



Building a Road Map to Safety

Making New Jersey's roads safer for all users

March 2017

The background of the lower half of the page is a stylized map of a city street grid. A prominent green road winds through the grid from the top left towards the bottom right. Four colored callout pins are overlaid on the map: a purple pin in the top left, a red pin in the top right, a green pin in the bottom left, and a blue pin in the bottom right. Each pin has a white circular area at its top containing text.

Impaired Driving

Creating a Lifetime of Safe Driving

Making Roads Safe for all Users

Changing Behavior Behind the Wheel

Table of Contents

Introduction	2
Changing Driver Behavior	3
<i>-Distracted driving</i>	3
<i>-Drowsy driving</i>	4
<i>-Aggressive driving</i>	5
<i>-Solution strategies</i>	6
Making Our Roadways Safe for All Users	8
<i>-Solution strategies</i>	10
Creating a Lifetime of Safe Driving	11
<i>-Building a better driver</i>	11
<i>-Ready for driving retirement</i>	12
<i>-Solution strategies</i>	14
Impaired Driving	16
<i>-Solution strategies</i>	19
Endnotes	20

New Jersey's roads are more than just vital arteries moving our families and goods. Our roadways determine if our downtowns are viable, if our commutes are easy and if our communities are livable.

Safety on the roadway starts with reducing crashes and eliminating fatalities. For the first time in decades, traffic fatalities are on the rise nationally and in New Jersey. In 2016, New Jersey's traffic fatalities included **333 drivers, 89 passengers, 167 pedestrians** and **18 bicyclists**¹. It is imperative that we work to reverse this trend and find ways to make our roadways safer.

In an effort to help identify areas of concern, as well as practical and viable solutions, AAA hosted a first-of-its-kind "Roadmap to Safety" Symposium at the end of 2016. Bringing together over 80 members of law enforcement, planners, engineers and traffic safety professionals from across the state, the goal was to chart a course to make our roads safer. We focused our efforts in four areas:

Changing Behavior Behind the Wheel

Drowsy, distracted and aggressive driving

Making Our Roadways Safer for All Users

Encouraging multi-modal use on our roadways and in our communities

Creating a Lifetime of Safe Driving

From building a better driver education model to keeping seniors safer behind the wheel

Impaired Driving

Addressing the shift from drunk driving to drugged driving

Not only do each of these areas impact the safety on our roadways, but they impact how our communities function, whether our downtowns are bustling or empty. It is the difference between driving a teen to and from practices and feeling comfortable that they have the foundation to start driving on their own. It is what determines whether our seniors can maintain their independence. During the symposium, our experts not only discussed these areas and some of the potential solutions, but our breakout groups then did a deeper dive to determine which of the solutions were most necessary and viable.

Human error is responsible for 94 percent² of all crashes, yet driver behavior is often the hardest thing to change. Education and awareness is vital to changing behavior to make our roads safer.

Distracted Driving

Today, so much of our focus when it comes to driver behavior is aimed at distraction. To be certain, distraction is a leading factor in crashes, probably more so than current statistics reveal.

Distraction can come from many different activities – the most common being cell phone use. The few seconds a driver interacts with a cell phone can have a deadly impact due to concentrating on the device and not the road. Americans receive or send about 170 billion text messages a month.

Cell phone use gets the majority of attention for being a cause of distracted driving, but there are many other everyday distractions, including drinking coffee, eating, changing the radio station and talking to passengers.

Distraction has evolved with technology and our understanding has continued to evolve as well. When cell phones first came on the scene, the concern was about hands on the wheel; speakers, headsets and Bluetooth seemed to address those concerns as well as some of the visual distraction. But as technology made it easier to carry on conversations or text while driving, it became clear that there was more than just visual and manual distraction.



Thanks to research from the AAA Foundation for Traffic Safety, we are beginning to understand the importance of cognitive distraction. A three-part research study has provided insights into not just how distracted we really are behind the wheel, but the impact that new technologies are having on our driving ability.

