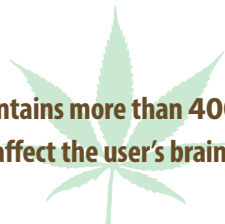


# The Era of Marijuana Legalization— Driving Drugged



Decriminalizing and/or legalizing marijuana (cannabis) for medical and recreational use is becoming increasingly popular in the United States. Thirty States have legalized cannabis for medical use and eight States have legalized it for recreational use. While the risks of driving under the influence of alcohol is well known, researchers have not yet quantified the risk of either prescription or non-prescription drugs on drivers. Marijuana contains more than 400 chemicals, 60 of which are called cannabinoids that affect the user's brain and behavior. Tetrahydrocannabinol (THC), the most impairing cannabinoid, mimics a naturally occurring neurotransmitter in the brain that controls emotions, coordination, concentration, and sleep. Regular THC use alters receptors in the brain, leading to impaired memory and loss of coordination and cognitive skills.

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60 of which affect the user's brain and behavior**



## Does Legalization Increase Marijuana-induced Impaired Driving?

Research indicates the answer is yes. This correlation was seen after Colorado legalized marijuana use in January 2014. Between 2013 and 2016, the State experienced a 40 percent increase in the number of fatal crashes. While the number of drivers who tested positive for alcohol in fatal crashes rose 17 percent (from 129 in 2013 to 151 in 2015), the number of drivers who tested positive for marijuana use jumped 145 percent (from 47 in 2013 to 115 in 2016).

## Drugged Driving Surpasses Drunk Driving

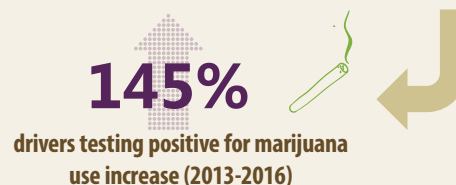
*Drugged driving has steadily increased in recent years, nearly doubling between 2005 and 2015.<sup>1</sup>*



In 2015, the rate of drugged driving (i.e., drivers with either a prescription or non-prescription drug in their blood) surpassed that of drunk driving in the United States.



Marijuana becomes legal in January 2014



## LEGAL LIMIT FOR THC BLOOD CONTENT

**5 ug/L**      **2 ug/L**

Washington/Colorado

Nevada/Ohio

**1 ug/L**

Pennsylvania



As of December 2017,  
**Connecticut has 39 DREs.**

Comparably sized neighboring  
states have:

**52**

VERMONT

**70**

RHODE ISLAND

**84**

NEW HAMPSHIRE

**147**

MASSACHUSETTS

**450**

NEW JERSEY

**Currently, the best method  
for detecting “high” drivers  
is to train officers to learn to  
recognize the signs of major  
drug impairment.**

## The Problem with Detecting Marijuana

THC can be detected in the blood for days, and sometimes weeks, after ingestion or inhalation, even though the acute psychoactive effects of marijuana last only hours;<sup>2</sup> thus, how to detect drivers under its influence is an ongoing discussion. The legal limit for THC blood content in Washington and Colorado is 5 ug/L,<sup>3</sup> while the limits in Nevada and Ohio are 2 ug/L, and Pennsylvania is 1 ug/L. These legal limits vary and are controversial because research has not found a safe THC threshold due to the manner in which marijuana is processed in the human body.<sup>4</sup>

## Detecting Drivers under the Influence of Marijuana

Because some of the behavioral signs of drug impairment differ from alcohol and vary widely by the type of drug, many police officers are not trained to recognize them. In addition, drug consumption often exacerbates the effect of alcohol. Currently, the best method for detecting “high” drivers is to train officers to learn to recognize the signs of major drug impairment. Agencies seeking drug impairment training may consider the following.

**Standardized Field Sobriety Testing (SFST):** The Standardized Field Sobriety Test (SFST) is a battery of three tests performed during a traffic stop to determine if a driver is impaired due to alcohol and/or drugs. Additional information is available at <http://duijusticelink.aaa.com/issues/detection/standard-field-sobriety-test-sfst-and-admissibility/>.

**Advanced Roadside Impaired Driving Enforcement (ARIDE):** This 16-hour course provides officers with basic information on drug impairment, including the signs and symptoms of impairment produced by the major drug categories. Additional information is available at <http://www.decp.org/training/>.

**Drug Evaluation and Classification (DEC):** This program trains officers to be Drug Recognition Experts (DREs) who can identify the signs and symptoms of impairment by drug categories with great accuracy. Additional information is available at <http://www.decp.org/drug-recognition-experts-dre/>.

**Drug Impairment Training for Educational Professionals (DITEP):** This course is intended to ensure that high school nurses, principals, and resource officers are competent and confident in evaluating and documenting students suspected of drug impairment. Additional information is available at <http://www.decp.org/community-resources/ditep/>.

<sup>1</sup> NHTSA. “Marijuana-Impaired Driving a Report to Congress”. Jul 2017. USDOT, Washington, D.C. Report No. DOT HS 812 440. Accessible at: <https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/documents/812440-marijuana-impaired-driving-report-to-congress.pdf>.

<sup>2</sup> GHSA, NHTSA. “Traffic Safety Facts: Results of the 2013–2014 National Roadside Survey of Alcohol and Drug Use by Drivers.” Feb 2015. USDOT, Washington, D.C. Report No. DOT HS 812 118. Accessible at: [http://www.nhtsa.gov/staticfiles/nti/pdf/812118-Roadside\\_Survey\\_2014.pdf](http://www.nhtsa.gov/staticfiles/nti/pdf/812118-Roadside_Survey_2014.pdf).

<sup>3</sup> NHTSA. “Impact of the Legalization and Decriminalization of Marijuana on the DWI System: Highlights from the Expert Panel Meeting.” Jun 2017. USDOT, Washington, D.C. Report No. DOT HS 812 430. Accessible at: [https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/documents/expert\\_dwi\\_panel.pdf](https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/documents/expert_dwi_panel.pdf).

<sup>4</sup> International Association of Chiefs of Police. “The International Drug Evaluations & Classifications Program.” Accessed Nov 2017 at <http://www.decp.org/drug-recognition-experts-dre/states-and-countries-with-dres/>.