



# Data Gaps: The Impact of Stop Testing on DWI Data

PRESENTED BY

Chris Heartsill

RTL, Mid-South



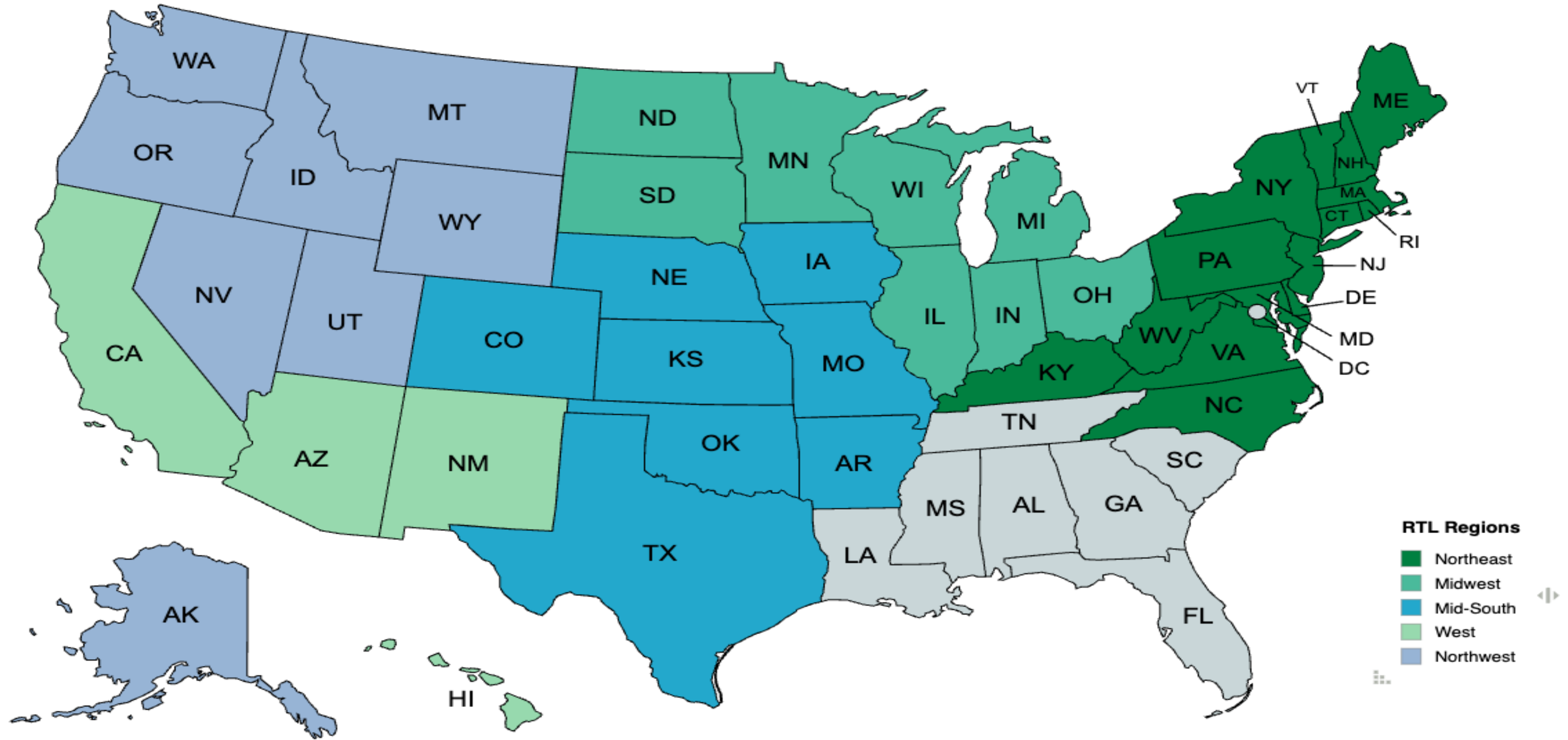
## The RTL Program



- The project has been expanded and we now cover 75% of the United States with regions: West, Northwest, Midwest, Midsouth, and Northeast
- Assist laboratories with training, collaboration, standardization of testing across state laboratories, and the reporting of data to better understand the scope of the drug-impaired driving problem
- Assist our traffic safety and drug court partners



# 2026 RTL Expansion





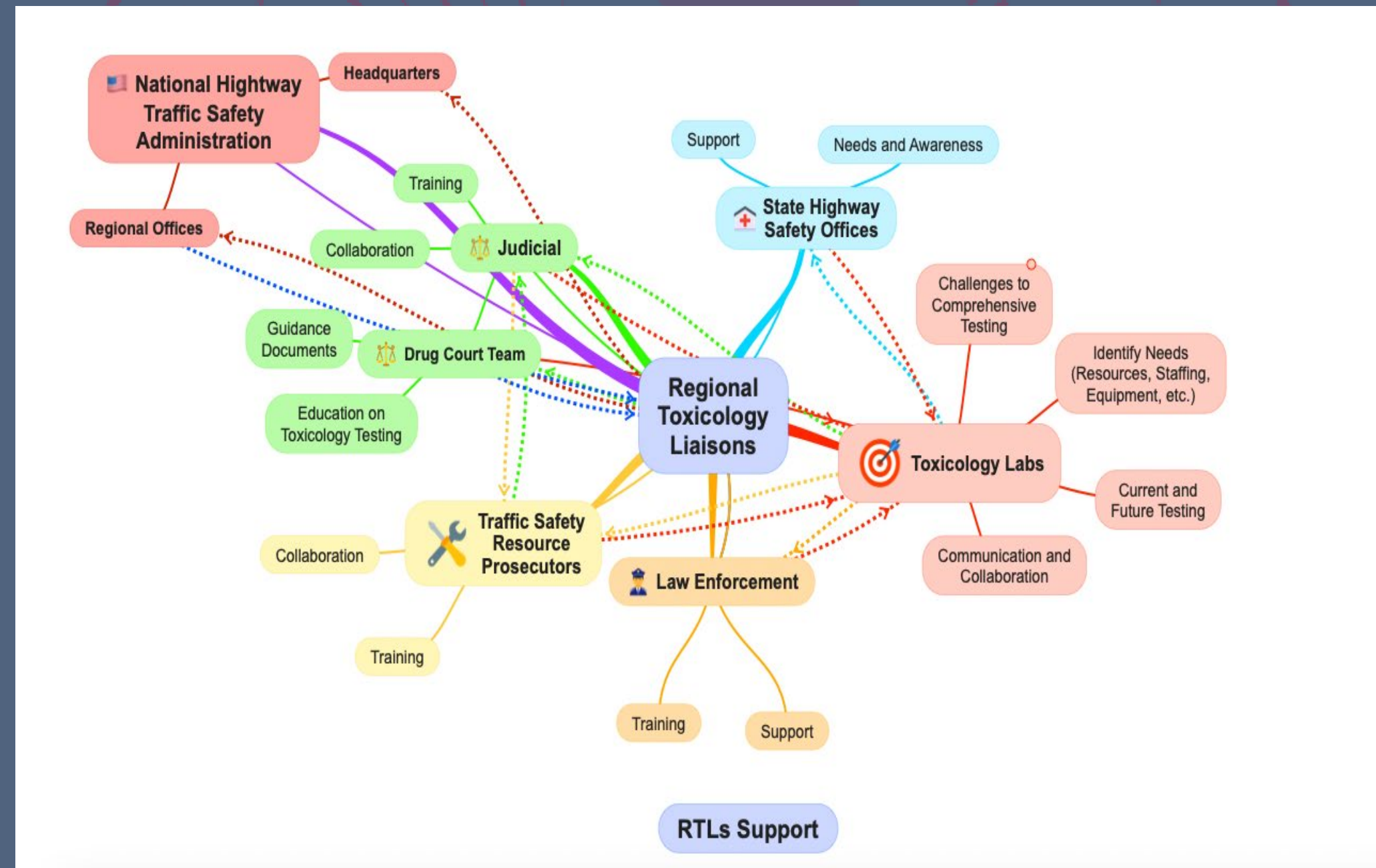
# Overview:

