



F6 Roadside Saliva: Are Oral Fluid Collection (OFC) Devices the Proper Tool to Help a Non-Physician Make a Diagnosis at a Roadside Traffic Stop (RTS)?

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After attending this presentation, attendees will think critically about the efficacy of hand-held devices that are intended for use by police officers to make arrest decisions regarding whether a driver is impaired by controlled substances.

This presentation will impact the forensic science community by increasing knowledge of the protocol used by law enforcement in attempting to diagnose an impaired driver. Attendees will also better understand enforcement efforts in two states that are part of a national trend. Attendees will appreciate the need for improvement in the current methods and the need for caution in a diagnosis by a police officer of drug-induced impairment of a driver.

The State of California is in the midst of a multi-county experiment using officers trained as Drug Recognition Evaluators (DREs) and Roadside Saliva analysis using a portable device called Oral Fluid Collection (OFC). The OFC is able to react chemically with enzymes produced by saliva to detect the presence of different categories of drugs. The State of Michigan is about to implement an experimental program in five counties, under which officers who are specially trained as DREs will use the protocol to attempt to detect impairment as well as the RTS to support an arrest decision.

An OFC is a device an officer can carry with him or her in the field. The device is on the forefront of law enforcement efforts to gain approval and acceptance of a tool that purportedly allows for a probable cause determination of drug-induced impaired driving. The devices are used in conjunction with the 12-step DRE protocol of what is essentially a “diagnosis.” The device uses enzymatic immunoassay methodology to detect the presence of certain controlled substances, both prescribed and illegal, per se, to consume.

The concern regarding a high rate of false positives is significant. The data obtained by constituent groups in Michigan led to widespread rejection of legislation to enable the use of RTS in 2014. Follow-up legislation, what is now MCL 257.625r, 625s, and 625t, established a one-year pilot project in five Michigan counties.

Oral, Fluid, Device