DRIVING “HIGH”

San Diego County Marijuana Prevention Initiative

Funded by the County of San Diego, Health and Human Services Agency, Behavioral Health Services
Legal for medical use in 23 states and Washington, D.C., and full legalization heading to the ballot in Alaska and Oregon.

NY passed medical marijuana, non smoke-able forms June 2014 but can be consumed in edibles, tinctures, and pills or inhale the drug using vaporizers.
Focus on youth use and access ages 12-25

Adolescent Marijuana Use and Access
- Health (physical, psychological and social) impacts
- Education & Career impacts

Marijuana related public safety issues pertaining to youth:
- Traffic safety issues (Increase DRE’s, include DUID language in school based driving campaigns, equip law enforcement with efficient reliable drug testing equipment and materials that will make a DUID conviction possible)
- Neighborhoods (Address dispensaries near youth sensitive locations, BHO labs)
- Emerging trends (Vaping, Online availability & higher potency products, concentrates edibles)
THC & DRIVING
Severe driving impairment is observed with high doses, chronic use, and in combination with low doses of alcohol.

Driving under the influence of THC is associated with:

- Impaired time and distance estimation
- Increased reaction times
- Lack of motor coordination
- Decreased car handling performance
- Inability to maintain headway
- Increased lateral travel (weaving out of one’s lane)
- Subjective sleepiness

Source: Couper and Logan, 2004
Preventing high driver’s from getting in the vehicle before a collision occurs

Equip Law Enforcement with the proper tools to get drug impaired drivers off the roadways, before a collision happens.
It is difficult to determine the prevalence of drugged driving for many reasons.

- Public awareness about the issue is low.
- Judging impairment from THC is difficult. (stays in the system longer than most drugs)
- Prosecutions for drugged driving cases; when an accident has not occurred rely heavily on field sobriety tests and the ability to judge impairment by few drug recognition experts or DRE’s.
- Failure to accurately document cases of drugged driving, when alcohol is involved.
In a recent study of 23,500 drivers from six different states including California, drugged driving accounted for more than 28 percent of traffic deaths in 2010, up from more than 16 percent in 1999.

Marijuana was the primary drug involved in the increase. It is important to note that five out of the six states surveyed have medical marijuana policies in place.

In Washington state, drivers testing positive for marijuana increased significantly since legalization took place in January 2013. Within the first six months, 745 drivers stopped by police tested positive for THC in their blood. In prior years, 1,000 drivers tested positive for THC on an annual basis according to the Washington State Patrol.

Source - Trends in Alcohol and Other Drugs Detected in Fatally Injured Drivers in the United States, 1999–2010
Researchers analyzed data from an ongoing study of 315 students at two large state universities in Wisconsin and Washington.

- 44 percent of college-age men reported driving while stoned during the previous month, compared with only 12 percent who said they drove after drinking.

- College women are less likely to drive while stoned, with only 9 percent getting behind the wheel after marijuana use.

- 35 percent of the women admitted to riding with a driver who had been smoking pot. About 51 percent of men had been a passenger who rode with a stoned driver.

Recent marijuana smoking and blood THC levels of 2 to 5 ng per milliliter are associated with substantial driving impairment. According to a meta-analysis, the overall risk of involvement in an accident increases by a factor of about 2 when a person drives soon after using marijuana.

In an accident culpability analysis, persons testing positive for THC (typical minimum level of detection, 1 ng per milliliter), and particularly those with higher blood levels, were 3 to 7 times as likely to be responsible for a motor-vehicle accident.

Source - From the National Institute on Drug Abuse, National Institutes of Health, Bethesda, MD. June 5, 2014
CA ROADSIDE SURVEY
The report summarizes the results of the first California Statewide Roadside Survey of Nighttime Weekend Drivers’ Alcohol and Drug Use. This is the first state-level survey of this magnitude.

- A random sample of nighttime drivers was interviewed on Friday and Saturday nights from 10 p.m. to midnight and 1:00 a.m. to 3:00 a.m. Data were collected on one weekend in eight communities and on two weekends in one community during the summer of 2012.