For example, in-vehicle systems appear to increase the cognitive demand of a phone conversation, with drivers remaining distracted for up to 27 seconds after terminating a call.

These findings show that in-vehicle technology may actually increase distraction and have significant impacts on how we address distracted driving in the future. Putting technology into vehicles seems to have had the opposite of its intended impact – *increasing* distraction rather than focusing a driver’s attention on the roadway. Making technologies more responsive may have been intended to help reduce the increasing distraction, but for many drivers, the very fact that they are in the vehicle makes them seem safer than they really are.



Drowsy Driving

Impairment behind the wheel has several hallmarks – diminished reaction time, inability to maintain lanes and general lack of attentiveness.

To most, these sound like symptoms of driving under the influence, but they are also markers for driving while drowsy. While it seems simple to tell drivers to stay sober and designate a driver, it’s much harder to tell people to take a roadside nap or refrain from driving home after a long day. And yet the facts are there – drowsy driving is becoming a larger issue on the roadways every year.

A 2000 study in Michigan, *“Drowsy Driving is Equally as Dangerous as Driving Drunk,”* found that drivers who had no sleep for 24 hours or who only had four hours of sleep exhibited the same signs behind the wheel as those who had been drinking alcohol³.

DR. MANGALA NADKARNI, Director of St. Barnabas Sleep Center, presented some startling statistics on the prevalence of drowsy driving. A National Highway Traffic Safety Administration (NHTSA) study found that 1 in 25 drivers reported falling asleep in the past 30 days, while 11 percent of adult drivers admitted falling asleep while driving in the past year. In a NHTSA study of crashes from 2009 to 2013, 72,000 crashes were attributed to drowsy driving, causing 44,000 injuries and 800 deaths⁴.

There are certain trends and populations that are more at risk for drowsy driving. Crashes typically occur from 2 - 4 a.m. and 2 - 4 p.m. and are more likely to happen to young adults, elderly, shift workers, business travelers or those with untreated sleep disorders. Drivers often miss warning signs such as tunnel vision and lack of attention, and often the crashes happen closer to home as drivers let their guards down and fall asleep.

For many drivers, drowsy driving is not a choice – work schedules that require early mornings or irregular hours or underlying sleep disorders can cause risky behavior behind the wheel. Sleep apnea affects 25 percent of the population and a third of the population suffers from insomnia; both disorders can be a dangerous mix behind the wheel.

A recent AAA Foundation study found that, compared to drivers who had at least seven hours of sleep, crash risk rose by 1.9 times starting with just 5 - 6 hours of sleep, increasing to 4.3 times with 4 - 5 hours of sleep, and rising to 11.5⁵ with less sleep than that.

It should be noted that New Jersey is among the only states to address drowsy driving at all. Maggie's Law made drowsy driving a criminal offense in a fatal crash if the driver has not slept for more than 24 consecutive hours.

Aggressive Driving

In New Jersey, with our congested roadways, pockmarked highways and jam-packed schedules, our roadways are often where our aggressions come out and make our roads even more hazardous.

Sadly, aggressive driving seems to be on the rise. According to a AAA Foundation study, two out of three drivers believe it has become more prevalent in the last three years. The study also found⁶ that drivers admitted to:

- **Purposefully tailgating:** 51 percent (104 million drivers)
- **Yelling at another driver:** 47 percent (95 million drivers)
- **Honking to show annoyance or anger:** 45 percent (91 million drivers)
- **Making angry gestures:** 33 percent (67 million drivers)
- **Trying to block another vehicle from changing lanes:** 24 percent (49 million drivers)
- **Cutting off another vehicle on purpose:** 12 percent (24 million drivers)
- **Getting out of the vehicle to confront another driver:** 4 percent (7.6 million drivers)
- **Bumping or ramming another vehicle on purpose:** 3 percent (5.7 million drivers)



SOLUTION STRATEGIES

Distracted Driving

Increasing fines – One of the frequent strategies to curb distracted driving is to increase fines, making it cost-prohibitive to engage in the behavior. However, with municipal budgets tight, enforcement becomes an issue and some anecdotal evidence suggests a reluctance to issue expensive tickets. It also doesn't get to the cognitive distraction because using a hands-free system is not illegal, despite creating similar impairments.