Gaps in Data

Stop Testing Practices

Impact of Stop Testing

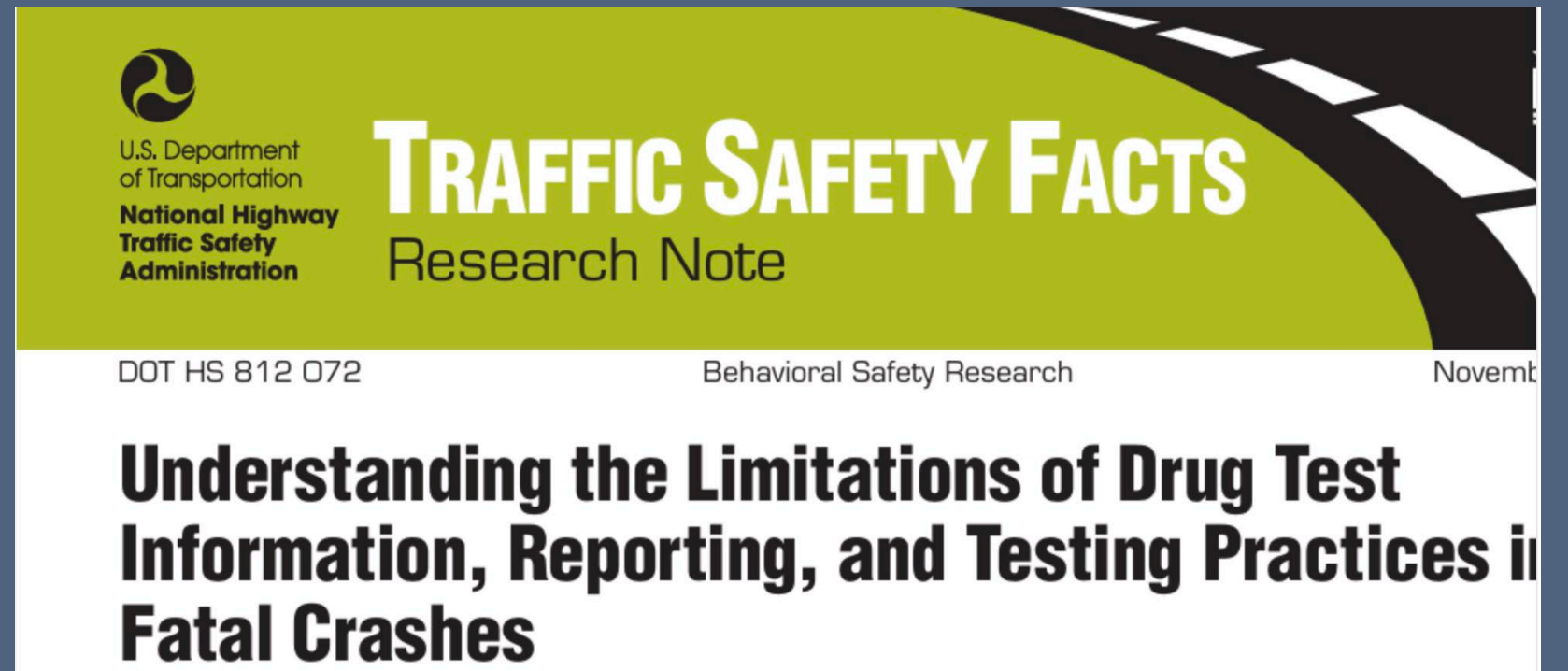
What is being done?



# Gaps in Data

## Fatality Analysis Reporting System (FARS)

- lacks uniform reporting
- may not determine specimen type
- no estimates for missing drug data



# Gaps in Data

## State Databases

- limited in comprehensive scope
- may have gaps in toxicology data

# Gaps in Data

## Toxicology Databases (LIMS)

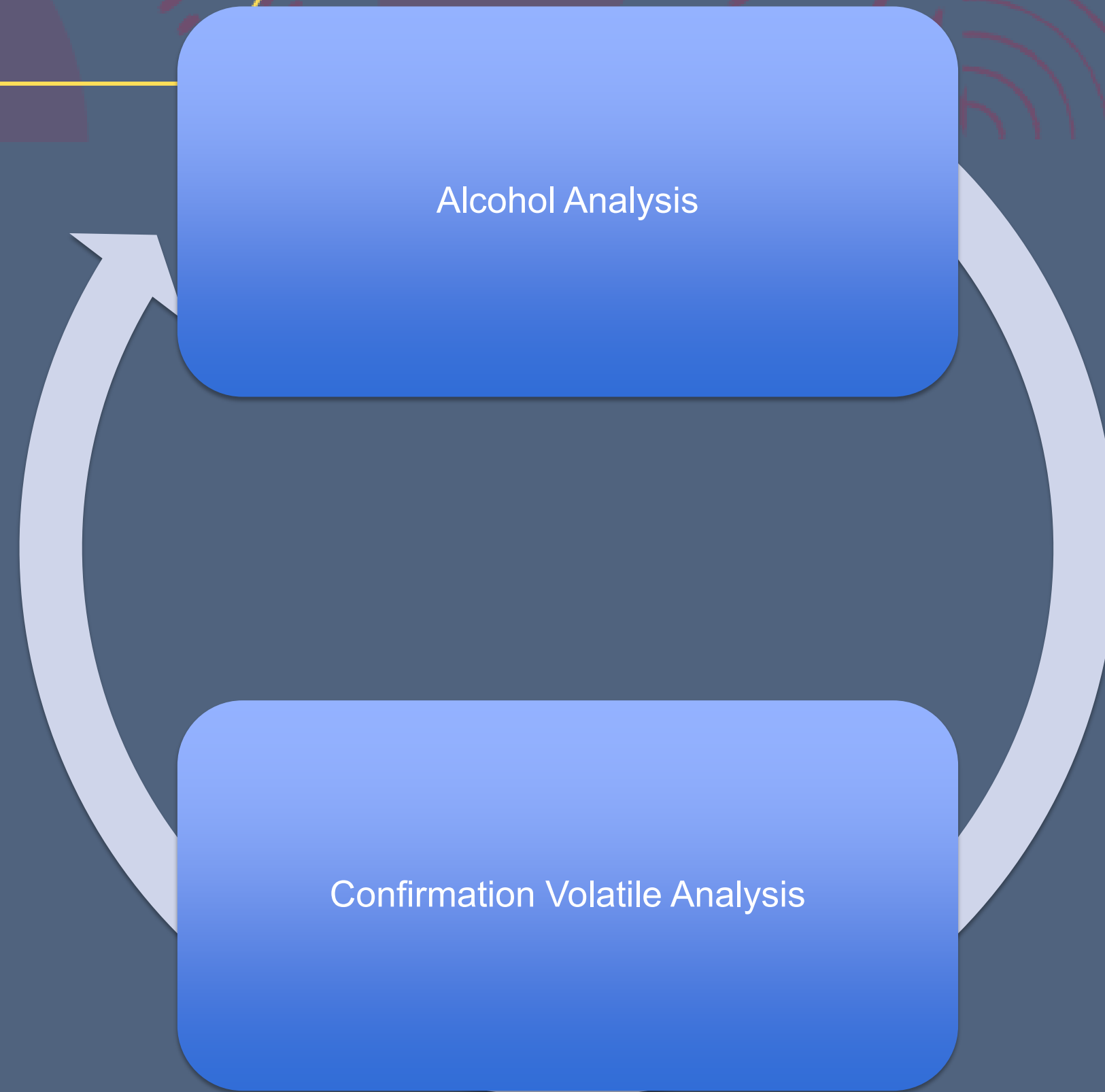
- Difficult to share data externally
- may require physically copying data and transferring
- concerns about privacy
- issues with resources



