April 7, 2023

The Honorable Jennifer Homendy  
Chair  
National Transportation Safety Board  
490 L’Enfant Plaza East, SW  
Washington, DC 20594

Dear Chair Homendy:

We have reviewed the National Transportation Safety Board’s (NTSB) December 13, 2022, report, *Alcohol, Other Drug, and Multiple Drug Use Among Drivers*, (SRR-22-02), and the safety recommendations to the National Highway Traffic Safety Administration (NHTSA). NHTSA’s responses to the recommendations are discussed below.

**NTSB Recommendation and Requested Designation:**

**H-22-33:** Disseminate the American National Standards Institute/American Academy of Forensic Sciences Standards Board *Standard for the Analytical Scope and Sensitivity of Forensic Toxicological Testing of Blood in Impaired Driving Investigations*, ANSI/ASB Standard 120, to State officials for use as the common standard of practice for drug toxicology testing.

**NHTSA Action:**

Section 25025 (Drug-Impaired Driving Data Collection) of the Infrastructure Investment and Jobs Act (IIJA), Pub. L. 117-58, requires NHTSA to deliver a Report on the challenges and solutions for improving drug-impaired driving data collection and for reporting data to NHTSA’s Fatality Analysis Reporting System. The legislation directs that this be done “in accordance with the document entitled *Recommendations for Toxicological Investigations of Drug-Impaired Driving and Motor Vehicle Fatalities—2017 Update* (and subsequent updates to that document),” which was developed by a large panel of experts in toxicology for the National Safety Council (NSC). The NSC recommendations were updated in 2021.1

The NSC recommendations were developed from a national survey of forensic toxicology laboratories that do impaired-driving drug testing. The drugs included were based on those seen most often by the laboratories in drugged-driving cases. The NSC recommendations also include a second tier of drugs that may be of regional interest. The drugs included in the NSC

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recommendations and the confirmation levels are virtually identical to those included in ANSI/ASB Standard 120. However, the NSC recommendations include scope and cut-off level for urine (still a required specimen in some States) and oral fluid specimens, while Standard 120 does not. Oral fluid is emerging as the matrix of choice for drug testing; thus, it is important to include this matrix in guidance on drug-impaired driving toxicology. For these reasons, NHTSA requests that the NTSB recognize the NSC recommendations as a valid substitution for Standard 120.

NHTSA disseminates these practices through:

- The Regional Toxicology Liaison Program to improve the overall understanding of the scope and prevalence of drug-impaired driving. This demonstration project supports liaisons in three NHTSA regions to encourage data collection, toxicology testing, and communication among State and local toxicology labs and partners.
- State Toxicology Stakeholder Meetings to increase coordination, communication, drug testing, and reporting of drug-impaired driving cases.
- NHTSA’s on-going work with State Highway Safety Offices and oversight activities, where NHTSA shares best practices and promotes the NSC recommendations.

NHTSA requests that recommendation H-22-33 be classified as Closed, Acceptable Alternate Action.


NHTSA Action:
Consistent with overall statutory direction and its focus on the NSC recommendations (as noted above), as part of the impaired driving program, NHTSA has several actions in place to support work at the State level to overcome the challenges of drug-impaired driving toxicology data collection and reporting. Regional Toxicology Liaisons, State Toxicology Meetings and other education and training activities are available to States to implement drug-impaired driving forensic toxicology best practices. Further, States can use certain highway safety grant program funds to support toxicology laboratory work on drug impaired driving. As necessary and appropriate, NHTSA will continue to develop additional actions to support toxicology laboratory needs to improve drug impaired driving data.

NHTSA requests that recommendation H-22-34 be classified as Closed, Acceptable Action.

H-22-35: Establish a trauma center-based sentinel surveillance system to track drug use among crash-involved drivers.

NHTSA Action:
The establishment and maintenance of a trauma-center-based surveillance system for drug-impaired driving is a major undertaking requiring the coordination of a great many trauma centers to ensure that we obtain the nationally representative sample of road users needed to
provide accurate drugged driving data. NHTSA recently published a study, *Alcohol and Drug Prevalence Among Seriously or Fatally Injured Road Users*,\(^2\) which collected data from seven Level-1 trauma centers. This has provided the Agency with new insights into the value of a surveillance system and some of the many challenges involved with establishing such a system. NHTSA is currently providing technical assistance to California’s effort to set up such a surveillance system in that State and is exploring ways this might be accomplished at a national level.

NHTSA plans to take lessons learned from the prevalence study, California’s surveillance system, and other relevant models to explore the feasibility of different approaches to establishing a nationally representative surveillance system to track drug use among crash-involved drivers.

NHTSA requests that recommendation H-22-35 be classified as **Open, Acceptable Response**.

If you have any questions, or require additional information, please contact me or Darren Hall, Governmental Affairs, Policy and Strategic Planning, at 202-650-7620.

Sincerely,

Sophie Shulman  
Deputy Administrator

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\(^2\)*Alcohol and Drug Prevalence Among Seriously or Fatally Injured Road Users*. 2022. [https://rosap.ntl.bts.gov/view/dot/65623](https://rosap.ntl.bts.gov/view/dot/65623)