Address the distraction, not the technology – Comprehensive distraction bans are attractive because they would allow police to identify and address dangerous behavior. However, these bans are often controversial and have the potential for abuse or the appearance of abuse.

Rumble strips – A simple engineering solution that can be utilized on both the shoulders and center lane that alert drivers when they leave their lane. This is a simple, inexpensive solution that can be implemented when roads are being repaved.

Disabling phones – There are technologies being researched now that would turn off phones while in motion over a certain speed, helping to ensure that drivers are not using their phones behind the wheel. These technologies are clearly the most effective way to avoid distraction, but have several drawbacks, including the inability to tell the difference between drivers and passengers. Other concerns: disabling the phone would disable other apps drivers use, such as navigational guidance or music.

Drowsy Driving

Physician education – The largest obstacle to addressing this issue is a lack of awareness and education. One of the largest indicators of drowsy driving is undiagnosed sleep disorders; many of these serious conditions are under-diagnosed and difficult for many to recognize. Raising awareness of the serious consequences of the disorder and other symptoms may increase diagnosis.

Education – The only way to prevent drowsy driving is to get enough sleep. Creating education campaigns to raise awareness and to properly address the issue is the best way to keep our roads safe.

Rumble strips – A simple engineering solution that can be utilized on both the shoulders and center lane that alert drivers when they leave their lane. This is a simple, inexpensive solution that can be implemented when roads are being repaved.

Rest stops – When the only proven counter-measure is sleep, providing places to sleep is an important safety tool. Re-opening rest stops on federal highways would be an critical first step in New Jersey.

Aggressive Driving

Education – Drivers need to understand the dangers of aggressive driving and also need to learn strategies to help manage their behavior.

In many areas of the state, roadways are wide swaths of asphalt with disconnected parking lots lined with stores. These areas make cars a necessity, access to transit difficult, and walking or riding a bike dangerous. As crashes – fatal and non-fatal – have increased over the past few years, the safety of pedestrians has become a growing problem.

One AAA Foundation study found that risk of injury increases significantly at 35 mph (64 percent – a 34 point increase over 25 mph) and risk of death increases to 60 percent at 45 mph, with 89 percent risk of injury. Those risks increase with age – with a 70-year-old having the same risk of injury or death as a 30-year-old at 10 mph more⁷.

Making roads safer for all users has a variety of benefits:

- Makes the roads useable for pedestrians and bicyclists
- Calms traffic, making motorists safer
- Spurs economic development by increasing foot traffic and creating bustling downtowns

Communities that integrate multi-modal transportation plans will find safer streets, more support for local businesses and it may also encourage seniors to age in place when there are viable alternatives to driving.

MARY KAY MURPHY, Director of the North Jersey Transportation Planning Authority (NJTPA) presented on the “three E’s” – Engineering, Education and Enforcement. A combination of the three approaches can help make roadways safer and change behavior. A few of the highlighted approaches included:

Road diets – one of the most frequent tools used when roadways, often major arteries, see an increase in pedestrian crashes and fatalities. Road diets take multiple-lane roadways (usually 4-8 lanes) reduce the number of traveling lanes, create a larger bike lane and establish center islands that provide refuge for pedestrians when crossing.

Rumble strips – a simple engineering solution that can be utilized on both the shoulders and center lane that alert drivers when they leave their lane. This is a simple, inexpensive solution that can be implemented when roads are being repaved.

