

Year	Some Predecessor Committee / ADID Position/Actions – Not NSC Policy
1937	<p>"Motor Vehicle Intoxication Report" form was developed. Report to 26th National Safety (NS) Congress with several recommendations dealing with intoxication examination, officer training, use of intoxication examination report, educational and enforcement methods, and public information on the hazards of driving after drinking. The most important was that chemical tests of body fluids or breath be used to supplement the testimony of a police officer or physician examination for the determination of intoxication in drinking and driving cases.</p>
1938	<p>Collaboration with a special committee of the AMA (Committee to Study Problems of Motor Vehicle Accidents) in establishing the following chemical standards for the legal interpretation of "under the influence of alcohol" in terms of the percentage of alcohol in the blood or its equivalent in other body materials: • <i>Below 0.05 percent alcohol in the blood: no influence of alcohol within the meaning of the law;</i> • <i>Between 0.05 and 0.15 percent, a liberal, wide zone: alcoholic influence usually is present, but courts of law are advised to consider the behavior of the individual and circumstances leading to the arrest in making their decision;</i> • <i>0.15 percent: definite evidence of "under the influence", since every individual with this concentration would have lost to a measurable extent some of the clearness of intellect and control of himself that he would normally.</i> These recommended blood alcohol levels later formed the basis for the Chemical Tests Section of the Uniform Vehicle Code, published by the National Committee on Uniform Traffic Laws and Ordinances. Report to the 27th NS Congress on chemical tests for intoxication, including blood, urine, saliva, breath and spinal fluid. Test methods included the Heise Test, Widmark Micro-Method, Friedemann's Method, Harger Micro-Method, Harger Breath Test and the Muehtberger Test. A major recommendation suggested the general adoption of the Arizona definition of "under the influence" as the first step in improving legal definitions. It specified: "The expression 'under the influence if intoxication liquor' covers not only all the well-known and easily recognized conditions and degrees of intoxication, but any abnormal mental and physical condition which is the result of indulging in any degree to intoxicating liquors, and which tends to deprive him of that clearness of intellect to control himself which he would otherwise possess. If the ability of the driver of an automobile has been lessened in the slightest degree by the use of intoxicating liquors, then the driver is deemed to be under the influence of intoxicating liquor. The mere fact that the driver has taken a drink does not place him under the ban of the statute unless such drink has some influence upon him lessening in some degree his ability to handle said automobile."</p>
1939	<p>Committee revised the "Motor Vehicle Intoxication Report" form and renamed it the "Alcoholic Influence Report Form". Committee assisted officials in Indiana and Maine in the development of legislation dealing with the use of evidence obtained through chemical tests for alcoholic intoxication. Report to the 28th NS Congress with detailed outline on installing tests for intoxication, including model legislation, current testing programs, report forms, training of personnel and step-by-step methods in setting up a testing program.</p>
1940	<p>The Committee developed, and the National Safety Council distributed, a sound film entitled "Testing the Drinking Driver" which encouraged the use of scientific tests to measure blood alcohol concentrations. The film presented desirable methods to use in obtaining evidence for trials involving the drinking driver. Recommend law providing a penalty for a pedestrian under the influence of intoxicating liquor while in a crosswalk or on a street or highway. Report to the 29th National Safety Congress covered alcohol as a factor in traffic accidents, handling intoxicated pedestrians, use of test methods, education and training, compulsory tests, alcohol tolerance and the specificity of chemical tests.</p>
1941/ 42	<p>A major effort of the Committee was draft legislation dealing with chemical tests for intoxication, based on the Indiana law, for state use and submission to the National Committee on Uniform Traffic Laws and Ordinances.</p>
1943	<p>"Model Legislation on Driving Under the Influence" was submitted to the National Committee on Uniform Traffic Laws and Ordinances.</p>
1946	<p>Committee recommend that steps be taken, as rapidly as possible, to make available to enforcement agencies equipment for making chemical tests for intoxication.</p>
1952	<p>Statement on alveolar air blood ratio is approximately 1:2100: "The basic principle governing the operation of the three presently used breath test methods (the Drunkometer, the Intoximeter and the Alcometer) is the constant ratio existing between the</p>

