Testing for Cannabis Impairment in Drivers: Chemical and/or Behavioral Tests

Richard P. Compton, Ph.D.

National Highway Traffic Safety Administration U.S. Department of Transportation

Cannabis

- The characteristics for the absorption, distribution and elimination of delta-9tetrahydrocannabinal (THC), the primary psychoactive substance in marijuana, is very different from alcohol
- Route of ingestion makes a big difference
 Smoked/Vaporized
 - Eaten (candy, chocolates, brownies, etc.)

Cannabis Smoked or Vaporized

• Absorption:

- Rapid transfer from air to blood in lungs
- Peak THC level reached within minutes of smoking cessation
- Declines by 80% 90% within 30 minutes
- Low levels after one two hours

Cannabis Smoked or Vaporized

- Metabolism
 - Primarily in the blood
 - Blood THC levels decline exponentially
 - Fairly large individual differences

Cannabis

- THC is fat soluble (stored in fatty tissues in the body)
- THC can be released back into the blood long after ingestion (up to 30 days post ingestion)
 - Low levels of THC may not indicate impairment (or even recent use)

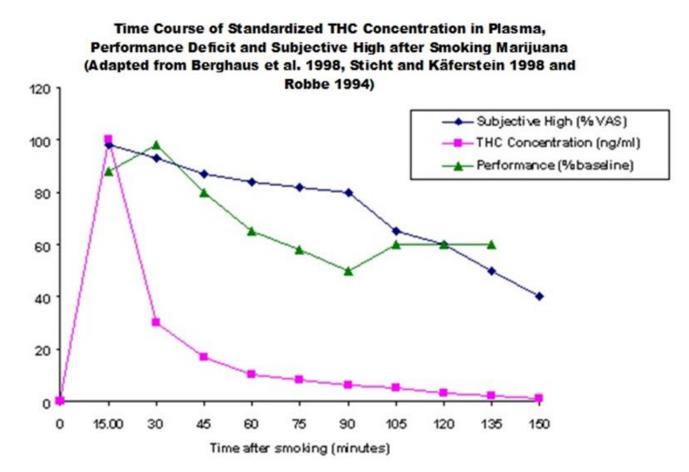
Edible THC

- Similar to alcohol, THC is absorbed in gastrointestinal tract
- THC may not appear in blood for up to twenty minutes
- Peak THC level lower than when smoked
 - Same quantity smoked or eaten will produce different blood levels

Cannabis and Impairment

- After smoking peak impairment occurs at approximately 90 minutes
- Impairment typically last 2 3 hours
- Some effects 4 5 hours or longer

Time Course of THC Concentration In Plasma, Subjective High and Performance Impairment



Third International Symposium on Drug-Impaired Driving

Other Considerations

- Typical amount of time after smoking when blood is drawn for a toxicological test for THC
 - DUID Arrest: 1.5 3.0 hours
 - Crash Involved Driver: 1.5 3.0 hours
 - Fatality: Unknown time after death
- Likely to find only low levels of THC in the blood
 - Washington State Study over a 10 year period some 80%+ of arrested drivers had THC levels lower than the 5 ng/ml per se level

Implications

- Poor correlation of THC concentration in the blood with impairment (except right after smoking)
 - High impairment not necessarily associated with high THC levels
- Setting per se levels for THC is problematic
 - Defendants are using the law to argue they were not impaired

Behavioral Tests for Cannabis Impairment

- Is it possible to develop a behavioral/cognitive test for cannabis impairment?
- Challenges to be over come:
 - Individual differences
 - Degree of impairment
 - Awareness of impairment
 - Ability to compensate
 - Adaptation
 - Some evidence of reduced impairment with practice

Challenges

- In the criminal justice system
 - False positives must be kept to a minimum
 - False negatives are somewhat less important
- Most research study effects reported
 - In terms of group means
 - Not individual performance

Challenges

- Test (s) must be specific to Cannabis
 - Many of the impairments found in studies dosing subjects can also be seen from other drugs and for other reasons
 - E.g., lane position variability can occur due to
 - Alcohol
 - Sedatives
 - Fatigue
 - Illness

General versus Personalized Scoring

- Population variation in normal abilities
 - Psychomotor
 - Cognitive
 - Executive Functions
- Not a problem with an individualized scoring criteria
 - Every ones' normal capabilities serves as the base rate for gauging impairment
- Establishing a general scoring criterion may be quite difficult

Research Under Way to Develop a Behavioral Test for Cannabis Impairment

- Dosing study using well established behavioral and cognitive domains that have shown impairment, for example:
- *Inhibitory Processes* (ability to tune out irrelevant or distracting stimuli)
 - Reaction Time
 - Stop-Signal Task
 - Go/No-Go Task

23 October 2017

Third International Symposium on Drug-Impaired Driving

- Eye-hand coordination (process visual input and coordinate it with hand movement)
 - Critical Tracking Task
 - Pursuit Rotor Task
 - Stylus and Groove task

- *General Motor Coordination* (coordinate whole body movement, balance, etc.)
 - One-Leg Stand
 - Body Sway
 - Finger-to-Nose test

- General Cognition/Working Memory (information processing, attention, etc.)
 - Free Recall Task
 - Divided Attention Task
 - Time Production Task
 - Tonal preference Task

- *Emotional Processing* (ability to recognize, classify and identify emotions)
 - Facial Emotional Recognition Task
 - Affect Matching
 - Identical Pairs Paradigm using emotional stimuli

- Executive Function (planning, decision making)
 - Tower of London

Current Status

• Pilot testing underway





Third International Symposium on Drug-Impaired Driving