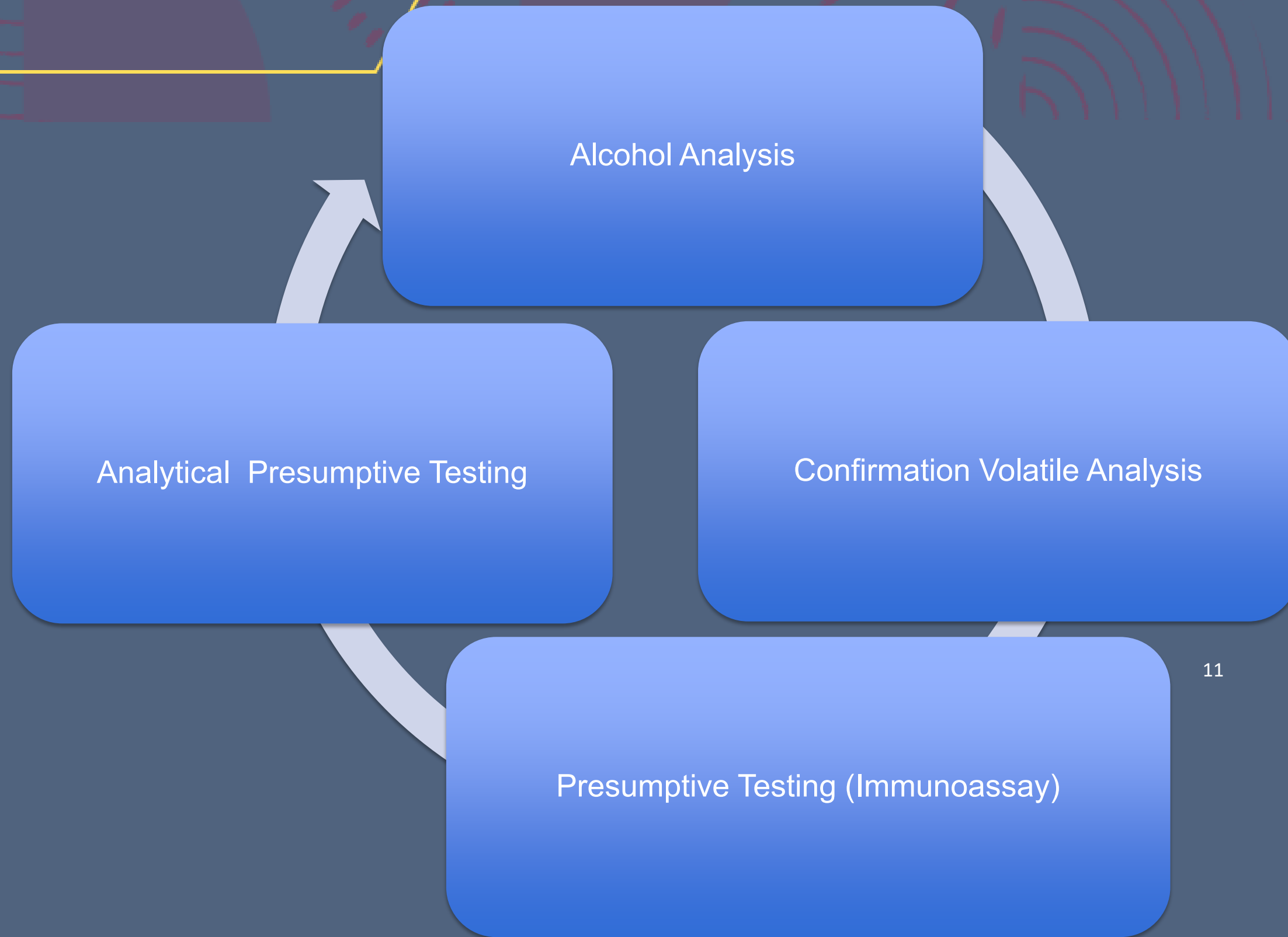
# Comprehensive Analytical Process - DWI

Alcohol Analysis

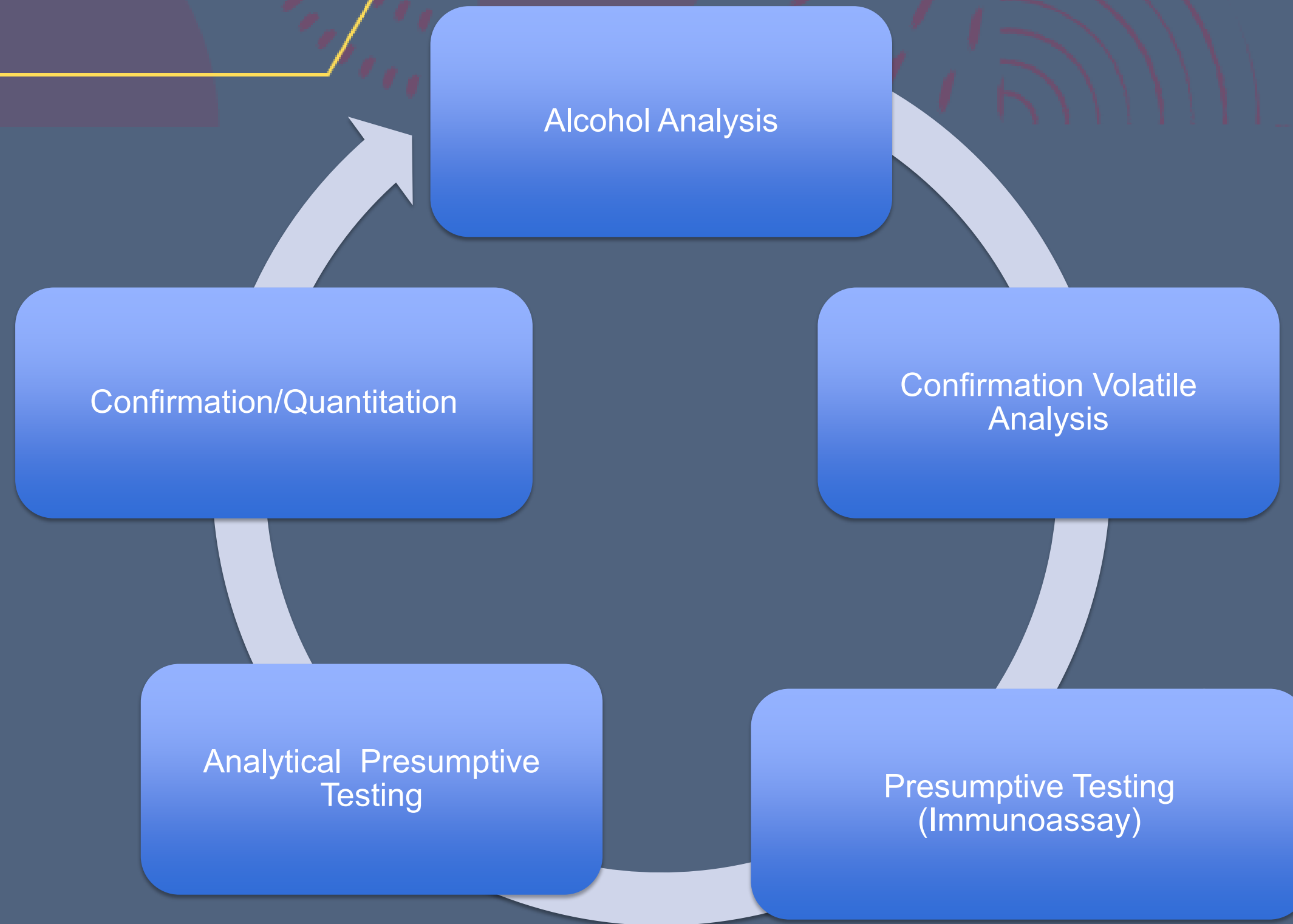
# Comprehensive Analytical Process - DWI