	<p><i>concentration of alcohol in the alveolar air and the blood.</i> Available information indicates that this alveolar air blood ratio is approximately 1:2100. However, since each method involves different procedures, different empirical factors are involved in the calculations of alcohol in the blood in each of the methods." Statement on Breath Alcohol Tests: "It is the opinion of the subcommittee (approved by the Committee) that tests made on the Alcometer, the Intoximeter and the Drunkometer, if conducted in the manner prescribed by the authors of the respective methods, will give <i>comparable and reliable results for estimating the concentration of alcohol in the blood.</i>"</p> <p>Resolutions on later known as "implied consent": "RESOLVED, that the Committee on Tests for Intoxication of the National Safety Council go on record as recommending to the various state legislatures that their drivers' license act be amended to provide that, as a condition precedent to a driver's license being issued by the state, <i>an applicant for such license shall be required to agree to take a chemical test in any case in which he is suspected of driving under the influence of intoxicating liquor and that refusal on his part in such case to submit breath for chemical analysis to determine alcoholic influence shall be grounds for automatic mandatory revocation of his license.</i> and "BE IT FURTHER RESOLVED, that the above provision be incorporated in Article II of the Uniform Vehicle Code."</p>
1956	<p>Recommended revision of Uniform Vehicle Code:</p> <p>"Upon the <i>trial</i> of any action or proceeding arising out of acts alleged to have been committed by any person while driving or in actual physical control of a vehicle while under the influence of intoxicating liquor, evidence of the amount of alcohol in the person's blood at the time of the act alleged as shown by a medical or chemical analysis of his breath, blood, urine, saliva or other bodily substance is admissible, and the result of any such analysis shall give rise to the following <i>presumptions</i>:</p> <ul style="list-style-type: none"> • If there was 0.05 percent or less by weight of alcohol in the person's blood, it shall be presumed that such person was not under the influence of intoxicating liquor; • If there was in excess of 0.05 percent but less than 0.15 percent by weight of alcohol in the person's blood, such fact shall not give rise to any presumption that the person was or was not under the influence of intoxicating liquor, but such fact may be considered with other competent evidence in determining whether such person was under the influence of intoxicating liquor; • If there was 0.15 percent or more by weight of alcohol in the person's blood, it shall be presumed that such person was under the influence of intoxicating liquor; • The foregoing provisions of this subsection shall not be construed as limiting the introduction of any other competent evidence bearing upon the question whether or not such person was under the influence of intoxicating liquor."
1957	<p>Committee approved the "Uniform Chemical Test for Intoxication Act" prepared by the National Conference of Commissioners on Uniform State Laws.</p>
1960	<p>Recommend state legislatures establish three blood alcohol level zones: 0.00%-0.05%; 0.05%-0.10%; ≥0.10%. "It is therefore recommended that the Committee on Alcohol and Drugs of the National Safety Council urges the <i>state legislatures</i>, when amending or enacting <i>chemical test laws</i>, to establish the <i>three blood alcohol level zones</i> at zero to 0.05%; 0.05% to 0.10%; 0.10% and above." The recommendation was approved by the Council's Traffic Conference and forwarded to the National Committee on Uniform Traffic Laws and Ordinances for amendment of the Uniform Vehicle Code (UVC). The UVC was officially amended in 1962.</p>
1961	<p>Revised model "Alcoholic Influence Report Form" was approved and recommend pilot study to determine its effectiveness. Recommend that local agencies be advised to monitor drug involvement in apparent intoxication cases.</p>
1962	<p>Approved a Standard Report of Alcohol Involvement in Fatal Motor Vehicle Traffic Accidents.</p>
1967	<p>Finalized its recommendations for a "Model Program for the Control of Alcohol for Traffic Safety" which had been requested by the National Highway Safety Bureau (later the National Highway Traffic Safety Administration). A Public Information Seminar was sponsored by the subcommittee on this subject and the recommendations developed at the seminar were turned over to the Council's Public Information Conference for action.</p>
1969	<p>Recommendations of Testing and Training related to chemical test aspects.</p>
1970	<p>Development of several reports concerning: •the lowering of the blood alcohol presumptive level to 0.08; •retraining and requalification of breath alcohol analysis technicians; •summarization of relevant information on the drugs and driving problem.</p>

1971	Position on .08 BAC: "concentration of 80 milligrams of ethanol per 100 milliliters of whole blood (0.08 percent w/v) in any driver of a motor vehicle is indicative of impairment in his driving performance". Adopted " <i>Recommendation on Quantitative Breath Alcohol Instrumentation</i> ". Retired the booklet " <i>Evaluating Chemical tests for Intoxication</i> ".
