

Comment from Washington Traffic Safety Commission

(1) Identification of any barriers or challenges that States currently encounter in submitting alcohol and drug toxicology results to the Fatality Analysis Reporting System (FARS).

Although there have been changes to the FARS drug reporting since 2018, they have not resulted in immediate improvement and have created new issues. Specifically, the FARS system can now receive unlimited drug results. However, the FARS system does not include a simple categorization to indicate if a result is a screening result or a confirmatory result. Labs that report both screening and confirmatory results to FARS units likely result in both results being entered; therefore, the FARS drugs went from exclusionary (limited to three) to inflated (likely many duplicate results). In 2022, the FARS drug list was expanded to 650 unique drug codes, including many drugs that lack evidence of causing impairment.

It does not seem that the FARS drug list aligns with the Recommendations for Toxicological Investigation of Drug-Impaired Driving and Motor Vehicle Fatalities—2021 Update Tier 1 testing recommendations cited in the request for comments. For example, Citalopram was removed from the 2017 recommendations for investigation of drug-impaired driving toxicology testing due to a lack of evidence of its ability to cause impairment but remained on the list of the top 15 most detected drugs. Citalopram is on the FARS drug list, so despite a lack of evidence of causing impairment, this is coded into the FARS system every time it is reported due to the over-comprehensive drug list.

The FARS drug list should focus on known or suspected drugs to cause driving impairment. To align with the Toxicology recommendations that states are being asked to align with, the FARS drug list should also reflect the Tier 1 and 2 recommendations alignment. The FARS system has the capability to capture “other” drugs with an open text specify a field. The current comprehensive drug list could be the drop-down menu for the “other” field for consistency since the 2022 list seems to be every possible drug result, but specific coded results should be limited to Tier 1 and 2 drugs. Also, since the open text “other” field is new in 2022, it is unclear at this time if NHTSA plans to include that information in the public FARS files. We strongly recommend that NHTSA include the open text “other” field responses in the public files.

A long-standing issue with the FARS drug reporting is a state’s inability to indicate a drug level, even when available. In 2013, the WTSC submitted a letter to NHTSA urging them to add a drug level for at least delta-9 THC in the FARS system. In 2022, there is still no way to capture a drug level for any drug. As states continued to set per se limits for delta-9 THC and other drugs, the FARS system should have been modified to at least accept levels of certain drugs, most notably the Cannabinoids. The system can accept BAC levels, even though they are not reported in consistent units, and the system converts BAC levels to consistent units. This should and can be done for all cannabinoids.

(2) Suggestions for overcoming those current barriers and challenges identified to improve data delivery to the FARS.

The Washington FARS unit receives good toxicology data with the information needed to perform meaningful analysis. The challenge is not delivering the data to FARS but instead what happens to the information when we do. Although we understand to challenges vary significantly from state to state, we believe the FARS data collection effort should align with the Recommendations for Toxicological Investigation of Drug-Impaired Driving and Motor Vehicle Fatalities—2021 Update and focus on the drugs recommended which are also the most frequently encountered. The WTSC strongly encourages NHTSA to prioritize collecting

Cannabinoid drug result levels as reported by labs and implement a solution for entering these specific results in FARS. We also encourage the prioritization of collecting whether a drug result is entered as a screening or confirmatory result. This could be added to FARS as a new subfield under the existing result fields.

(3) Identification of any barriers or challenges that States may encounter in collecting the toxicology data as described in Recommendations for Toxicological Investigation of Drug-Impaired Driving and Motor Vehicle Fatalities—2021 Update (<https://pubmed.ncbi.nlm.nih.gov/34086916/>) and submitting those alcohol and drug toxicology results to the Fatality Analysis Reporting System (FARS).

The Washington Toxicology lab's primary challenges are continuously increasing sample submissions and staffing challenges. More recently, supply chain issues created a shortage and delayed delivery of sample collection tubes, creating new limitations.