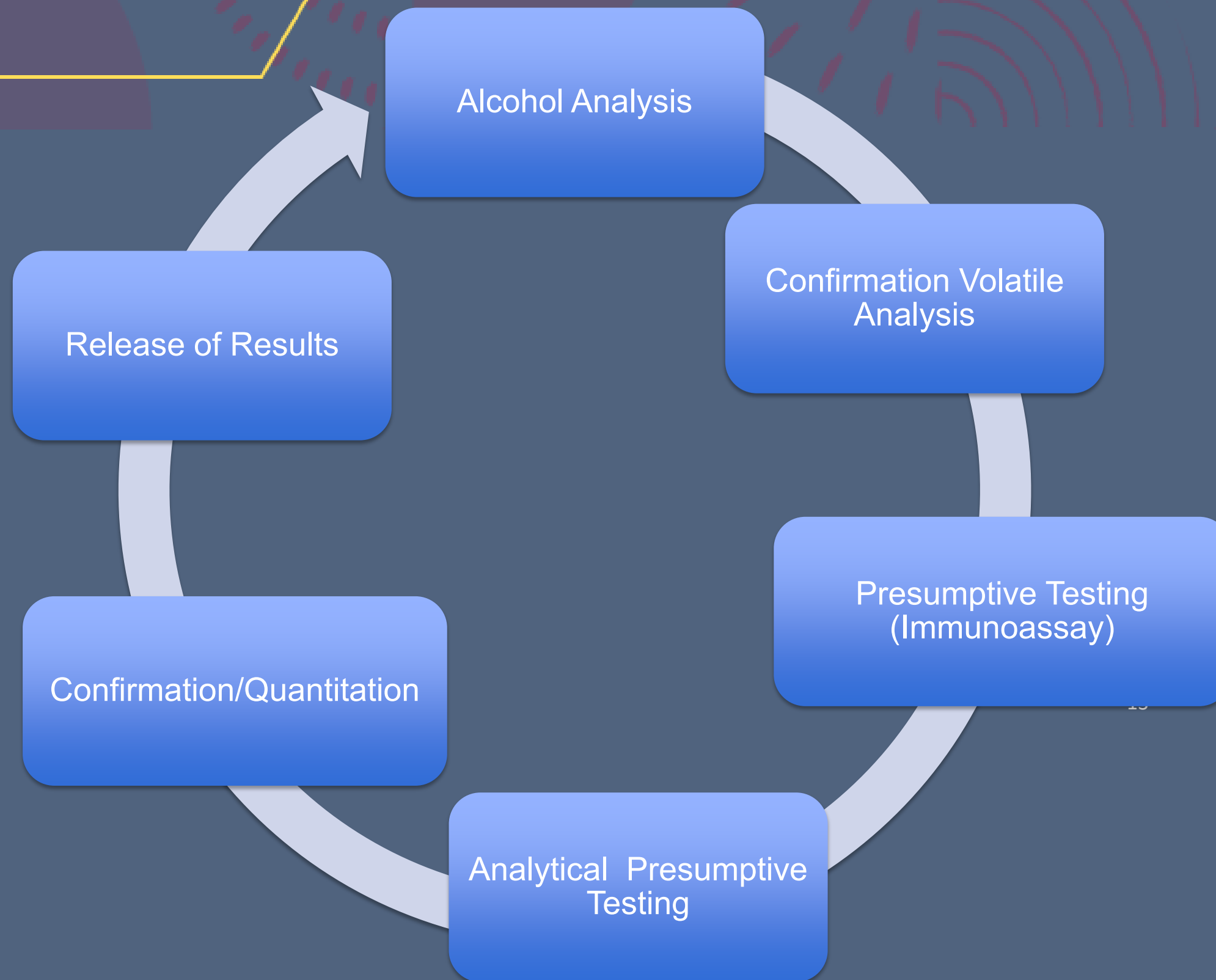
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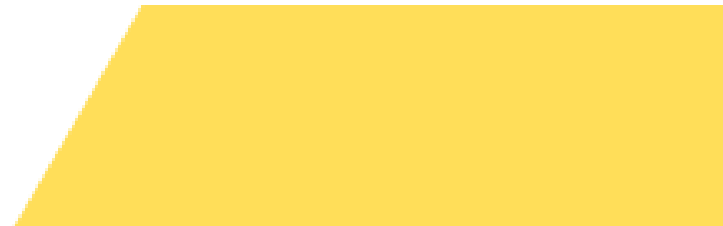


