

**Information Collection Request Supporting Statement: Part A**  
***National Roadside Survey of Alcohol and Drug Prevalence of Road Users: 2025***

**OMB Control Number: 2127- new**

*Abstract:*<sup>1</sup> National Roadside Surveys (NRSs) are a central tool in understanding alcohol- and drug-involved driving. Starting in 1973,<sup>2</sup> roadside surveys of drivers on the road have estimated the population-level prevalence of drinking and driving in the United States. The core methodology has continued across decades, but NHTSA has initiated improvements. The number of sites has increased, drugs of interest have been modified to reflect use across the country, and advances in technology have impacted how data can be collected and specimens analyzed.

Conducting an NRS on a periodic basis (e.g., about every 10 years) allows NHTSA to examine the prevalence of alcohol and drug use among drivers, and trends across survey years. Given States are legalizing medicinal and/or recreational use of cannabis, and other issues such as the apparent increase in opioid use in the U.S., more information is needed on the level of alcohol- and drug-involved driving to better inform NHTSA's countermeasure development.

Roadside surveys provide objective measures of alcohol and drugs in drivers' systems when they are actually driving. These measures are based on results from breath tests and oral fluid samples collected using established protocols. Analyses of these specimens allow for the quantitative determination of alcohol and drug levels. Learning more about alcohol and other drug prevalence among road users other than drivers is new to this NRS. These other road users (ORUs) include pedestrians, bicyclists, scooterists, and those using mobility aids.

NHTSA will conduct two studies. Study 1 will focus on drivers but include convenience sampling of ORUs passing by the data collection locations. Study 2 is a pilot test assessing the feasibility of a NRS specific to ORUs. Both will collect breath and oral fluid specimens, demographic information, and self-report questionnaire data on roads across the country. Participation will be voluntary and anonymous. Study protocols will be reviewed by a U.S. Department of Health and Human Services-approved Institutional Review Board (IRB). The only personal identifiable information (PII) collected is oral fluid. No DNA analyses will be conducted on the oral fluid specimens. These will only be analyzed for the presence of alcohol and other drugs, and specimens will be destroyed after the study is complete. The results will be reported in aggregate form in research reports. NHTSA anticipates obtaining a Certificate of Confidentiality from the National Institutes of Health (NIH).

*Study 1 / National Roadside Survey.* This request is a voluntary, one-time survey. This survey follows the prior NRS methodology but additionally includes recruiting ORUs who are passing

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<sup>1</sup> The Abstract must include the following information: (1) whether responding to the collection is mandatory, voluntary, or required to obtain or retain a benefit; (2) a description of the entities who must respond; (3) whether the collection is reporting (indicate if a survey), recordkeeping, and/or disclosure; (4) the frequency of the collection (e.g., bi-annual, annual, monthly, weekly, as needed); (5) a description of the information that would be reported, maintained in records, or disclosed; (6) a description of who would receive the information; (7) if the information collection involves approval by an institutional review board, include a statement to that effect; (8) the purpose of the collection; and (9) if a revision, a description of the revision and the change in burden.

<sup>2</sup> Wolfe, A. C. (1974). 1973 U.S. National Roadside Breath Testing Survey: Procedures and results. Ann Arbor, MI: University of Michigan Safety Research Institute.

by data collection locations. Data collection will occur in 60 primary sampling units (PSUs) using 5 locations at each PSU (300 locations total). There will be a single data collection event at each location. The biological samples will be sent to a toxicology lab for testing of the presence of alcohol and other drugs. Participants' responses to survey questions on the use of drugs and traffic safety-related behaviors and attitudes will also be analyzed.

*Study 2 / Pilot Test for Other Road Users.* Study 2 examines the viability of a stand-alone roadside survey focused solely on ORUs. This effort uses 20 new data collection locations, inclusive of 4 PSUs with 5 locations each. This effort is to inform NHTSA on the feasibility of such a targeted roadside survey and to determine the level of effort to execute a nationwide study of ORUs. The same procedures as Study 1 will be used.

NHTSA will use the information from both studies to produce technical reports presenting the findings. The technical reports will provide only aggregate (summary) statistics and tables; no PII will be retained or reported. The Study 1 technical report is for audiences interested in traffic safety. The information from Study 2 will also be used by NHTSA in consideration of research on ORUs.