MAKING OUR ROADWAYS SAFE FOR ALL USERS

Modern roundabouts – often maligned by those picturing traffic circles of the past, roundabouts have improved significantly; they have fewer travel lanes, include pedestrian safety measures and have proven results. When modern roundabouts are used, there is an 80 percent reduction in severe crashes and a 45 percent reduction in overall crashes.

Street Smart NJ – a pedestrian safety campaign rolled out in cities and towns throughout the NJTPA footprint has helped bring awareness to both pedestrian safety and distraction. The program has seen a 28 percent reduction in jaywalking and crossing against the signal and a 40 percent reduction in drivers failing to yield for pedestrians and cyclists.

STEVE FISSANTE, senior associate, RLS & Associates, presented on a variety of local programs designed to keep seniors mobile by offering alternative transportation options. By partnering with NJ Transit and local communities, programs that offer first and last mile options provide ways for aging drivers to stay mobile and to transition away from driving without losing independence.

These solutions provide great promise for an aging driving population, but also for suburban programs that offer first and last mile solutions, moving more people to transit and off the roadways.



SOLUTION STRATEGIES

Street Smart Education & Enforcement – expanding the reach of programs such as Street Smart NJ is both a critical need and something that is ready to go. Increasing awareness of the problem is an important step toward changing behavior and making our roadways safer. Creating enforcement programs like “Cops in the Crosswalk,” also increases compliance with the law and awareness of the problem.

Alternative transportation options – partnerships with NJ Transit, ride-sharing programs and local transportation options have the potential to change the way we view transportation. While some of these options are not yet viable for partnership, results with local programs show great potential in addressing aging drivers, as well as the regular commuting population.

Engineering solutions – there are a number of engineering solutions that are now more viable than ever, but getting the funding to implement these solutions is often difficult. With the funding of the Transportation Trust Fund (TTF), some obstacles have been removed and we need to move forward with the most critical projects quickly and look for ways to implement these solutions whenever possible.

Universal Move Over Law – the law that requires motorists to slow down or move over for emergency vehicles has reduced crashes significantly. We now face a similar problem with pedestrians and cyclists. Sharing the road requires work from all users. Making one clear, universal law for what to do when there are vulnerable users on the shoulder of the roadway will make it easier to educate users and to enforce.



Driving is an integral part of most New Jerseyans' lives; in many parts of the state, life without a license presents barriers to education, employment and healthcare. That's why it is so important to make sure we are giving our young drivers a solid foundation for a lifetime of safe driving and why we need to help ease the transition when it's time to give up the keys.

Building a Better Driver

New Jersey has done a great job when it comes to limiting teens from dangerous behavior behind the wheel – the state has been a leader in passenger and nighttime restrictions, and a pioneer on the decal that advises police when Graduated Driver License (GDL) drivers are behind the wheel.



However, the state continues to lag behind when it comes to two simple best practice measures that make sure teens are trained behind the wheel. The first is in requiring a parent-teen orientation prior to the permitting process. This orientation has proven effective time and time again in making sure that teens and their parents understand the GDL process, the science behind it and learn some tips for how to guide their teen into a lifetime of safe driving.

The second is to require practice hours behind the wheel during the permitting phase. The only way to become a proficient driver is to log hours behind the wheel in all conditions. New Jersey is one of only four states that doesn't require practice hours, meaning our teens are entering our roadways with less real-world experience.

The lack of preparation provided to teen drivers does not just impact teens and their families, it impacts everyone on our roads. The impact of teenage drivers extends well beyond teen drivers and their passengers – 40 percent of people killed and 50 percent of people injured in crashes involving a teenage driver are "other" people outside of the teen driver's vehicle⁸.

Both of the measures have been pending before the legislature for many years and will continue to be discussed. Along with requiring practice, education is the cornerstone to building a solid safe driving foundation. In New Jersey, that education

is done without any uniformity or standards from school to school. New Jersey provides very little guidance about what is required to be covered in driver education classes and even less when it comes to requiring that certain topics be covered. Much of the discussion focused on what is included in federal driver education standard and how we might work to implement those in New Jersey.