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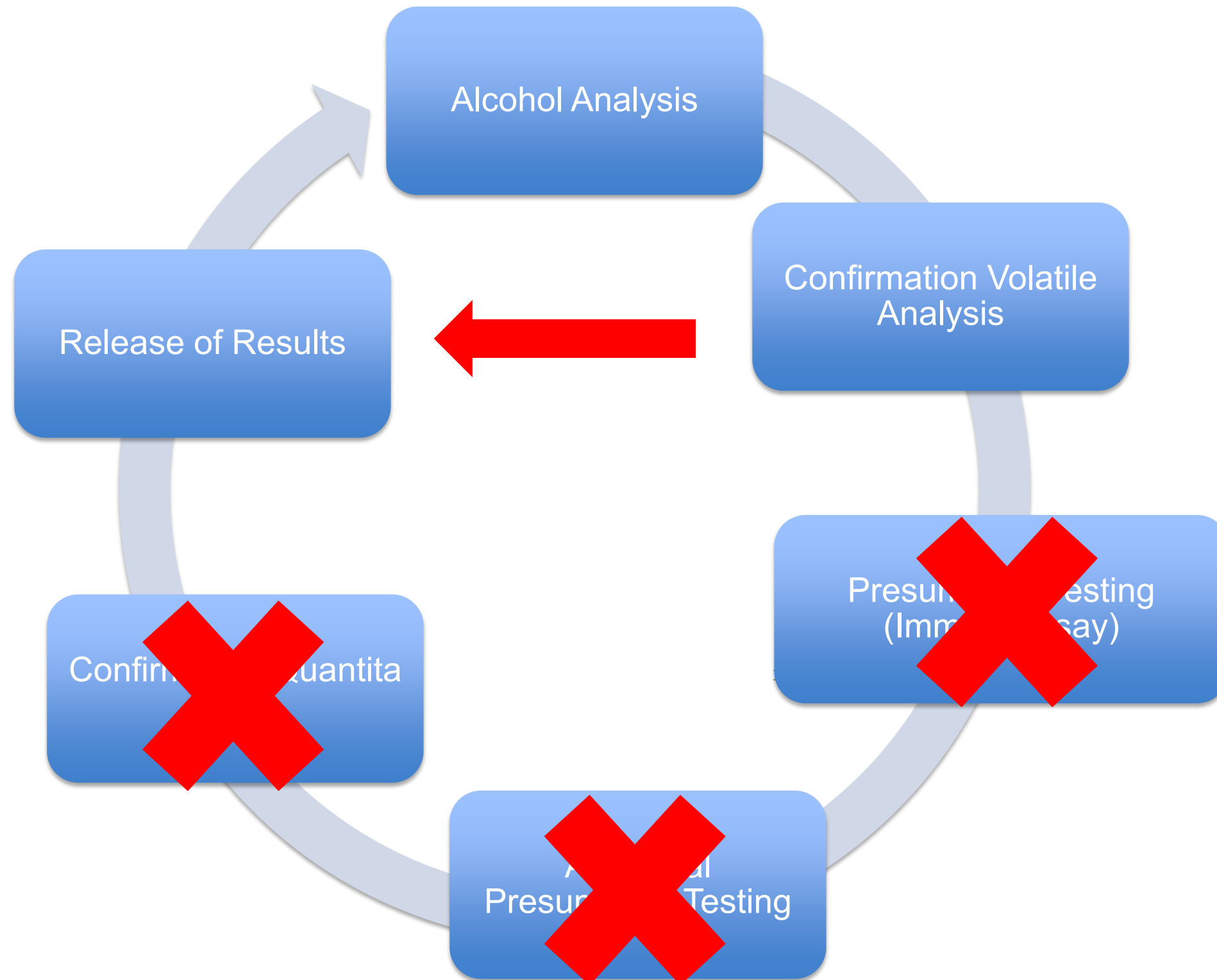




**What is Stop Testing?**

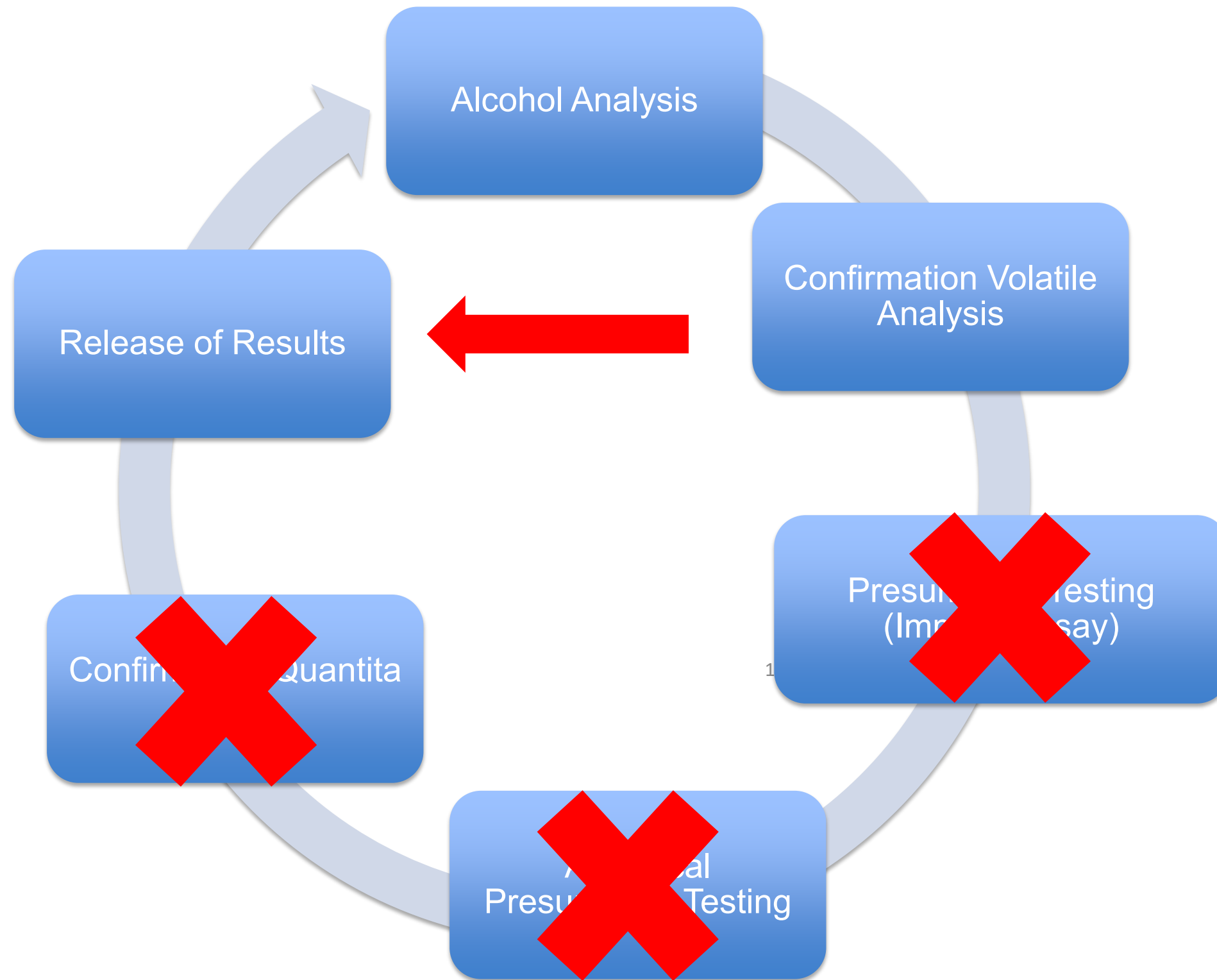


# Analytical Process



The practice of making a determination about whether or not to perform drug testing based on an administratively determined alcohol concentration