**A.1. Explain the circumstances that make the collection of information necessary. Identify any legal and administrative requirements that necessitate the collection.**

***a. Circumstances making the collection necessary.***

NHTSA was established to reduce deaths, injuries, and economic losses resulting from motor vehicle crashes on the Nation's highways. As part of this statutory mandate, NHTSA is authorized to conduct research for the development of traffic safety programs. Title 23, United States Code, Chapter 4, Section 403 gives the Secretary of Transportation (NHTSA by delegation) authorization to use funds appropriated to conduct research and development activities. The agency develops, promotes, and implements educational, engineering, and enforcement programs with the goal of ending preventable tragedies and reducing economic costs associated with vehicle use and highway travel. Current data is essential to develop appropriate approaches to improve traffic safety. This is especially true for information on impaired driving, both for alcohol, and for drug use and driving where data is much more limited.

Drugs affect biology, perception, psychomotor ability, and behavior. With the exception of alcohol, however, relatively little is known about the prevalence of drugged driving on U.S. roadways. Given the number of States legalizing medicinal and/or recreational use of cannabis, and other issues such as the apparent increase in opioid use in the U.S., more information is needed on the level of alcohol-involved and other drug-involved driving to better inform NHTSA's countermeasure development efforts. The results of this project will assist NHTSA as the agency develops its programmatic activities aimed at reducing crashes and fatalities that may be associated with the use of alcohol and/or other drugs.

***b. Statute authorizing the collection of information.***

Title 23, United States Code, Chapter 4, Section 403 authorizes NHTSA to conduct research and development activities, including demonstration projects and the collection and analysis of highway and motor vehicle safety data and related information needed to carry out this section, with respect to all aspects of highway and traffic safety systems and conditions relating to vehicle, highway, driver, passenger, motorcyclist, bicyclist, and pedestrian characteristics; accident causation and investigations; and human behavioral factors and their effect on highway and traffic safety. [See 23 U.S.C. 403(b)(1)(A)(i), 23 U.S.C. 403(b)(1)(A)(ii), 23 U.S.C. 403(b)(1)(B)].

**A.2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.**

This is a new collection of information. NHTSA will use the information gathered to produce technical reports that present the results of the studies. The technical reports will provide aggregate (summary) statistics and tables as well as the results of statistical analyses of the information. The technical reports will be shared with State Highway Safety Offices and other stakeholders interested in improving traffic safety. Study results will be used by NHTSA to inform State and Federal policy on drugs and driving. The results of this project will assist NHTSA as the agency develops its programmatic activities aimed at reducing crashes and fatalities that may be associated with the use of alcohol and/or other drugs. The information learned in Study 2 will aid NHTSA in determining the feasibility of roadside surveys of road users other than drivers.

**A.3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical or other technological collection techniques or other information technology. Also describe any consideration of using information technology to reduce burden.**

For both the Study 1 and Study 2 information collections, alcohol and drug testing devices will be used as part of the sample test collection to determine the participants' alcohol and drug levels. Computer tablets will be used for questionnaire administration and collection.

A handheld preliminary breath test (PBT) device will be used to measure breath alcohol concentrations. The PBT model will be selected from NHTSA's "Conforming Products List" of devices that have been tested and meet NHTSA's model specifications for PBTs. The participant study identification number will be entered into the device using the touchscreen which will facilitate merging of data.

The oral fluid sample will be taken with the Quantisal™ device. The participant will place this device under their tongue. Once sufficient saliva has been collected, the volume adequacy indicator will turn blue. A scannable study label will be affixed to the oral fluid collection tube. The study tablet's camera will be used to scan the label which will associate the oral fluid specimen with the assigned participant identification number.

Data collection will be expedited by using computer tablets installed with Voxco®, a survey application (app). This app will be used by data collectors to document/assemble on-site information, provide informed consent materials, and administer self-report questionnaires to participants. Study participants will complete the questionnaire using touch responses on the

tablet through Voxco®. Data collectors may assist a participant if they are having difficulty reading items, understanding a question, or operating the device. At the completion of a data collection session, and upon connecting to a Wi-Fi or cellular network, the app will synchronize with the central database.

This technology will minimize the burden on participants, improve the efficiency of collection and data management, help to preserve the integrity of biological and self-report sample data, and reduce the likelihood of data loss.

