2024 • Issue 1

# from the desk of the SJOL

JUDGE JOHN W. GRINSTEINER (RETIRED)

### Welcome to the JOL Newsletter for North Dakota 2024, Issue 1:

Cannabis Part 2. In the last issue of the newsletter I gave you the current status, highlighting the legalization, cannabis derivatives, and cannabis use disorder. That issue, along with other past issues of the SJOL Newsletter can be found here: <u>RTSSC - State Judicial Outreach Liaison Newsletter (ugpti.org)</u>. This second part of the two-part series on cannabis will cover impairment, detection/testing, and sentencing/treatment. There is a lot of information out there and it continues to grow as the body of research expands. Cannabis continues to be a major theme in the news, our courtrooms, treatment courts, and in impaired driving.

# Cannabis & Impaired Driving: What the Research Tells Us

Hannah Barrett & Robyn Robertson Traffic Injury Research Foundation

In recent years, an increasing number of jurisdictions have adopted legislation permitting the consumption of recreational or medical cannabis products. As of January 2024, 25 U.S. states have legalized recreational cannabis, with many more permitting the use of medical cannabis products. With this continuing trend, concern about cannabis-impaired driving has grown; and this issue has important implications for drug-impaired driving prevention strategies.

Work is needed to develop effective road safety policies that distinguish between cannabis-impaired driving and the prior use of cannabis only. In addition, education about the effects of cannabis and the ways it impairs driving skills is essential to inform decision-making among criminal justice practitioners handling impaired driving cases. This article summarizes the most current research based on laboratory and real-world studies of cannabis impairment and driving risk and describes how cannabis affects crash risk as well as tools to identify impairment. Knowledge about the effects of medical cannabis on driving is also shared.

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As the State's JOL, John brings you access to current and evidence-based practices that will assist you in your work and help promote more effective outcomes in impaired driving and other traffic related cases. With the help of the ABA's Judicial Division and its partnerships with various organizations (NHTSA, National Judicial College, NCSC, NADCP), John works to provide education, training, and technical assistance to judges and court staff throughout ND.

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### How does cannabis impair driving skills?

Driving is a divided attention task involving the combined use of cognitive, visual/auditory and motor skills. One of the most common measures to assess impairment of driving skills in research studies is the standard deviation of lateral position (SDLP), which is a measure of weaving, swerving, and overcorrecting within a lane. SDLP is sensitive to the effects of alcohol and drugs, and studies assess the impact of impairment on these functions using driving simulators. Other driving measures to gauge impairment include reaction time, headway between vehicles, weaving outside a lane, and driving speed. While several studies have confirmed cannabis impairs driving as measured by SDLP, the degree of impairment produced varies according to several factors including THC dose, the characteristics of the person consuming it, and the method of ingestion. Of importance, while research shows cannabis does produce driving impairment at a population level, it may not always produce impairment at an individual level. This is due to the mentioned above.

There is also a notable distinction between occasional and chronic frequent cannabis consumers and how THC impairs their driving skills. One study showed only occasional consumers were substantially impaired, whereas among chronic frequent consumers, neither 10 mg nor 20 mg THC produced clinically relevant driving impairment (Bosker et al., 2012). While this does not mean THC is harmless for chronic frequent consumers, it indicates frequent consumers do develop some degree of tolerance to the impairing effects. At the same time, some of them may consume higher doses of THC to overcome their tolerance and achieve a high, which may still impair their driving. Moreover, while there is some evidence that persons taking cannabis are more aware of their impairment and therefore may be more reluctant to drive initially, other studies have suggested drivers consuming cannabis also may subjectively feel okay to drive even when their driving skills remain impaired. Notably, studies also have shown cannabis impairment increases headway, meaning drivers leave a larger gap between their vehicle and the vehicle ahead as a compensatory mechanism when they think they are driving impaired (Hartman & Huestis, 2013; Lenne et al., 2010; Robbe, 1998).

#### How does cannabis affect crash risk?

When consumed alone, cannabis is associated with a modest increase in crash risk at the population level when compared to the absence of cannabis. While the increase in crash risk varies, the average increase is 30% to 40%, meaning drivers who test positive for cannabis are approximately 1.3 to 1.4 times more likely to be involved in a crash than drivers without cannabis (Rogeberg, Elvik, & White, 2019). In other words, the crash risk associated with cannabis is lower than for alcohol, but there is still some risk.