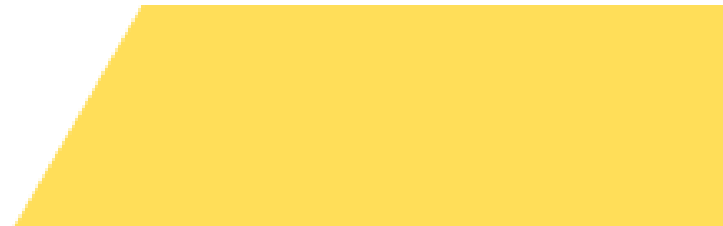
# Analytical Process



If above a certain threshold (0.08, 0.09, 0.10) no further testing is performed

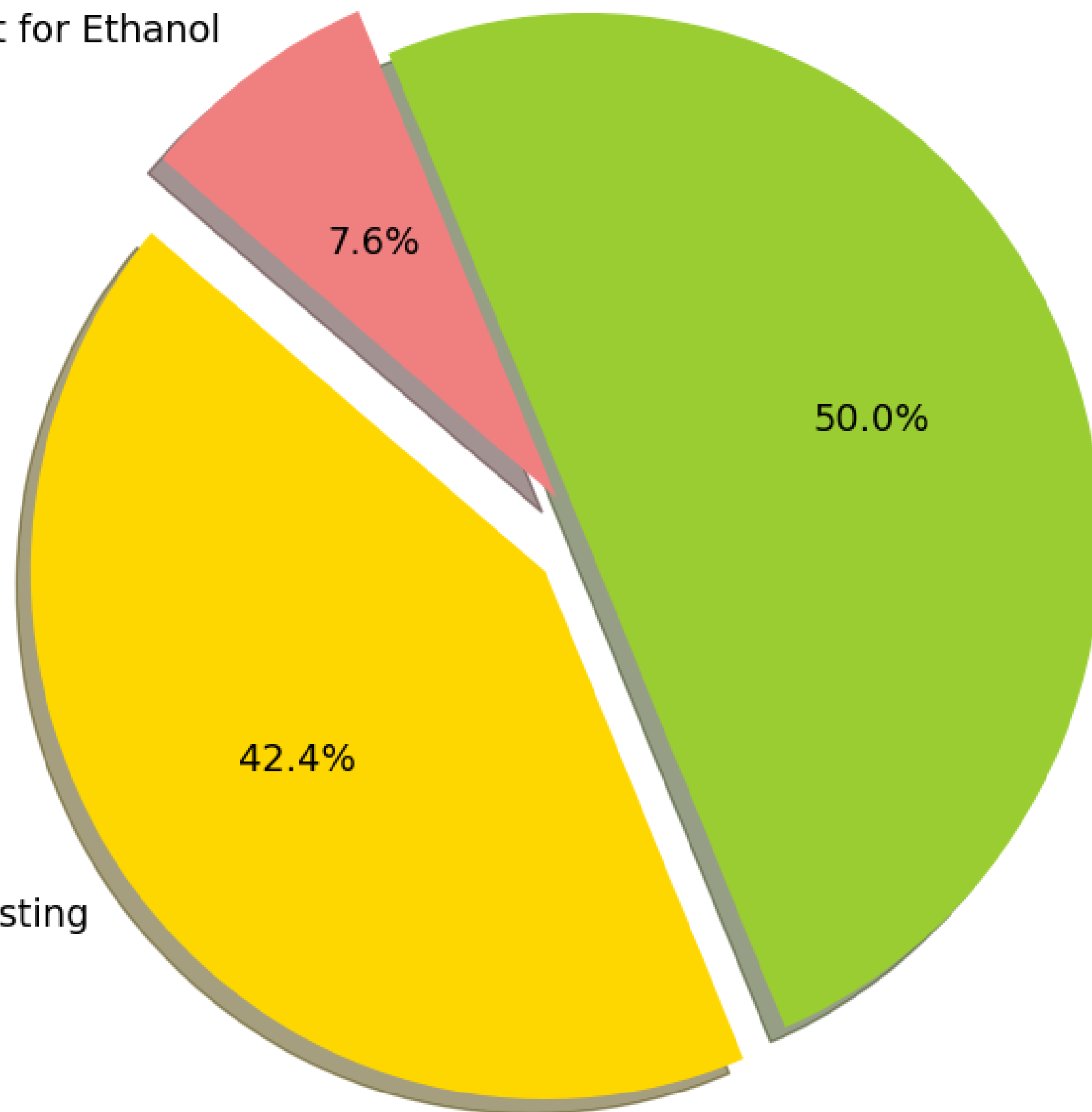


**How many labs have a  
Stop Testing policy?**



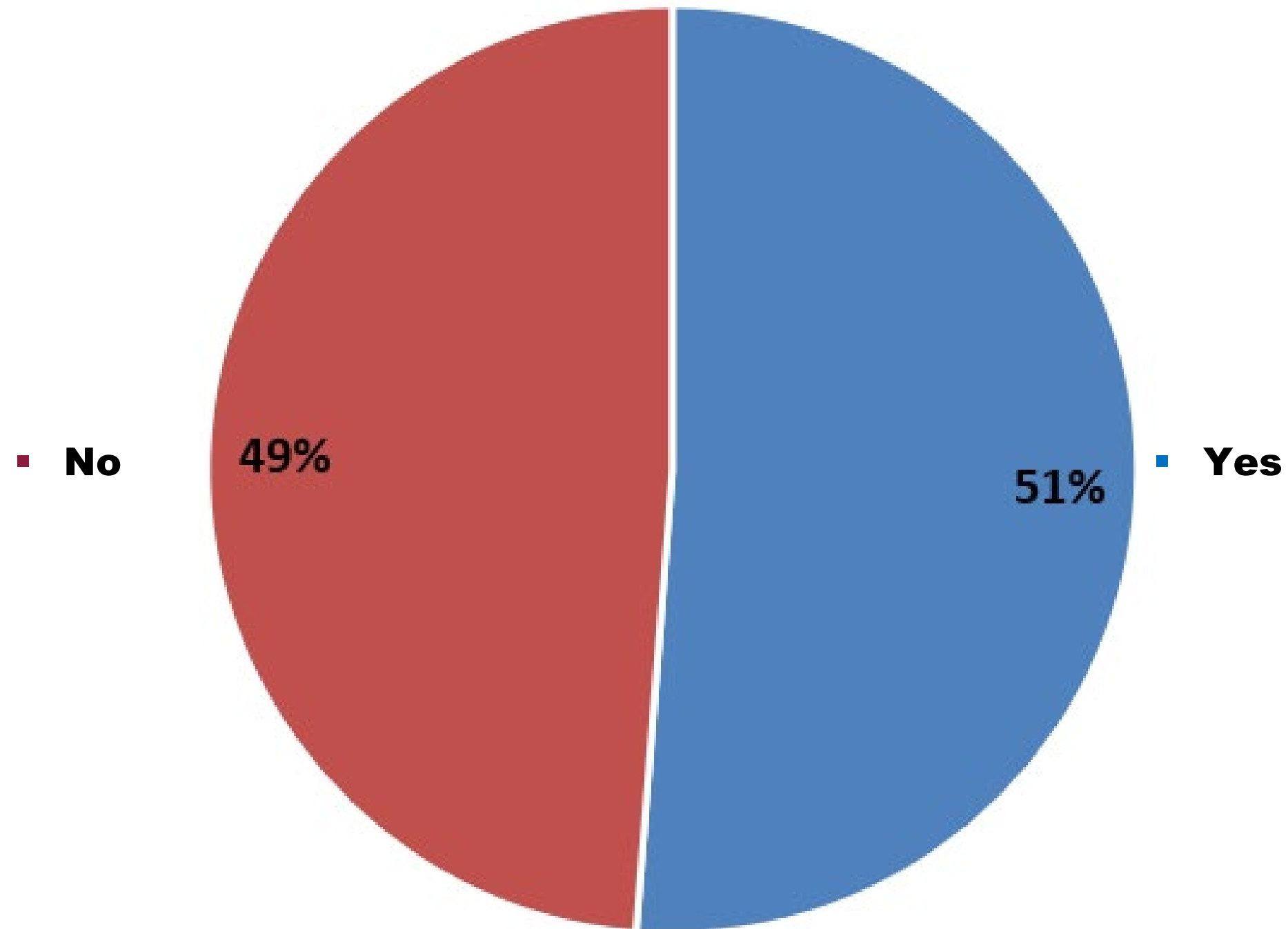
# Stop Limit Testing in US Forensic Toxicology Labs

Stop Limit Testing & Only test for Ethanol



Comprehensive Testing

Stop Limit Testing



# Updates for Recommendations for Drug Testing in DUID & Traffic Fatality Investigations

Amanda L. D'Orazio, MS, D-ABFT-FT  
Amanda L.A. Mohr, MS, D-ABFT-FT  
Barry K. Logan, PhD, F-ABFT