MIKE CALVIN, project manager, Highway Safety Services and a member of American Driver and Traffic Safety Education Association (ADTSEA), helps facilitate peer reviews of driver education programs across the state. Calvin provided a series of best practices when it comes to driver education throughout the country. ADTSEA is a resource for driver education professionals who want to align programs with best practices. Some of the key components of effective programs include:

- **Program administration** (one single agency responsible or identified partners)
- **Align standard education and training among educators**
- **Instructor qualifications**
- **Parental involvement**
- **Coordinate with driver licensing agencies**

Ready for Driving Retirement

Retirement planning is a major industry – people spend two-thirds of their lives planning for retirement, whether it's saving money or planning a move or fantasizing about travel. But most don't have a plan when it comes to transportation retirement – only when it's time (or past time) to give up the keys do they think about what that will really mean for their lives. Because we know that most drivers will outlive their safe driving years by 7 to 10 years⁹, planning for that time is as important as planning for your work retirement.

AAA is committed to making sure drivers have the tools to better plan for their transportation retirement long before it's time. Programs like CarFit – which provides senior drivers with information on being safer in their vehicles, and advice from occupational therapists about how to address physical limitations that may impact driving – are important tools to bring awareness to their growing need. Understanding the impacts that general health and



other indicators have on driving ability is an important part of assessing driving ability. One AAA Foundation study found that older adults who had fallen were 40 percent more likely to experience a subsequent motor vehicle crash than older adults who had not fallen¹⁰.

LORI MCCOLLUM, MPA, OTR/L, LNHA, with Solutions Senior Care Management and a CarFit technician and partner, provided insight into working with senior drivers. Drivers often see age-related changes in reaction times, depth perception, vision, memory or cognitive impairment, anxiety and other medical problems. Older drivers often hesitate bringing up issues regarding driving for fear of losing their license. However, many medical professionals are more likely to find ways to address the issues than take away the keys, as it has also been found that depression and a decline in health often follow giving up the keys. Providing seniors with tools to address concerns and make them safer behind the wheel is optimal.

To prepare for a day when they may no longer be able to drive, seniors should explore alternative modes of transportation now and should be encouraged to talk about their driving plans with their families long before it becomes an issue. Discussion may also help both seniors and their families understand how seriously most drivers take this issue, and that “slowing down” or self-limiting behaviors are not a sign of danger, rather in many cases, self-regulation increases both comfort and confidence behind the wheel¹¹.



Regardless of how well you plan, there will always be a perception that, as we age, we become a danger behind the wheel. While the facts don't bear this out, it's a difficult perception to overcome. Seniors are among the safest drivers – they self-monitor and self-limit to reduce driving hours and stay off roadways where they feel unsafe – but they are also more at risk than other drivers if they are in a crash due to underlying health conditions. Whenever this topic comes up, the magic solution always seems to be re-testing seniors, but given that this age group is among the safest on the road, there appears to be little evidence to push this sort of change through.

SOLUTION STRATEGIES

Teen Drivers

Mandate parental (or guardian) involvement – While there continues to be objections from parents regarding the time commitment that an orientation and practice hours would require, the benefits clearly outweigh the negatives, and ensuring that teens receive proper training is vital.

Create driver education standards – There was a large fear that touching education standards would get lost in the legislature and bogged down without much movement. However, there was a clear consensus that creating standards to ensure teens were provided with uniform, updated information was vital to setting the stage for a lifetime of safe driving.

Real world testing – Holding the driving test in a closed-course environment doesn't accurately test a new driver's ability. Moving the testing to regular roads would help to make the test a better judgment on their driving skills.

