DRIVING "HIGH"

San Diego County Marijuana Prevention Initiative

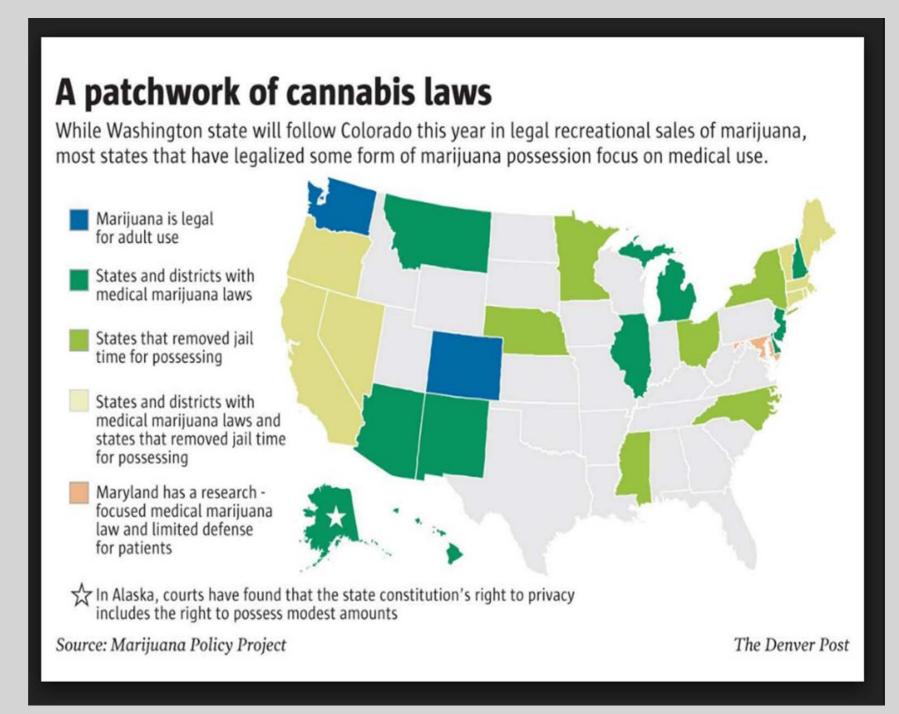
Funded by the County of San Diego, Health and Human Services Agency, Behavioral Health Services

Marijuana Prevention Initiative

San Diego County

MARIJUANA IN AMERICA

- 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.



MPI FOCUS

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

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DRIVING HIGH DOES NOT MAKE YOU A SAFER DRIVER!

- 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 ACCIDENTS

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.

DRIVING HIGH-BARRIERS

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.

WHAT WE KNOW ABOUT DUID

- 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

COLLEGE AGE YOUTH STUDY

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.

NEW ENGLAND JOURNAL OF MEDICINE

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 Hartman RL, Huestis MA. Cannabis effects on driving skills. Clin Chem 2013; 59:478-92. 38. Ramaekers JG

CA ROADSIDE SURVEY

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2012 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.

SURVEY - MARIJUANA USE

- 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.

2012 CA ROADSIDE SURVEY

(OFFICE OF TRAFFIC SAFETY, OTS)

- 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.

CA DUI LAW

- 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

MPI

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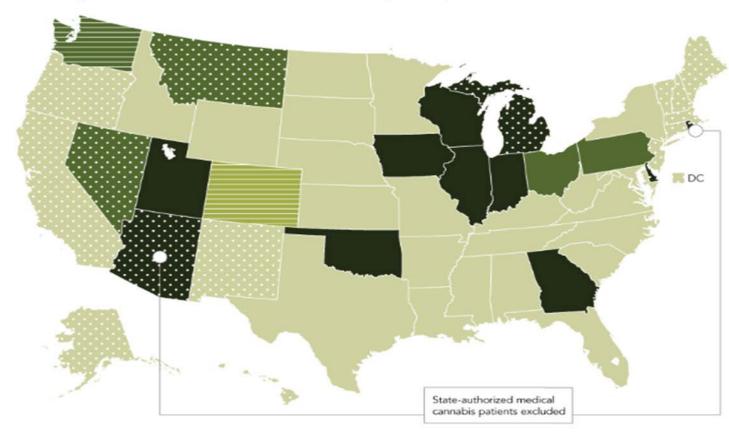
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U.S. PER SE LIMITS

- 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.