1972	Adopted a report entitled " <i>Performance Standards for Breath Alcohol Screening Tests</i> ".
1973	Committee provided a review for the National Bureau of Standards on a proposed "Performance Standard for Quantitative Breath Alcohol Measuring Instruments".
1974	Several Committee members conducted a workshop and developed related film and manual on "Research Methodology for Roadside Surveys on Drink-Driving" under NSC-NHTSA contract. Other projected under that contract included: five literature reviews; two reviews of proposed standards; and a report on " <i>Constitutional Protection of Convicted OWI Offenders Selected to Receive Special Sanctions</i> ".
1975	Report on " <i>Periodic Requalification and Continued Education and Training of Personnel Engaged in the Performance of Chemical Tests for Alcoholic Influence</i> ". Approved a new definition of alcohol concentration for possible revision of the Uniform Vehicle Code. "Alcohol concentration shall mean: (1) grams of alcohol per 100 milliliters of blood; (2) grams of alcohol per 210 liters of breath." Statement of: "Some issues have been raised in the California Supreme Court's decision in <i>People vs. Hitch</i> and allied cases in which the court held that chemicals and ampoules used in breath test cases must be preserved for possible pre-trial examination and analysis by defendants should they so demand it. A review of the scientific merits of this position has been made. It is concluded that at the present time, a scientifically valid procedure is not known to be available for the reexamination of a Breathalyzer ampoule that has been used in the breath test for ethanol, in order to confirm the accuracy and reliability of the original breath analysis." Drafted document revision under NSC-NHTSA contract on "Alcohol in Relation to Highway Safety". Other tasks included: (1) review of the "Performance Standard for Screening Breath Alcohol Testers", (2) training on evaluation procedures, (3) on-site assistance in developing data for evaluation of screening breath testers, and (4) review literature in five areas.
1976	Report affirming continued use of 2100:1 factor for the conversion of the results of a breath-alcohol analysis to blood-alcohol concentration for law enforcement purposes.
1977	Reaffirmed position on breath test ampoule preservation/reanalysis.
1979	Reaffirmed position on endogenous substances effect on breath alcohol testing: " <i>Substances which are produced endogenously and appear in the breath shall not contribute to the apparent blood alcohol concentration by more than 0.01 .</i> "
1980	Position that time frame for renewal of breath test technicians "not to exceed one year".
1983	Position on training and certification for breath test operators on additional breath test instruments.
1984	Recommended a course of instruction for " <i>Training and Certification of Breath Test Operators on Additional Breath Test Instruments of the Automated Type</i> ".
1985	Recommended on the " <i>Electromagnetic Interference Testing of Breath Alcohol Analyzers</i> ".
1986	Recommended a course of instruction for anyone that is a technical supervisor or administrator of a breath testing program.
1987	Revision of the 1961 " <i>Alcoholic Influence Report Form</i> " and incorporated standardized field sobriety tests in the performance test section.
1989	Created Award: " <i>Robert F. Borkenstein Award</i> " for his more than fifty (50) years of contributions to alcohol countermeasures and traffic safety.
1993	Established liaison with IACT.
1994	Completion (position statement?) of "Model Program for the Control of Alcohol in the Workplace", and development of guidelines for training of individuals, trainers, and agencies conducting breath alcohol testing in the workplace.
1997	Restated: "Every person, regardless of that person's previous experience with alcoholic beverage consumption, is impaired in driving performance if that person's alcohol concentration is 0.08 or more."
2004	Facilitate the electronic availability of information through the NSC website, which was first recently sprouted with the electronic availability of the Committee's Handbook.