## 2024

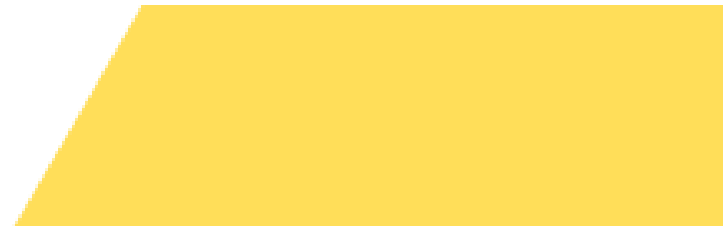
Toxicology  
Laboratory  
Survey

The Center for Forensic Science Research & Education at the Fredric Rieders Family Foundation  
206 Welsh Road, Horsham, PA 19044





- This practice can apply to:
  - Alcohol results
  - Drug results
  - Customer requests
  - Law enforcement



# Why do labs utilize stop testing practices?

- Funding, Resources, Staffing, Equipment
- Customers requested stop testing
- Enhanced penalties for other drugs or drug/alcohol combo are not used in jurisdictions.
- Long-standing approach by the laboratory [or jurisdiction] to utilize stop testing.
- Improvement to case turn-around times.



# What are the consequences of Stop Testing?



“Desire for comprehensive testing by law enforcement/prosecutors/states highway safety offices.”

“Customers desire comprehensive testing, but resources are not provided to support it.”

“Missing impairing substances.”

“Associated data may be useful for some customers.”

“It prevents appropriate intervention and behavioral health implementation.”

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Quicker reporting of results

Lower cost to laboratory or  
organizational budget

Reduced backlog

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With sufficient funding and support  
these would not be issues

What are the consequences of  
Stop Testing?





# Assessing Impaired Driving Through Comprehensive Forensic Toxicology

**A Multistate Approach**

Amanda LA Mohr, MS, D-ABFT-FT  
CFSRE

# Sample Section

- Participating states
  - CFSRE provides containers for aliquots and covers cost of shipping
  - 25 samples per month
- Three different extractions were performed
  - Basic Drugs
  - Synthetic Cannabinoids
  - Gabapentin

State	Laboratory	Submission
Missouri	Missouri State Highway Patrol	Random regardless of results; 1 yr. retention
Montana	Montana State Crime Lab	Random based on result type; 1 yr. retention
Ohio	Miami Valley Regional Crime Laboratory	Random regardless of results; 6 mo. retention
Pennsylvania	NMS Labs	Random regardless of results; 6-week retention
Wisconsin	Wisconsin State Laboratory of Hygiene	Cases $\geq 0.1$ that have no drug testing per lab policy; 6 mo. retention

# Summary Data

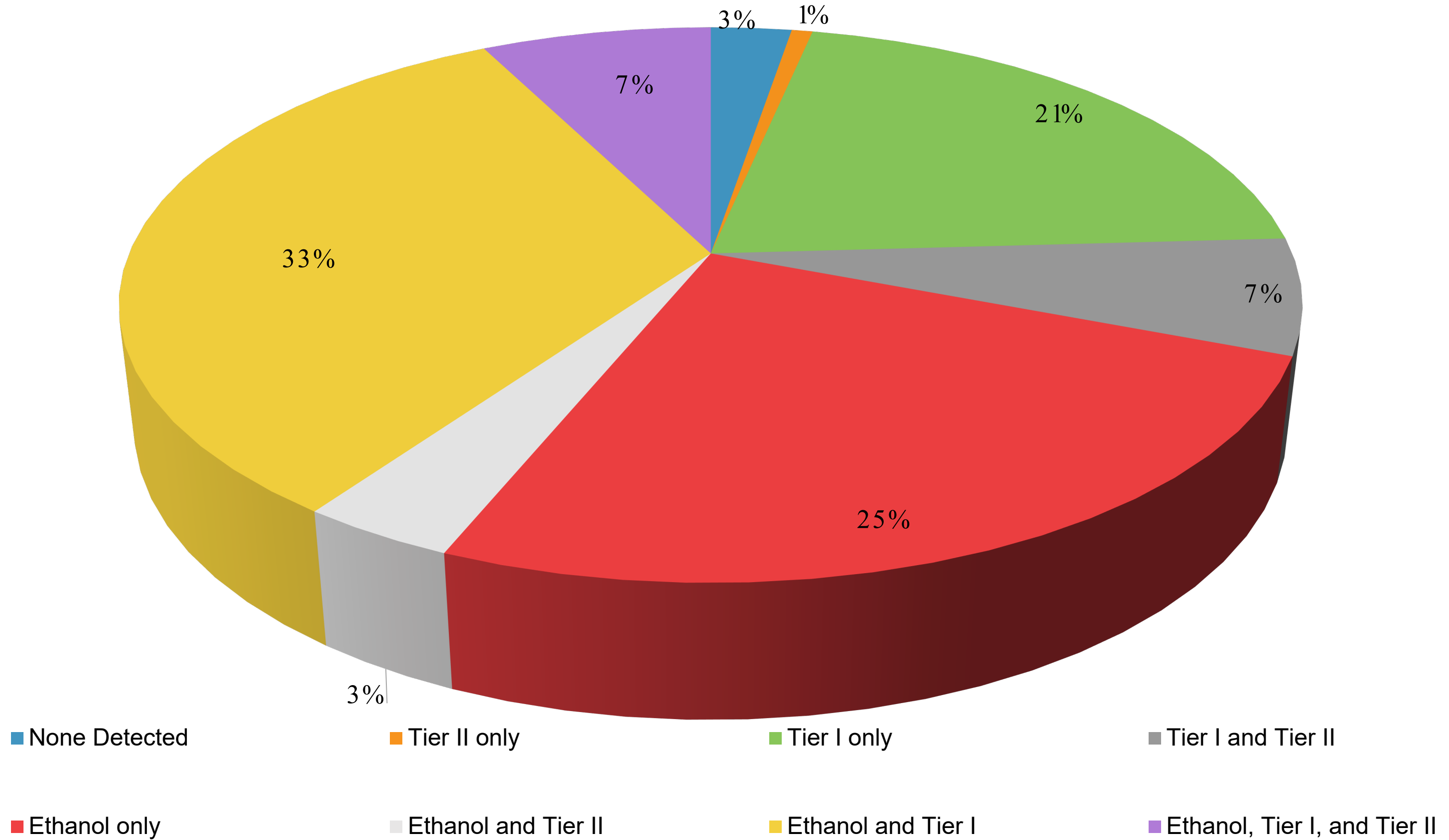
- A total of 1,025 cases were analyzed
  - Data in chart is not mutually exclusive

Category	No of Cases	% of Total
None Detected	107	10%
Ethanol Positive	709	69%
Drug Positive	738	72%



Sciex TripleTOF® 5600+ LC-QTOF coupled to a Shimadzu Nexera UHPLC

# Percent Positivity Data (n=1,025)



# Drug Positivity at Various BAC Thresholds

Positivity for any Tier I, Tier II or combination

Stop Limit Thresholds				
	<0.08 g/100 mL	≥0.08 g/100mL	≥0.10 g/100 mL	≥0.15 g/100 mL
Pennsylvania (n=516)	5.2% (n=27)	26% (n=135)	15% (n=120)	16% (n=85)
Missouri (n=193)	11% (n=22)	45% (n=88)	39% (n=77)	27% (n=53)
Ohio (n=116)	5.1% (n=6)	33% (n=32)	31% (n=37)	26% (n=31)
Wisconsin (n=100)	N/A	72% (n=72)	70% (n=70)	44% (n=44)
Montana (n=100)	5.0% (n=5)	54% (n=54)	48% (n=48)	34% (n=34)

