The Growing Drugged Driving Problem?

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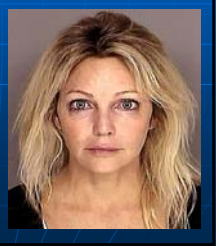
A Growing Problem

Alcohol Impaired Driver

- Bloodshot, watery eyes
- Slurred speech
- Strong odor of intoxicants
- Unable to pick the correct number between 12 and 14
- BAC of .08 or higher

Drug Impaired Driver

May be unknown



Difficulties in OUID cases

- The effects of alcohol are much better known and understood that the effects of other drugs
- The public and the officers are most familiar with alcohol
- Blood testing takes longer than breath testing, is more invasive and more costly

Resulting Consequences

- Historically, drug impaired drivers escape prosecution
- No conviction
- No punishment
- No rehabilitation
- No protection to society

National Problem

Growing Problem Nationwide

- One in three drivers killed in motor vehicle crashes in 2009 tested positive for drugs
- "Drugged driving is a much bigger public health threat than most people realize." Gil Kerilowske, Director of National Control Policy.

Surveys on Drug Use

- More than 16% of weekend, nighttime drivers tested positive for illegal drugs, prescription drugs, or over-the-counter medication
- 10 million people reported driving under the influence of illicit drugs during the year prior to being surveyed.

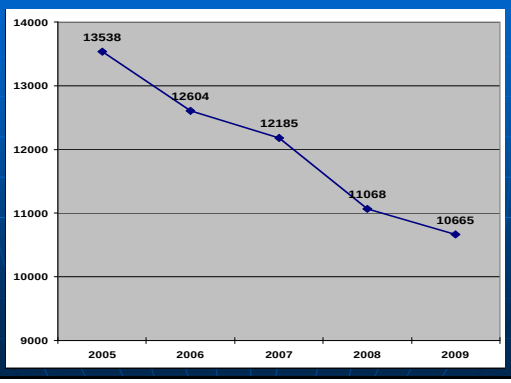
Michigan Problem

Michigan Drugged Driving Issues

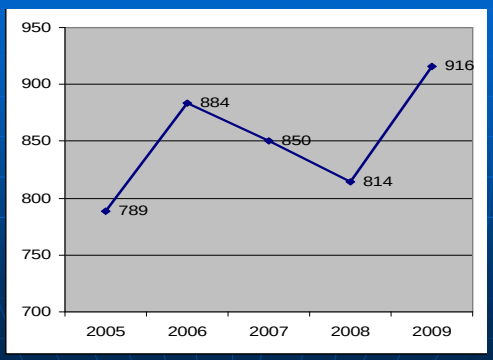
The Magnitude of the Problem

- Alcohol Related Crashes
  - 2008- 11,000
  - 2009- 10,700
- Drug Related Crashes
  - 2008-1,450
  - 2009-1,600

Alcohol-Related Crashes 05-09



Drug-Related Crashes 05-09



Available Drugs

- Marihuana
- B.C. Bud
- Diverted pharmaceutical drugs
- K2/Spice
- Ketamine
- Ambien

Michigan Medical Marihuana Act

What is Marihuana?

- It is a psychoactive drug extracted from the plant *Cannabis sativa.*
- The herbal form of drug consists of dried mature flowers and leaves of female plants.
- The resinous is known as hashish.
- The biological active ingredient is THC.

Marihuana Potency

Average THC:

2008:	10.1%
2007:	7.3%
1983:	<4%

A 50% concentration of THC can remain in the body up to 8 days after marihuana use.

The Facts on Marihuana

- Individuals who have used marihuana at least 5 times have a 20 to 30 percent likelihood of becoming addicted to the drug.
- Smoked marihuana has the potential to be as, or more, harmful than cigarettes.
- Marihuana has undisputed negative effects on cognitive functioning, including memory, learning and motor coordination.

National Trends

- In 2009, 17 million Americans were current users of marihuana.
- Rates of marihuana use among 8th, 10th, and 12th graders are higher than rates for any other illicit drug.
- The average potency of marihuana has more than double since 1998.
- Source: Office of National Drug Control Policy

Increase in Marihuana Use

- Drug use among those aged 12 and older:
  - 8 percent in 2008
  - 8.7 percent in 2009
  - Highest usage in nearly a decade
  - "The results of the survey, to say the least, are very troubling"

Street Price

- $6 a gram in 1981;
- $18 a gram in 1991;
- $10 a gram present;
- An ounce ranges from $100-$400 in the U.S.;
- $700-$2,000 in the Midwest;
- “Cocoa puff”-cocaine and Marihuana; “Frios”-Marihuana laced with PCP; “Fuel”-Marihuana laced with insecticides; “”Geek”-crack and Marihuana.