**A.4. Describe efforts to identify duplication. Show specifically why any similar information, already available cannot be used or modified for use for the purposes described in Item 2 above.**

The last NRS of drivers was conducted in 2013-2014. Given the number of States legalizing medicinal and/or recreational use of cannabis since the last NRS, and other issues such as the apparent increase in opioid use in the U.S., more information is needed on the level of alcohol- and other drug-involved driving on the nation's roadways to better inform NHTSA's countermeasure development efforts. Conducting a new NRS (Study 1) is the only way to gather the information needed from the non-crash-involved driving population. It will also be the first-time gathering information from ORUs at NRS locations. Study 2 is a pilot test for information not previously sought.

**A.5. If the collection of information involves small businesses or other small entities, describe the methods used to minimize burden.**

There is no burden on small businesses or other small entities for this collection of information request.

**A.6. Describe the consequence to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.**

Conducting an NRS (Study 1) on a periodic basis (e.g., about every 10 years) allows NHTSA to monitor the current state of alcohol- and drug-involved driving which is important given changes in government policies related to drug legalization, the emergence of new drugs, and changes in drug use patterns by drivers that could be impacting traffic safety. NHTSA has a responsibility to provide guidance to the public and policy makers about the potential dangers of drug-involved driving and drug use by ORUs. Being able to provide up-to-date and accurate information on alcohol and other drug prevalence among drivers and ORUs is essential. Study 2 advances this overall effort by assessing the feasibility of conducting a stand-alone roadside survey of ORUs. Other Federal agencies, legislators, State Highway Safety Offices, and law enforcement agencies are looking to NHTSA for this information to help guide their traffic safety activities. In the absence of these studies, some will use incomplete and outdated data to develop policies and strategies that are not based on scientific evidence.

**A.7. Explain any special circumstances that would cause an information collection to be conducted in a manner:**

- a. requiring respondents to report information to the agency more often than quarterly;**

- b. requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;**
- c. requiring respondents to submit more than an original and two copies of any document;**
- d. requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records, for more than three years;**
- e. in connection with a statistical survey, that is not designed to produce valid and reliable results that can be generalized to the universe of study;**
- f. requiring the use of a statistical data classification that has not been reviewed and approved by OMB;**
- g. that includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or**
- h. requiring respondents to submit proprietary trade secrets, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.**

No special circumstances are expected.

**A.8. Provide a citation for the FEDERAL REGISTER document soliciting comments on requesting the collection of information, a summary of all public comments responding to the notice, and a description of the agency's actions in response to the comments. Describe efforts to consult with persons outside the agency to obtain their views.**

A copy of the 60-day Federal Register Notice, which notified the public of NHTSA's intent to conduct this collection of information and provided a 60-day comment period, was published on November 20, 2024 ([89 FR 91884](#)). The Insurance Institute for Highway Safety (IIHS) and the American Association of Motor Vehicle Administrators (AAMVA) provided comments. Four additional comments were made by individuals but were not relevant to the information collection.

IIHS expressed support for the project, specifically, that "a 2025 survey is important for providing up-to-date alcohol and drug prevalence estimates among drivers" and "agrees that other road users such as pedestrians, bicyclists, and electric scooter riders will be a useful addition to the survey, as the number of non-occupant fatalities on U.S. roadways has been increasing in recent years."

AAMVA also expressed support for the project, stating they are "supportive of the opportunity to have greater transparency into safety data that can help roadway safety researchers and practitioners to better understand the prevalence of drivers with one or more drugs in their system while driving."

NHTSA published a 30-day notice on September 19, 2025, that stated NHTSA's intention to submit this ICR to OMB for approval (90 FR 45164).

A copy of each notice is attached.

**A.9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.**

Participants in Study 1 and Study 2 will be paid \$20 for completing all study activities. Payment for full participation is deemed necessary to provide an incentive to participate in all levels of the study. Providing the level of incentive described above is important to ensure adequate participation rates which are essential to the validity of the study findings. This study will also employ a conversion protocol which involves offering to increase the incentive amount in increments of \$20 (up to a maximum of \$100) when an individual initially declines to participate. This approach has proven effective in past NRSs and is important for ensuring the study sample is as representative as possible.