2006	The entire Committee Handbook was reviewed, edited and is on-line.

2007	<p>Resolution on Borkenstein Courses: <i>“Be It Resolved, that the officers and membership of the National Safety Council Committee on Alcohol and Other Drugs and its Executive Board, assembled in meetings in San Antonio, Texas, express to Indiana University, the Department of Criminal Justice, and its Center for Studies of Law in Action, on the occasion of the Golden Jubilee during 2007 of The Robert F. Borkenstein Course on Alcohol and Highway Safety, our congratulations, esteem, thanks, and appreciation in recognition of the 50 continuous years of pioneering sponsorship and presentation of this premier postgraduate educational program in North America on alcohol and highway safety The initial version of The Robert F. Borkenstein Course on Alcohol and Highway Safety was founded by Indiana University Professor Robert F. Borkenstein in 1958. The updated and enhanced Course has been continuously presented at least twice annually at Indiana University at Bloomington and in other parts of the US and Canada. More than 5,000 graduates of the Borkenstein Course have become the leaders, innovators, managers, pathfinders, and trainers for alcohol testing in connection with traffic law enforcement throughout North America, and in other world locations. We also recognize, congratulate, laud and thank the present and past members of the Borkenstein Course faculty, under the current leadership of Dr. Barry K. Logan, for their dedication, excellence, leadership, and faithful stewardship of the Borkenstein Course heritage and traditions. We likewise recognize and commend Indiana University and Dr. Logan and the present and past faculty members of the companion IU Course on the Effects of Drugs on Human Performance and Behavior for sponsoring and presenting this premier postgraduate educational program in North America on drug-impaired driving.”</i></p>
2008	<p>Position on DUID: 1. Establish an educational campaign to inform the public of the dangers associated with driving under the influence of drugs; 2. Develop per se drug-impaired driving legislation to reduce death and injury.</p>
2009	<p>Position on “Source Code of Evidential Breath-Alcohol Analyzers”: <i>“It is the position of the National Safety Council Committee on Alcohol and Other Drugs that access to the Source Code of the software of an evidential breath-alcohol analyzer is not pertinent, required, or useful for examination or evaluation of the analyzer's accuracy, scientific reliability, forensic validity, or other relevant characteristics, or of the trustworthiness and reliability of analysis results produced by the analyzer. These matters can be and have been fully assessed and examined by multiple other well established and recognized methods and procedures in common use worldwide; and many other adequate and appropriate means exist to challenge evidential breath-alcohol analysis results.”</i></p>
2010	<p>Report on “Acceptable Practices for Evidential Breath Alcohol Testing”. Position (recommends) on enhance safety for older drivers and pedestrians: 1. Be aware of the controversial nature of the topic in the general population between younger and older drivers. 2. Encourage the use of larger print and color coding on medication warning labels used by older individuals with impaired vision. 3. Develop educational programs for physicians, pharmacists, and other health care providers on the need to make sure the older patient is made aware of the danger in driving while using many of the medications often prescribed to older drivers. Suggest that potentially impairing prescription medications be taken at night instead of the morning when feasible. 4. Educate the public on the need for family members, doctors, and pharmacists to assist older drivers, who are severely impaired by their medical conditions, or medications, with the difficult decision of whether to continue driving. 5. Consider educating all pedestrians on the need to plan walking during good weather, in daylight conditions, and wearing light colored reflective clothing.</p>
2011	<p>Position on “Scientific Soundness of Time-of-Test Laws” onto website. Position: <i>“all states adopt a Per Se Drug Impairment Law consistent with the “Model Per Se Drug Impairment Law”.</i></p>
2012	<p>Position on Cannabis (Marijuana) and Driving: <i>It is the position of the NSC’s CAOD that it is unsafe to operate a vehicle or other complex equipment while under the influence of cannabis (marijuana), its primary psychoactive component, Δ9-tetrahydrocannabinol (THC), or synthetic cannabinoids having comparable cognitive and psychomotor effects, due to the increased risk of death or injury to the driver and the public. A later version of this position is entitled with NSC as: “Research Document: Marijuana and Driving, September 2017”.</i></p>