Federal Law

- Controlled Substance Act (CSA) made drug use unlawful
- CSA and federal government view marihuana as a controlled substance with “no currently accepted medical use.”
- The manufacture, distribution, or possession of marihuana is a criminal offense

United States Food and Drug Administration’s Position

- The Administration concluded that: “No sound scientific studies supported medical use of marihuana for treatment in the United States, and no animal or human data supported the safety or efficacy of marihuana for general medical use.”

15 Legal Medical Marihuana States and DC

1. Alaska 1 oz usable; 6 plants (3 mature, 3 immature)
2. Arizona 2.5 oz usable; 0-12 plants
3. California 8 oz usable; 18 plants (6 mature, 12 immature)
4. Colorado 2 oz usable; 6 plants (3 mature, 3 immature)
5. DC 2 oz dried; limits on other forms to be determined
6. Hawaii 3 oz usable; 7 plants (3 mature, 4 immature)
7. Maine 5 oz usable; 6 plants
8. Michigan 2.5 oz usable; 12 plants
9. Montana 1 oz usable; 6 plants
10. Nevada 1 oz usable; 7 plants (3 mature, 4 immature)
11. New Jersey 2 oz usable
12. New Mexico 6 oz usable; 16 plants (4 mature, 12 immature)
13. Oregon 4 oz usable; 24 plants (6 mature, 18 immature)
14. Rhode Island 5 oz usable; 12 plants
15. Vermont 2 oz usable; 9 plants (2 mature, 7 immature)
16. Washington 24 oz usable; 15 plants

Michigan Law-Schedule 1 Drug

- Marihuana is classified as a Schedule 1 drug under the Michigan Public Health Code, MCL 333.7212.
- It is a Schedule 1 drug if the Michigan Board of Pharmacy:

"finds that the substance has high potential for abuse and has no accepted medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision."

Michigan Medical Marihuana Act

November 4, 2008:

Voters approved ballot initiative to legalize Medical Marihuana *(MCLA 333.26421-333.26430)*

December 4, 2008:

Law takes effect, requires MDCH to implement rules within 120 days.

April 4, 2009:

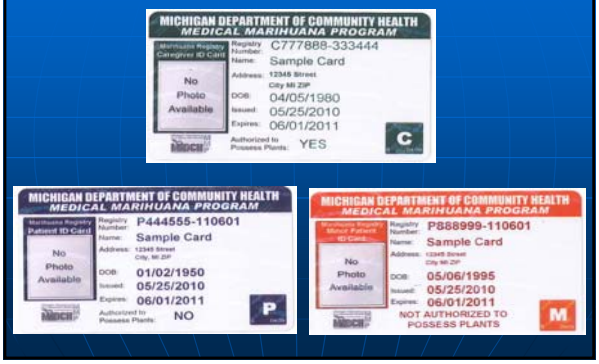
MDCH adopts rules to implement the Act

Registry Statistics

- 111,451 original and renewal applications received since April 6, 2009
- 63,375 patients registered
- No accurate number of caregivers at this time
- 12,090 applications denied
- Currently, MDCH is working on processing valid applications received at the end of October 2010.

Identification Card System

Registry Identifications Cards



Physician's Role

- Only a physician can make a valid written certification
- Not prescribing marihuana
- Not recommending marihuana
- Only stating an "opinion" as to the likelihood of a medical benefit

Written Certification

- Signed by a physician
- States patient's debilitating medical condition
- Indicated that in his/her professional opinion, the patient is likely to therapeutically benefit from the medical use of Marihuana

Benefits

- Qualifying Patient can possess up to 2.5 ounces of usable marihuana 12 plants in an enclosed, locked facility
- Qualifying Patient or the Primary Caregiver can possess the marihuana plants
- Qualifying Patient is protected from
  - Arrest,
  - Prosecution,
  - Or penalty in any manner for medicinal use or possession of marihuana

Usable Marihuana

The dried leaves and flowers of the plant, and any mixture or preparation thereof, Does not include the seeds, stalk, and roots of the plant

Obtaining Medical Marihuana

- The Act is silent on this issue
- The State of Michigan is not authorized to regulate growing sites or quality of product under this Act

Designation

- Patient designates a caregiver
- Must indicate whether the patient or the caregiver will possess marihuana
- One caregiver per patient
- Caregiver can have up to five patients

What is Prohibited?

- Smoking marihuana in any public place
- Smoking marihuana on public transportation
- Operating, navigating, or being in actual physical control of any motor vehicle, aircraft, or motorboat
- Any use or possession in a school bus
- Any use or possession on the grounds of any school
- Any use or possession in any correctional facility

Other Michigan laws

"All other acts and parts of acts inconsistent with this act do not apply to the **medical use** of marihuana as provided by this act." *MCL 333.26427(e)*

Operation of a Motor Vehicle

- Act prohibits the operation of a motor vehicle while under the influence of Marihuana
- does not make reference to Michigan's current OUID Per Se Law

Cannabinoids

Endogenous Cannabinoids:

* THC (delta-9-THC)
  cannabinol
  cannabidiol
  58 others

Cannabis sativa

Metabolites:

* 11-COOH-THC (aka THC-COOH, 11-carboxy-THC)
  11-OH-THC
  8-OH-THC
  8,11-dihydroxy-THC

M. Glinn
MSP Toxicology, 2010

* reported by MSP

Cannabinoids

Detectable in Blood: 12 - 18 hours

Detectable in Urine: 1-2 days in infrequent users, up to 30 days in chronic users

Cannabis sativa

- Most common drug seen in MSP Lab: 1/2 of all cases
- Linked to impaired driving and long-term damage to memory and learning.
- No overdoses reported (yet) due to cannabinoids alone, but a common factor in auto fatalities, especially in young people.