Where Your Past Pot Smoking Can Get You A DUI

Because there is no blood THC level that can be consistently correlated with behavioral impairment, a blood test is an unreliable way to test for driving under the influence of marijuana. Here are the states where you can be arrested for testing over the legal limit — which in 11 states is zero — whether or not you are impaired.



Driving laws

ZERO-TOLERANCE PER SE CANNABIS LAWS State's legal limit is set at zero nanograms (one-billionth of a gram) per milliliter

PERMISSIVE INFERENCE LAWS*
Impairment inferred but not defined by blood THC levels

PER SE CANNABIS LAWS

Exceeding the state's legal THC limit can result in DUI, regardless of driver's behavioral impairment

■ EFFECT-BASED LAWS

Evidence of impairment by a recently ingested substance must be established

Marijuana laws

- Medicinal marijuana use is legal
- Recreational marijuana use is legal

^{*}Colorado's law infers impairment in cases of THC in blood above 5 ng/ml but unlike per se laws, it doesn't presume anyone testing above this limit guilty of DUI by default.

Source: NORML.org

DETERMINE IMPAIRMENT

- 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?

TIPS FOR JUDGING IMPAIRMENT

- 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

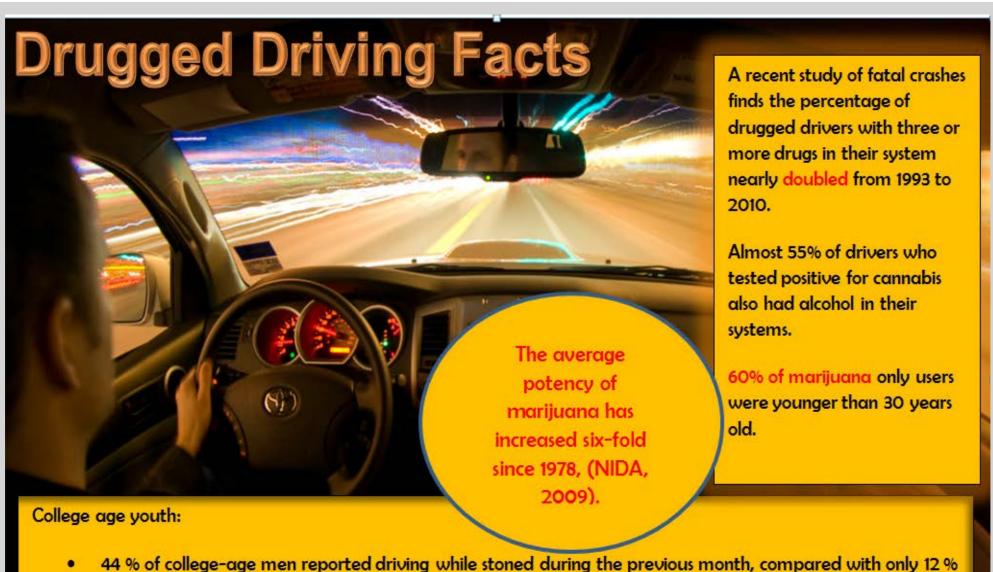
<u>Horizontal Gaze Nystagmus</u> is an involuntary jerking of the eye that occurs naturally as the eyes gaze to the side with <u>Cannabis intoxication it is pronounced</u>. Dilated pupils, pulse rate and blood pressure up and blood shot eyes.

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/going? Marijuana users suffer from short term memory loss.

DRAFT - NEW POSTCARD



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

Sources: Public Health Law Research, a national program of the Robert Wood Johnson Foundation, with assistance from Temple University, June 2014 & JAMA Pediatrics May 2014.

DRAFT - BACK OF CARD

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

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: Cooper and Logan 2004

Funded by the County of San Diego, Health and Human Services Agency, Behavioral Health Services

FOR YOUR INFO

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.

DUID - PREVENTION

- 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