**A.10. Describe any assurance of confidentiality provided to respondents.**

Participants who choose to participate in the studies will complete an IRB-approved informed consent (Form 1762) process that indicates all information provided will be anonymous and will only be stored by the assigned study identification number which has no meaning outside of the study. The study anticipates obtaining a Certificate of Confidentiality from the National Institutes of Health to provide additional assurances of confidentiality to participants. All published results will provide only summary statistics and cannot be used to identify any individual or an individual's responses.

**A.11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior or attitudes, religious beliefs, and other matters that are commonly considered private.**

The questionnaires include items asking about alcohol and drug use, as well as opinions about driving or using roadways after consuming alcohol and/or drugs. These questions provide NHTSA with additional information about alcohol and other drug use from drivers (Form 1763) and ORUs (Form 1764) at the point of most interest which is when they are actually using public roadways. The drug toxicology data obtained for this study only provides information on drug use on the current trip, but responses to the questionnaires will provide a broader picture of alcohol and drug use when using roadways beyond the current trip.

**A.12. Provide estimates of the hour burden of the collection of information on the respondents.**

Table 1. provides the numbers used to estimate the total burden. The table breaks out the burden separately for Study 1 and Study 2. Study 1 expects to contact approximately 11,750 drivers with 9,000 agreeing to participate. Based on the last NRS results, it is expected 8,000 drivers will fully participate and 1,000 will partially participate (i.e., stops providing information before full data collection is complete). Study 1 also expects to contact 750 ORUs at the Study 1 data collection locations with 500 fully participating and 60 partially participating. Study 2 involving only ORUs expects to contact approximately 750 individuals with 500 fully participating and 60 partially participating. Projected completion rates for those agreeing to participate are based on NHTSAs past experience with the 2013-2014 NRS.<sup>5</sup> Across Study 1 and Study 2 combined, NHTSA anticipates approaching an estimated 13,250 potential participants with approximately 9,000 of those agreeing to fully participating and 1,120 partially participating (10,120 total participants; 3,373 annual participants). Total burden hours for the two studies will be approximately 1,593 over the time period. The total annual burden hours for the two studies is estimated to be 531 hours.

Across Study 1 and Study 2 combined, the total amount of burden cost to respondents is estimated to be \$72,640 (see **Table 1.**). The total annual burden cost to respondents for their participation is estimated to be approximately \$24,213.

**Table 1. Summary of Total Burden Hours and Estimated Costs by Respondent Type**

Type of Respondent	Number of Respondents	Minutes per Respondent	Hourly Wage + 30% Fringe (\$35.07 + \$10.52)*	Total Estimated Burden Hours	Estimated Cost
<b><u>Study 1 (NRS)</u></b>					
Driver fully participates	8,000	10	\$45.59	1,333.33	\$60,786.51
Driver partially participates	1,000	5	\$45.59	83.33	\$3,799.01
<b>Subtotal</b>	<b>9,000</b>	<b>9.44</b>		<b>1,416.66</b>	<b>\$64,585.52</b>
ORU fully	500	10	\$45.59	83.33	\$3,799.01

participates ORU partially participates	60	5	\$45.59	5	\$227.95
<b>Subtotal</b>	560	9.4643		88.33	<b>\$4,026.96</b>
<b>TOTAL</b>	9,560	9.4456		<b>1,504.99 (1,505)</b>	<b>\$68,612.48 (\$68,612)</b>
<b>Study 2 (ORU Pilot)</b>					
ORU fully participates	500	10	\$45.59	83.33	\$3,799.01
ORU partially participates	60	5	\$45.59	5	\$227.95
<b>TOTAL</b>	<b>560</b>	<b>9.4643</b>		<b>88.33 (88)</b>	<b>\$4,026.96 (\$4,027)</b>
<b>Both Studies Combined</b>					
Fully participates	9,000	10	\$45.59	1,500.00	\$68,385.00
Partially participates	1,120	5	\$45.59	93.33	\$4,254.91
<b>GRAND TOTAL</b>	<b>10,120</b>	<b>9.4466</b>		<b>1,593.33 (1,593)</b>	<b>\$72,639.91 (\$72,640)</b>

\*See July 2024 total private average hourly wages from the U.S. Bureau of Labor Statistics at <https://www.bls.gov/news.release/empsit.t19.htm>; Fully loaded wage is inclusive of a 30% addition to the base hourly wage to account for fringe benefits.