Senior Drivers

Education for seniors – This was thought to be one of the easiest solutions to implement because there is an existing network to provide education and programming to seniors in every community. It would require a concentrated effort to educate seniors not only on the symptoms to look for to consider retiring from driving, but also to educate them on other alternatives to help them get around, such as ride-sharing (i.e. Uber and Lyft), family, cabs, public transportation, senior transportation on the local and county level, plus transportation available at senior housing (shuttle vans).

To educate seniors on options would not require a concerted effort by any one group, but could be handled by many agencies, such as those listed above. Since many of these transportation options are already in existence, there would be no start-up costs to implement.

Vision testing – Currently, the Motor Vehicle Commission (MVC) does not enforce the requirement to conduct vision testing every 10 years. Implementing this existing law would help ensure that drivers with diminishing eyesight have it corrected before getting behind the wheel.

Driver re-testing – Our driving skills can diminish over time due to health concerns or age, and re-testing was universally felt to be an important piece of the puzzle. While the support was unanimous, so was concern regarding its feasibility. There was discussion of age discrimination if re-testing started at a set age. There were concerns about implementation as the MVC is already overburdened with testing new drivers. Some alternatives were to require testing every 8 years (every other renewal), to require written re-testing after a certain time period, or requiring some component of re-testing (written or behind the wheel) after you've been driving a certain period of time (e.g. 20 years) enforced by random selection upon renewal.

IMPAIRED DRIVING

For several years, drunk driving has been on the decline – motorists have gotten the message to stay sober behind the wheel and for many, the ease of apps like Uber and Lyft have made those choices even easier. But look beyond the statistics and there is an ever-growing problem of driving while drugged.

The issue takes on several forms – for some it's driving while under the influence of illegal substances, for others it's driving under the influence of prescription medications without understanding the impact, and for others, it's the misuse of prescription medications.

Drug-impaired driving also has a wide learning gap. According to AAA's *2016 Report to the Legislature*, 97 percent of New Jersey motorists believed drinking and driving was very dangerous, but only 91 percent thought the same of driving under the influence of prescription drugs. A 2009 National Highway Traffic Safety Administration (NHTSA) study said that 18 percent of drivers involved in vehicle crashes tested positive for drugs.



While we know drugged driving is a growing problem, it's also a problem that's hard to quantify. Officers often don't have the tools to address this issue at the roadside. While there is a nationally recognized program to help identify drug use while driving, the training is expensive and not always recognized by courts.

The AAA Foundation performed a comprehensive study of available surveys and expert panels on this topic to identify barriers and effective strategies¹³. The study found:

- All law enforcement officers should be trained in administering the Standardized Field Sobriety Tests (SFST) and in NHTSA's "Drugs That Impair Driving" curriculum.
- States should authorize and encourage law enforcement to collect and test samples for drugs and alcohol for all Driving Under the Influence (DUI) arrestees.
- National model specifications should be developed for oral fluid drug test devices.
- Law enforcement use of point-of-contact oral fluid drug test technology should be optimized.

- States should update their data collection and reporting systems to distinguish among impaired driving offenses in all relevant data.
- Implied consent laws should extend to drugs other than alcohol and support collection of blood or oral fluid for drug testing.
- Law enforcement should be authorized to collect multiple tests from suspected-impaired drivers, and suspects should not be permitted to choose the test(s).

Even when drivers are properly identified as driving under the influence of drugs, that particular summons is seldom issued or, if it is, it's because the driver has mixed drugs and alcohol, providing officers with a blood alcohol concentration (BAC) over .08. As more states legalize recreational marijuana and drug tests become more routine, we can begin to see the prevalence of driving under the influence of drugs. One study found that a majority of cannabis-positive drivers arrested for DUI also tested positive for alcohol and other drugs, only 23 percent had just cannabis in their system¹⁴.

For illicit drugs, the mere presence in a motorist's system may make a conviction for possession easier than proving impairment. For prescription drugs, a motorist may get off with a safe ride home and a warning because there are too many obstacles to conviction.

