Roadside Cannabis Impairment Testing

Information Accurate as of October 2026

Executive Summary

This memorandum examines roadside cannabis impairment assessment in 12 CSG South states that authorize medical or adult-use cannabis. Across these states, officers generally rely on observations, standardized field sobriety tests, and specialized training on drug-impaired driving. At the same time, some states also use roadside oral-fluid screening to identify possible drug presence. These approaches vary in deployment and procedure, but roadside screening results generally supplement other evidence and do not independently establish the degree of cannabis impairment.

Research Methods

Review of cannabis legality standards and specific cannabis impairment approaches in CSG South states.

Findings and Analysis

This review examines roadside cannabis impairment assessment in 12 CSG South states that authorize medical or adult-use cannabis. Ten states authorize medical cannabis without recreational use: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, Oklahoma, Texas, and West Virginia. Missouri and Virginia authorize both medical and recreational cannabis use. North Carolina, South Carolina, and Tennessee are not included because their laws classify them as limited-access low-THC or high-CBD programs rather than medical cannabis programs.[1]

Unlike alcohol impairment, for which roadside investigations may include a breath test that produces a numerical alcohol concentration, cannabis-impaired-driving investigations generally rely on several forms of evidence.[2] Officers may observe a driver's behavior, conduct standardized field sobriety tests, and use training designed to identify signs associated with drug impairment.[3]

Some jurisdictions also use oral-fluid screening devices that can identify the possible presence of cannabis and other drugs during a traffic stop. Roadside oral-fluid devices can provide preliminary results within a relatively short period, allowing officers to incorporate information about possible drug presence into an ongoing investigation. However, oral-fluid testing does not provide a direct measure of impairment.[4] Drug concentrations and their relationship to driving performance differ from alcohol, and the interpretation of roadside drug-screening results therefore depends on other evidence gathered during the stop.[5]

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Selected State Approaches to Roadside Cannabis Testing

Although the 12 states generally use officer observations and field sobriety assessments, several have adopted distinctive approaches to roadside screening, deployment, or training.

Alabama: Operating Standards for Roadside Oral-Fluid Screening

Alabama combines standardized field sobriety testing with state-approved oral-fluid screening during some drug-impaired-driving investigations.[6] Officers may administer an oral-fluid screen after conducting field sobriety testing, and either a positive or negative result may contribute to a probable cause determination. The screening result does not independently establish a driver's degree of impairment.[7]

Kentucky: Deployment of Portable Oral-Fluid Screening Devices

Kentucky provides an example of a state that has invested in deploying portable oral-fluid screening equipment – SoToxa devices – to law enforcement agencies. The Governors Highway Safety Association reports that Kentucky deployed 115 SoToxa devices during 2024 and 2025 and trained more than 90 officers to use them. Additional devices were distributed in June 2025 to all 16 Kentucky State Police posts and drug interdiction units.[8]

Missouri: Cannabis-Specific Practical Training

Missouri provides an example centered on officer training. In addition to field sobriety assessments and officer observations, the state supported three cannabis-focused "Green Lab" training sessions between October 2024 and April 2025. More than 60 officers participated in exercises that allowed them to practice impairment assessments while observing individuals who had consumed cannabis in a controlled setting.[9]

Oklahoma: Rules for Administering and Interpreting Roadside Screening

Oklahoma provides a detailed regulatory framework for roadside oral-fluid screening. State administrative rules classify these tests as presumptive, meaning the results are preliminary and do not establish impairment on their own. The rules also require operator training and establish procedures for administering and maintaining the devices.[10]

Table 1. Roadside Cannabis Screening and Impairment Assessment in Selected CSG South States[*,†,‡]*

State	Cannabis Status[11]	Roadside Assessment Methods	Use and Limitations of Roadside Results	Notable Features
Alabama	Medical	Officer observations and SFST[12]	Positive or negative screening results can support probable cause.[13]	Requires a 10-minute observation period, with no eating, drinking, or smoking before collection, and agency records documenting training and maintenance.[14]
Arkansas	Medical	SFST and observation of drug-related impairment signs[15]	Used to assess whether reactions, motor skills, or judgment are impaired.[16]	ARIDE training builds on prior SFST training.[17]
Florida	Medical	SFST and additional drug-impairment observations taught through ARIDE[18]	Used to determine whether normal faculties are impaired.[19]	Limited oral-fluid deployment reported by the Miccosukee Tribe.[20]
Georgia	Medical	SFST and drug-impairment observations supported by ARIDE training[21]	Used to determine whether drug use made the driver less safe.[22]	Legally authorized drug use does not excuse unsafe driving.[23]
Kentucky	Medical	Field sobriety assessment training is available through the state highway safety program.[24]	Used by participating agencies to supplement field sobriety assessments during drug-impaired-driving investigations.[25]	Portable oral-fluid screening devices were distributed to Kentucky State Police posts and other units.[26]
Louisiana	Medical	SFST and recognition of drug-related impairment signs through ARIDE.[27]	Used to determine whether drugs impaired the driver.[28]	State Police provides SFST and ARIDE training.[29]
Mississippi	Medical	SFST and ARIDE-based recognition of drug-impairment signs.[30]	Oral-fluid screening is identified as a probable-cause tool.[31]	The state plan includes an oral-fluid testing pilot.[32]
Missouri	Recreational	Field sobriety assessments and officer observations, supplemented by cannabis-specific practical training.[33]	Voluntary oral-fluid screening provides preliminary information on drug presence.[34]	Lab training lets officers practice cannabis-impairment assessments.[35]

[*] SFST: Standardized Field Sobriety Test
[†] ARIDE: Advanced Roadside Impaired Driving Enforcement
[‡] DRE: Drug Recognition Expert

Oklahoma	Medical	SFST and additional observations taught through ARIDE.[36]	Oral-fluid results are presumptive and do not establish impairment alone.[37]	Requires a 15-minute observation period before oral-fluid collection.[38]
Texas	Medical	SFST and additional observation of drug-impairment signs through ARIDE.[39]	Used to assess loss of normal mental or physical faculties.[40]	State-supported ARIDE training includes proficiency requirements.[41]
Virginia	Recreational	SFST and additional roadside evidence gathered by ARIDE-trained officers.[42]	Used to assess whether drug influence affected safe driving ability.[43]	DRE evaluations generally occur after the roadside investigation.[44]
West Virginia	Medical	SFST and drug-impairment observations supported by ARIDE training.[45]	Used to determine whether the driver is in an impaired state.[46]	DRE evaluations generally occur after arrest rather than roadside.[47]

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