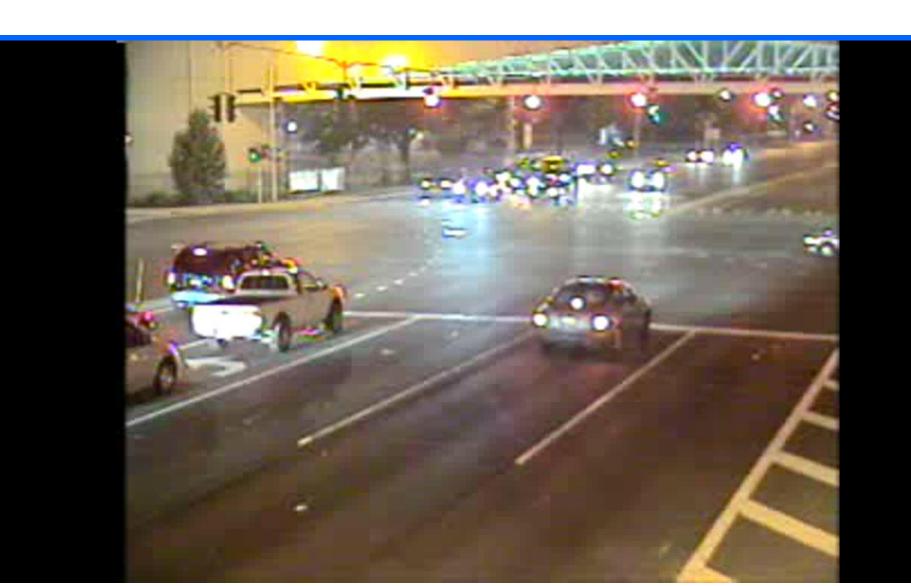
Red light cameras capture what happens next



Eastbound View



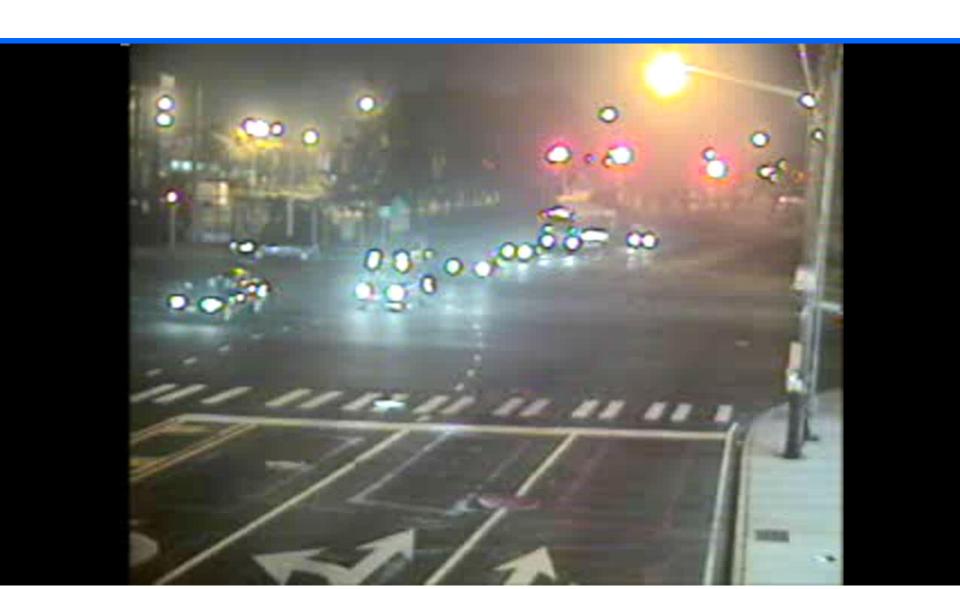
Westbound View



Southbound View



Northbound View





Thank you

Maureen McCormick

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