LT. CHRIS DUDZIK of the Toms River Police Department and President of the NJ State DRE Association, and **MEGHAN O'NEILL**, Assistant Prosecutor in Ocean County, highlighted both the important work Drug Recognition Experts (DREs) are doing in the field, as well as the obstacles they currently face. With 400 DREs and 50 instructors (25 active) in New Jersey, we have the second-highest number of certified DREs in the country and yet that's less than one per town. To combat that problem, New Jersey has instituted a DRE Call Out program to allow DREs outside of the jurisdiction to perform an evaluation.

When a DRE responds to the scene and determines that a subject is impaired rather than suffering from a medical condition, a 12-step evaluation is conducted, which includes: an alcohol test, interview by the officer, exam, eye exam, attention test, vital signs, dark room examination, muscle tone, injection sites, interview of subject, evaluation, toxicology or urine sample.

Both the length of training for the officer and the amount of time required to have a second officer cover shifts for the DRE-in-training prevent many departments from

increasing the ranks of DREs. However, that intensive training also makes DREs particularly suited to address drugged driving at the roadside. The lack of DREs is just the start of the obstacles. For many, the length of time required to get a warrant to compel a blood draw diminishes the presence of drugs in the system.

A study conducted by Washington state for the AAA Foundation found that the median estimated time to blood draw for THC-positive drivers (among collisions and non-collisions) was 139 minutes. The proportion of those with an estimated time to blood draw of less than two hours, who had a THC blood level greater than or equal to 5ng/mL was 26 percent, compared to 10 percent for those with an estimated time to blood draw of two hours or more¹⁵. In this study, the state has a per se of 5ng/mL for marijuana, which has yet to be scientifically linked to impairment.

In another AAA Foundation study, researchers found that all of the candidate THC concentration thresholds examined would have misclassified a substantial number of drivers as impaired who did not demonstrate impairment on the Standard Field Sobriety Test (SFST). It would have also misclassified a substantial number of drivers as unimpaired who, demonstrated impairment on the SFST¹⁶.

Without a clear level for a test to determine impairment caused by marijuana or other drugs, the DRE testing provides an important evaluation tool. But even after these evaluations, many times the evidence is found to be irrelevant at trial, because many judges are not familiar with the DRE program, the extensive training required or the science involved. Worse than being unfamiliar with the DRE program is that some judges believe DRE testimony is “junk science.” Those judicial concerns are often difficult to overcome, especially for part-time prosecutors who don’t have the time or resources to put into addressing those concerns. Additionally, many attorneys switch from prosecutor in one town to defense attorney in another town, and possibly a judge in another, a scenario that can create inherent conflicts when it comes to providing information and education.

Both Lt. Dudzik and Ms. O’Neill highlighted strategies for prevailing in courts, but the obstacles and the variety across more than 500 districts was clear.

It’s important that we start to look at how to address these issues now to get a better handle on the impact they are having on our roadways and to better prepare ourselves if the decriminalization and recreational legislation going on across the country eventually makes its way to New Jersey.

SOLUTION STRATEGIES

Expand the DRE Call Out program – some counties have created programs where towns can tap into the closest or on-call DRE to begin the evaluation sooner. Expanding this program to more counties would allow for quicker evaluations.

Change Implied Consent Laws – current testing for drugs requires a blood sample and a warrant. By the time the warrant is obtained, some substances have left the system. New testing continues to be put on the market, from oral fluids to urine that could be obtained quicker, but currently are not allowed in New Jersey. Changing Implied Consent laws to allow for additional testing when warranted would allow for better accuracy.

Gain acceptance of DRE expertise – the largest obstacle to addressing drugged driving in court is that acceptance of DRE expertise varies widely and, currently, there is no simple way to provide education on the training required or the science behind it. Judicial education has been difficult, as judges need to request the programming, but may not be aware that it's something they don't know about. Finding a way to gain universal acceptance of the program would greatly improve the ability to prosecute cases.