- The nine communities where data were collected were Eureka, San Rafael, and Redding in the northern part of the state; Fresno and Modesto in the central part of the state; and Anaheim, Ontario, Chula Vista, and Gardena in southern California.
1,715 drivers approached – 1,313 provided oral fluid samples

Among drivers participating in the interview, 3.7% reported having a medical marijuana permit and, of those, 65.8% reported having used the permit to purchase marijuana. Within the total population, 40% admitted to having at some time used marijuana.

Marijuana was the most frequently encountered drug at a prevalence rate of 7.4%, with 5.5% of drivers testing positive for marijuana alone.
14% drug positive for at least 1 drug (for OTC, RX or illicit that could cause impairment)

7.4% THC positive - Most Prevalent drug

2.7% illicit – positive

3.3% OTC/RX only

Synthetic marijuana was found in 5 (or 0.4%) drivers.

Full report available at www.ots.ca.gov
Driving Under the Influence (DUI) (California Vehicle Code §23152(a))

In California, it is illegal to operate a motor vehicle under the influence of any substance, lawfully possessed or not, if the substance used causes physical or mental impairment that makes a person unable to drive safely.

Medical marijuana users must be aware that they are not exempt from DUI laws by reason of their medical status. The burden of proof relies on the arresting officer’s ability to judge impairment at the time of the incident!
PER SE LAWS
California recently rejected a stricter standard as the state’s Assembly Committee on Public Safety voted to kill a bill that would have set the limit at 2 nanograms per milliliter.

In May the U.S. Supreme Court made blood testing more difficult for police as a warrant is now required.
What are the signs and symptoms of THC intoxication, what does the narrative look like?

What portions of the field sobriety check identify THC intoxication best?

What devices/tests best measure intoxication from THC?

What other evidence does law enforcement/DA need to support a DUID prosecution?
Marijuana impairment sets in between 1-5 nanograms

Active metabolite is Delta 9 THC which has the psychoactive properties

Legal limit in WA, MT and CO is 5 nanograms

Test the whole blood not plasma

Delta 9 THC leaves the system within 1-2 hours

Must obtain blood sample first

**TIPS FOR JUDGING IMPAIRMENT**

- Horizontal Gaze Nystagmus is an involuntary jerking of the eye that occurs naturally as the eyes gaze to the side with Cannabis intoxication it is pronounced. Dilated pupils, pulse rate and blood pressure up and blood shot eyes.
- The walk and turn presents a problem due to the instructions given, high drivers have a problem with paying attention and staying focused.
- Drug impairment is mental impairment it is all about the initial interview with officers.
- Ask questions such as: Where are you coming from/go ing? Marijuana users suffer from short term memory loss.
Drugged Driving Facts

A recent study of fatal crashes finds the percentage of drugged drivers with three or more drugs in their system nearly doubled from 1993 to 2010.

Almost 55% of drivers who tested positive for cannabis also had alcohol in their systems.

60% of marijuana only users were younger than 30 years old.

The average potency of marijuana has increased six-fold since 1978. (NIDA, 2009).

College age youth:

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- 35% of the women admitted to riding with a driver who had been smoking pot. About 51% of men had been a passenger who rode with a stoned driver.

People are not arrested on the results of a device; they’re arrested based on their behavior.

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Source: Cooper and Logan 2004

Funded by the County of San Diego, Health and Human Services Agency, Behavioral Health Services
The County medical marijuana Card **Does not** have a disclaimer on the card stating -

**DO NOT drive or operate heavy machinery while medicated. You should preferably medicate in the privacy of your own home.**
Add or develop language to school based prevention campaigns regarding hazards of drugged driving.

Increase number of Drug Recognition Officers or DRE’s. These DRE’s are essential when it comes to pro-active policing and getting these impaired drivers off the roadways before they cause a collision.

Need for support from DA’s and Judges

Few Sheriff Department DRE’s; in the entire department of 2400 staff and 600 patrol deputies only 4-6 DRE’s.

DUID Forum and Media event
THANK YOU!

www.mpisdcounty.net