# Discussion



## Drug Positivity

- 72% of the cases evaluated were positive for drugs
- THC, methamphetamine, and amphetamine remain top drugs detected



## Stop Limit Testing

- Up to 72% of cases have drug positive result when alcohol is present at a concentration greater than 0.08 g/100 mL



## Regional Differences

- Important to have continued vigilance with comprehensive testing across multiple states
- Montana revised their stop limit testing policy and increased the alcohol concentration for which this happens



## Making Change

# Discussion



## Making Change

- Montana revised their stop limit testing policy and increased the alcohol concentration for which this happens
- Montana initially stopped testing at 0.10 and moved to 0.16
- Added two FTE to account for the increase in testing
- Implemented improved and more efficient screening processes (LCMSMS)
- Currently a 30% increase in DUI submissions due to MT Supreme Court Decision (State v Clinkenbeard).

# Discussion



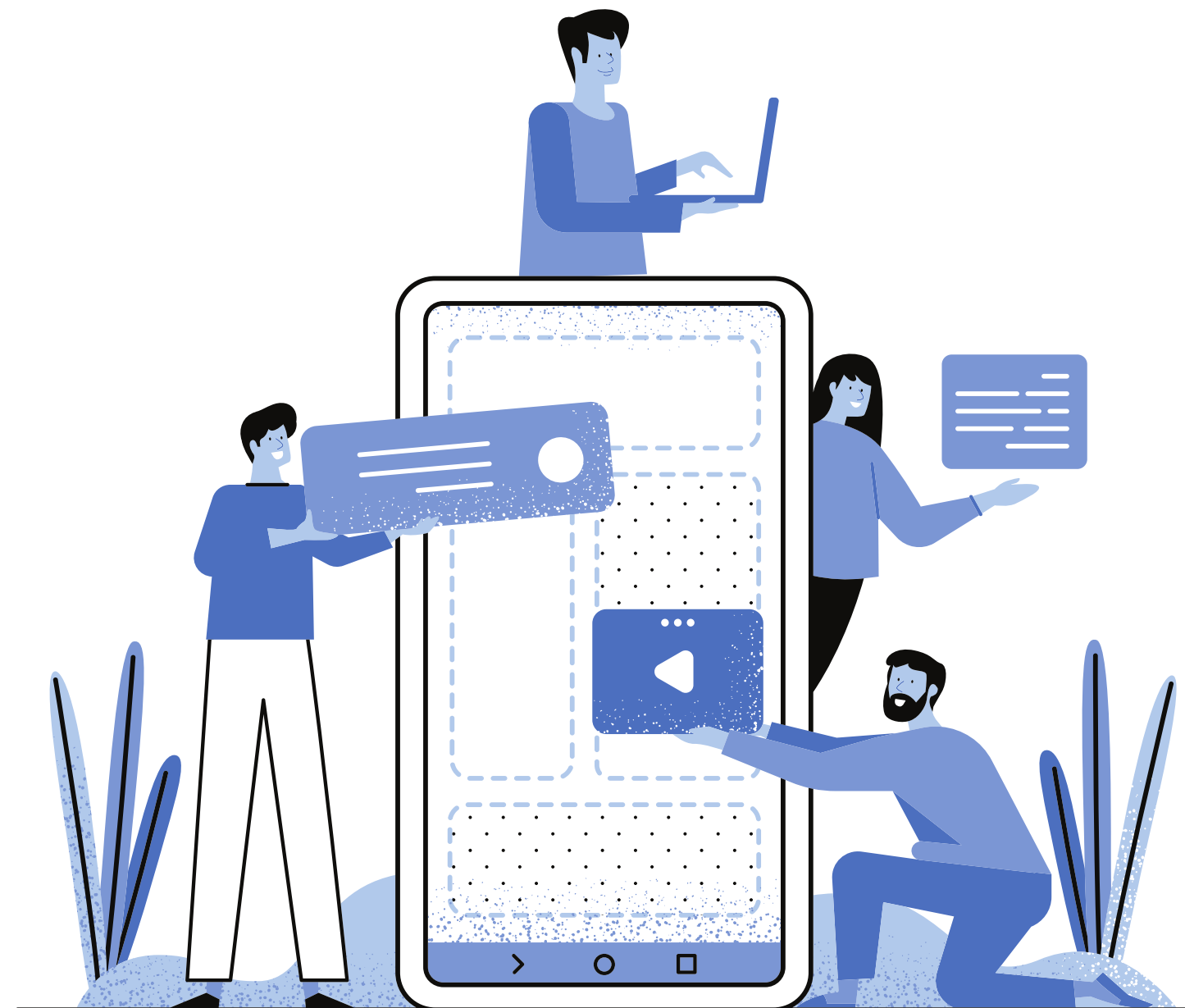
## Making Change

- What else can be done?
- Obtain grant funding for instrumentation, FTE, sending out testing
- Begin now for future plans to increase staffing and instrumentation
- Educate LE, labs, and the \$\$ people on the importance of complete data

# Integrating Toxicology Data for Impaired Driving Systems

Better Data = Smarter Impaired Driving Solutions

## Break Down Silos Between:



### Toxicology Labs

- Standardize Reporting
- National Survey of LIMS platforms in use
- Address gaps in data analysis capacity (DUI Drug v. DUI Alcohol)

### Law Enforcement

- Crash Data
- LE Reports
- DRE Evaluations

### EMS, PDMP, Judicial

- Data stored in separate systems
- Interoperability
- Develop standardized data exchange formats

### State Highway Safety Office

- ID Interested States
- Develop data-to-policy Framework
- Map FARS offices w/in SHSOs and ID case management system

### Pilot Programs

- Test and scale innovative data-sharing and analysis models.
- Launch a **multi-agency pilot** in 3–5 states integrating tox, EMS, PDMP, and crash data.
- Develop a **federated data model** to allow state-level control with national-level aggregation.

# Conclusions

- Continued comprehensive testing is an essential element to addressing impaired driving
- Limiting testing based on alcohol results (or other limiters) precludes information of drug involvement in several cases leading to **underreporting of drug contributions to impaired driving**



Amanda LA Mohr, MS, D-ABFT-FT, CFSRE, Assessing Impaired Driving Through Comprehensive Forensic Toxicology



# Conclusions

- Movement toward establishing enhanced penalties
- Estimates are likely even higher as some samples never even make it to the lab for testing



# Conclusions

- Begin planning now to increase resources to gain a complete understanding of the drug prevalence issue in DWI



# How can we be of service?

## EMAILS

Amy Miles – Program Manager, Midwest

[amy@soft-tox.org](mailto:amy@soft-tox.org)

Chris Heartsill, Mid-South

[chris@soft-tox.org](mailto:chris@soft-tox.org)

Kristen Burke, West

[kristen@soft-tox.org](mailto:kristen@soft-tox.org)

Matt Slawson, PhD, Northwest

[matt@soft-tox.org](mailto:matt@soft-tox.org)

Sabra Jones, Northeast

[Sabra@soft-tox.org](mailto:Sabra@soft-tox.org)

CALL or TEXT

214-766-1449