Create a DUI Court – one of the largest obstacles to more effectively addressing drugged driving is understanding the impact of drugs, even legal and prescribed drugs, on driving. Much like drug court, which is aimed at changing behavior to address addiction, moving toward a Driving Under the Influence court could focus education on a handful of judges with an expertise in the area, and could focus on rehabilitation and treatment of addiction in order to reduce dangerous behaviors rather than punishment.

Address the prosecutor and defense attorney conflict – in many areas, attorneys act as prosecutor in one town and defense attorney in another, creating conflicts in working with law enforcement on this issue.

¹ *New Jersey State Police fatalities report*

<http://bit.ly/2mm35hd>

² *NPR "Human Errors Drive Growing Death Toll in Auto Crashes" (October 20, 2016)*

<http://n.pr/2ds13DB>

³ *DrowsyDriving.org / Facts & Stats*

<http://bit.ly/1gtYwFe>

⁴ *CDC.gov / Information About Drowsy Driving*

<http://bit.ly/2flobDF>

⁵ *AAA Foundation study: Acute Sleep Deprivation & Risk of Motor Vehicle Crash Involvement*

<http://bit.ly/2miVMGB>

⁶ *AAA Foundation study: Prevalence of Self-Reported Aggressive Driving Behavior: United States, 2014*

<http://bit.ly/2mmfSQK>

⁷ *AAA Foundation study: Impact Speed and a Pedestrian's Risk of Severe Injury or Death, 2011*

<http://bit.ly/1TQmAGf>

⁸ *AAA Foundation study: Teen Driver Crashes, 1994-2013*

<http://bit.ly/2mmhR7r>

⁹ *AAA Exchange / Senior Driver Safety*

<http://bit.ly/2lmaEVj>

¹⁰ *AAA Foundation study: Associations Between Falls and Driving Outcomes in Older Adults: A Systematic Review and Meta-Analysis*

<http://bit.ly/2m3nqoE>

¹¹ *AAA Foundation study: Self-Regulation of Driving by Older Adults: A LongROAD Study*

<http://bit.ly/2miSX8m>

¹² *National Highway Traffic Safety Administration: Drug Involvement of Fatally Injured Drivers, 2010*

<http://bit.ly/2mTOLt1>

¹³ *AAA Foundation study: Advancing Drugged Driving Data at the State Level*

<http://bit.ly/2iCHLzr>

¹⁴ *AAA Foundation study: An Evaluation of Data from Drivers Arrested for Driving Under the Influence in Relation to Per Se Limits for Cannabis*

<http://bit.ly/2mAU4kG>

¹⁵ *AAA Foundation: Cannabis Use Among Drivers Suspected of Driving Under the Influence or Involved in Collisions: Analysis of Washington State Patrol Data*

<http://bit.ly/2mAPD9Q>

¹⁶ *AAA Foundation study: An Evaluation of Data from Drivers Arrested for Driving Under the Influence in Relation to Per Se Limits for Cannabis*

<http://bit.ly/2mAU4kG>



**For more information visit:
AAA.com**

AAA Clubs of New Jersey

AAA North Jersey

418 Hamburg Turnpike • Wayne, NJ 07470

Phone: (973) 956-2243

Serving Bergen, Hudson & Passaic Counties

AAA Northeast

1 Hanover Road • Florham Park, NJ 07932

Phone: (973) 377-7204

Serving Essex, Morris & Union Counties

AAA Mid-Atlantic

700 Horizon Drive • Hamilton, NJ 08691

Phone: (609) 570-4131

Serving Atlantic, Burlington, Cape May, Hunterdon, Mercer,

Middlesex, Monmouth, Ocean, Somerset,

Sussex & Warren Counties

AAA South Jersey

700 Laurel Oak Road • Voorhees, NJ 08043

Phone: (856) 679-2655

Serving Camden, Cumberland, Gloucester & Salem Counties