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MSP Toxicology, 2010

Other States

States with OWI laws that include metabolites or "compounds resulting from unlawful use of a controlled substance":

Arizona	**Ohio**
Delaware (within 4 hrs of OWI)	**Pennsylvania**
Illinois	**South Caroline**
Indiana	**Utah**
Nevada (lists per se levels)	**Wisconsin (cocaine only!)**
North Carolina	

Source: NHTSA

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People v Feezel

No. 138031 (Mich. Sup. Ct., June 8, 2010)

- Court ruled that 11-Carboxy-THC is not a derivative of marihuana
- In doing so, the *Feezel* Court removed 11-Carboxy-THC from the list of Schedule 1 "controlled substances" that can be considered under MCL 257.625(8)

People v. Chase

September 23, 2010

District Court ruled that:

"MCL 257.625(8) was not amended after the adoption of the Medical Marihuana Act to carve out an exception for the medical marihuana qualified patients to drive with THC in their system."

People v. Koon

November 16, 2010

Circuit Court ruled that:

"The MMMA, which supersedes MCL 257.625, states that qualified patients are proscribed from operating a motor vehicle while under the influence of marijuana. Therefore, evidence of impairment is a necessary requirement."

Schedule 1 or Cocaine

- Requires evidence of specified substance in the blood
- This will require a blood draw
- Does not require evidence of “bad driving”
- Marihuana is a Schedule 1
- Cocaine is added by reference
- Does not include ALL scheduled Drugs (Examples which are not included : Hydrocodone, Diazepam)

Marihuana and Driving

- Marihuana appears in urine and blood 3-5 times more frequently in fatal driving crashes
- 60% failed field sobriety test 2 ½ hours after moderate smoking.
- 2 joints smoked (10 minutes apart with 1.8-3.6% THC) failed sobriety tests 20 minutes later.

Colorado May Set Limits

- Under proposed legislation, Colorado would create a threshold for the amount of THC — the psychoactive component of marihuana — drivers could have in their blood. Anyone who is stopped and tests above that limit would be considered to be driving while impaired.
- It would set the THC threshold at 5 nanograms per milliliter of blood.
- Research shows that level is indicative of impairment. Anyone over the threshold would be presumed to be impaired, in the same way any driver with a blood-alcohol content over 0.08 percent.

Michigan-Roadside Drug Testing

- Michigan drivers could become the first in nation subject to roadside drug testing under a bill recently introduced in the legislature.
- The legislation would authorize police to administer a roadside saliva test for illegal drug use, just as they do breath tests for alcohol.
- According to NHTSA, there is currently no accurate and reliable way to measure the level or degree of driving impairment associated with the use of drugs.

Advanced Roadside Impaired Driving Enforcement

ARIDE

NHTSA impaired driving programs

Drug Evaluation & Classification Program

Advanced Roadside Impaired Driving Enforcement

Standardized Field Sobriety Testing

ARIDE in Michigan

- First Michigan class June 2009
- 25 participants (prosecutors and officers)
- 10 more classes averaging 25 per class

Desired Outcomes

- Improve identification and assessment of the impaired driver
- More OUID arrests! Safer highways!
- Identify/interest future DRE candidates
- Include police and prosecutors in same training

Other Benefits of ARIDE

- More officers enroll in SFST classes to prepare for ARIDE training
- First morning of first day is SFST refresher
- Stirs interest for going onto DRE
- Feedback from ARIDE trained officers: "Best training I've ever received, most useful training I've ever received."

ARIDE Progress in Michigan

- At least one class a month
- Approximately 300 state, city, sheriff, township, village officers and prosecutors trained
- Receiving requests for ARIDE classes
- Will do at least four more ARIDE classes in FY 2011

Success Stories

- ARIDE students going onto DRE school
- Officers reported making OUID arrests on the very next shift they worked after class
- Reported that those arrests would never have been made without the ARIDE training
- Michigan OHSP encourages continuation of the training across the state

Why DEC Program?

- Michigan has a high incidence of OUID violations 24/7
- Many of these drivers are stopped for moving violations
- Many are subsequently released to drive away, for instance, because the officer was not aware of the signs of drug impairment other than the alcohol they are trained to detect

Why Both Programs?

- Better identification of drugged drivers
- Better arrests
- Better prosecutions
- Protect the citizens on roads
- Save lives!

Resources

Questions

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