

## ISSUE – Drugged Driving

We propose the following recommendations put forth by the National Highway Traffic Safety Administration (NHTSA), which are included and detailed in its July 2017 Marijuana-Impaired Driving report to Congress:

- a) Increase the use of effective and efficient methods for training law enforcement personnel, including Drug Recognition Experts, to detect or measure the level of impairment of a motor vehicle operator who is under the influence of marijuana by the use of technology or otherwise.
- b) Continue research to enable development of an impairment standard for driving under the influence of marijuana, and in the meantime, maintain training and other support to enable law enforcement officers and prosecutors to pursue cases using available evidence.

In addition, we recommend:

- c) A comprehensive campaign to educate all stakeholders (physicians, advanced nurse practitioners, patients, caregivers, etc.), as well as the public, of the dangers of driving while under the influence of marijuana and provide safety tips to avoid driving while impaired;
- d) At this time, we recommend against introducing either a per se standard related to presence of THC (as e.g. Washington or Montana have done) or a zero-tolerance standard (as Arizona and others have done).

## BACKGROUND

There is still much research that needs to be conducted when it comes to drug-impaired driving. It is a very complex issue that is not easily researched. According to the aforementioned NHTSA report to Congress, “ethyl alcohol is a relatively simple drug whose absorption, distribution and elimination from the body along with the behavioral and cognitive effects are fairly well documented. In comparison, the absorption, distribution and elimination from the body of marijuana (any many other drugs), along with the behavioral and cognitive effects is very different from the case with alcohol.” (page 4) Unlike alcohol, where impairment increases with rising alcohol concentration and declines with dropping alcohol concentration, “the level of THC in the blood and the degree of impairment do not appear to be closely related. Peak impairment does not occur when THC concentration in the blood is at or near peak

levels. Peak THC level can occur when low impairment is measured, and high impairment can be measured when THC level is low. Thus, ...someone can show little or no impairment at a THC level at which someone else may show a greater degree of impairment." (page 7) It is with this knowledge that we recommend against the establishment of a per se limit at this time to determine marijuana impairment. Instead, impairment can be determined based on a law enforcement officer's observations on the roadways, at the roadside and in Drug Recognition Expert evaluations; and confirmed with toxicology results.

Because marijuana impairment can affect critical driving abilities such as reaction time, road tracking and divided attention, we believe that it is in the best interest of patients, as well as all roadway users, that they refrain from operating a motor vehicle until they are no longer under the influence of or impaired by marijuana.