**Table 2. Summary of Forms by Burden Hours**

<b>Information Collection – Form by Participation Type</b>	<b>Number of Respondents</b>	<b>Burden per Response (in minutes)</b>	<b>Total Estimated Burden Hours</b>	<b>Annual Number of Respondents</b>	<b>Annual Estimated Burden Hours</b>
<b>Form 1762 – Informed Consent</b>					
All participants	10,120	2	337	3,373.3	112.3
<b>AND</b>					
<b>From 1763 (Drivers/Motorcyclists Questions; Study 1)</b>					
Fully participates	8,000	8	1,067	2,666.7	355.7
Partially participates	1,000	3	50	333.3	16.7
<b>OR</b>					
<b>From 1764 (Other Road Users Questions; Studies 1 and 2 Combined)</b>					
Fully participates	1,000	8	133	333.3	44.3
Partially participates	120	3	6	40	2
<b>Totals by Respondent Type</b>					
<b>Drivers/Motorcyclists</b>	9,000	9.44	1,416	3,000	472
<b>Other Road Users</b>	1,120	9.46	177	373.3	59
<b>Total</b>	10,120		1,593	3,373.3	531

**A.13. Provide an estimate of the total annual cost to the respondents or record keepers resulting from the collection of information.**

Participation in this study is voluntary and there are no costs to respondents beyond the time spent hearing about the study and participating in data collection if they decide to participate. Participants will incur no burden related to annual reporting or record keeping due to the collection of this new information.

**A.14. Provide estimates of the annualized cost to the Federal Government.**

The estimated contract cost to the government for these one-time information collections under NHTSA Contract Number 693JJ922C000009 held with Dunlap and Associates, Inc. for 60 months is \$7,703,554. The data collections are expected to take less than 1 year; accordingly, the annualized cost is approximately \$5,448,892 for all contract labor related to the data collections, travel, and other direct costs (e.g., participant payments, toxicology, equipment) directly related to collection of data. Annualized cost does not include time for planning, data analysis, or report writing.

The estimated cost in terms of government time is approximately 1,000 hours for the Contracting Officer's Representative (COR), at the GS-Grade 14 Step 10 wage of \$83 per hour, for \$83,000;

and 100 hours for the Supervisor, at the GS-Grade 15, Step 4 wage of \$82 per hour, for about \$8,200 in wages. Thus, the government direct labor wages are \$91,200. Additionally, \$27,360 in fringe benefits (30%) are being added to this direct labor wage for a fully loaded government cost of \$118,560. These costs are separate from the contract award amount.

The estimated total cost to the Federal government for this information collection is \$7,822,114, or \$2,607,371.33 annually.

**A.15. Explain the reasons for any program changes or adjustments in Items 13 or 14 of the OMB 83-I.**

The collection of this information is associated with a new project. It does not require a program change.

**A.16. For collection of information whose results will be published, outline plans for tabulation and publication.**

NHTSA will use the information from both Study 1 and Study 2 to produce technical reports that presents the findings. The technical reports will provide only aggregate (summary) statistics and tables; no PII will be retained or reported. The reports will be available to the public on the NHTSA website.

**A.17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.**

NHTSA will display the expiration date for OMB approval.

**A.18 Explain each exception to the certification statement identified in “Certification for Paperwork Reduction Act Submissions.” The required certifications can be found at 5 CFR 1320.9<sup>3</sup>.**

No exceptions to the certification are made.

In accordance with the requirement at 5 CFR 1320.9(g), the following statement will be provided to respondents.

*Paperwork Reduction Act Statement: A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2127-XXXX. The information collected*

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<sup>3</sup> Specifically explain how the agency display the OMB control number and expiration date and will inform potential respondents of the information required under 5 CFR 1320.8(b)(3): the reasons the information is planned to be and/or has been collected; the way such information is planned to be and/or has been used to further the proper performance of the functions of the agency; an estimate, to the extent practicable, of the average burden of the collection (together with a request that the public direct to the agency any comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden); whether responses to the collection of information are voluntary, required to obtain or retain a benefit (citing authority), or mandatory (citing authority); the nature and extent of confidentiality to be provided, if any (citing authority); and the fact that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

*is necessary to help NHTSA to learn more about alcohol and drug-involved driving. We estimate that it will take approximately 10 minutes to complete. The information collected is voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave SE, Room W45-205, Washington, DC, 20590.*