## Are all drivers who consume cannabis-impaired?

No, at the population level, the higher the THC concentration in blood, the greater the proportion of cannabis consumers who show impairment. This is clearest among occasional cannabis consumers, but differs among frequent consumers who develop a partial tolerance to THC effects. However, at the

individual level, it is difficult to predict impairment in specific drivers. A dissociation between blood THC concentrations and their impact on psychomotor function and cognition exists for several reasons. For example, after chronic daily cannabis intake, THC (above 1 ng/mL) can be detected in the blood for many days, including in the absence of impairment. Further, in road traffic incidents, THC concentrations are typically detected in blood up to one to eight hours after a traffic crash or stop. This does not represent THC concentrations at the time of the crash, as blood THC concentrations decrease by approximately 74% in the first 30 minutes and by 90% in the first 1.4 hours.

# Does medical cannabis produce impairment in drivers?

Medical cannabis alone, when consumed under the supervision of a medical professional to overcome conditions that may impair driving such as physical pain, is less likely to produce impairment. However, most medical cannabis products include cannabidiol (CBD) or THC as a primary ingredient, and many products include some concentration of THC. Cannabidiol alone generally does not impair driving, and medical products are less likely to produce driving impairment when taken as directed by physicians. People consuming medical cannabis typically take it more frequently than recreational consumers, resulting in the development of pharmacological and behavioral tolerance to the effects of THC. Furthermore, medical consumers may be more likely than recreational consumers to use cannabis products with lower THC content, potentially reducing their collision risk.

## What tools are available to detect cannabisimpaired drivers?

Law enforcement and road safety agencies would like to rely on a per se limit for THC in impaired driving legislation, analogous to a blood alcohol concentration (BAC) limit for alcohol. However, research shows it is exceedingly difficult to accurately identify a THC limit at which most drivers are impaired because of how the drug is metabolized in the body. As such, it is important to understand what other detection tools can identify cannabis-impaired drivers. *SFSTs.* Standardized field sobriety tests (i.e., horizontal gaze nystagmus, one-leg stand and walk and turn) were developed to identify alcohol impairment. Currently, they have not been validated for cannabis and do not, as a whole, adequately detect THC-induced driver impairment, although some individual tests show promise. The major barrier is distinguishing THC-related impairment from driving performance when not drug-affected. Such reference data can be collected in laboratory settings but cannot be collected at the roadside. Without this data, standards of cannabis impairment are difficult to define for behavioral tests performed on drivers at the roadside.

**Oral fluid.** Oral fluid test results indicate the concentration of cannabis present in a sample but are difficult to link to blood results or driver performance. Positive oral fluid test results may indicate recent cannabis use because test sensitivity is usually limited to a few hours after smoking (the time depends upon the detection threshold of the device) (Swortwood et al., 2017). Two to four hours after cannabis intake, the coating of the oral fluid dissipates, and oral fluid THC concentrations approximately parallel blood THC concentrations, but not at the same levels (Desrosiers & Huestis, 2019). Blood THC concentrations cannot be accurately estimated from oral fluid concentrations because of high intra-subject and inter-subject variability (Busardo et al., 2018).

## Conclusions

The science of cannabis impairment is complex with important nuances to the conclusions which can be drawn. The adjudication of cannabis-impaired driving cases requires a clear understanding of how cannabis is metabolized and effects the body as well as driving skills. Important case considerations include clearly articulated evidence of driving behavior, results of behavioral and biological tests, as well as an understanding of the frequency of the driver's past and present cannabis use. More information about these topics was compiled by the Drugged Driving Work Group of the International Conference on Alcohol, Drugs & Traffic Safety comprised of 24 leading researchers from 11 countries who summarized the science in a fact sheet series available at: https://druggeddriving.tirf.ca/resources/

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# **Testing Challenges; No BAC for THC**

Judge Scott Pearson RJOL for Region 8 ABA-JOL Program

#### Judge John Grinsteiner (retired) SJOL for North Dakota

Our current methods of testing for THC, the active ingredient in cannabis, or any other impairing substance includes blood. Collecting blood is invasive and comes with 4th Amendment concerns and issues (think Birchfield vs. North Dakota). In addition, it requires special training and handling, but it can be forced in most states. Next is urine, which needs to be observed, can't be forced, and frankly, it's gross. Breath testing has the shortest detection window and is the least invasive. Oral fluid testing also has a short detection window and, like breath testing, is relatively quick, can be done roadside, and is not invasive. Finally, we have standard field sobriety tests (SFSTs) and drug recognition expert (DRE) evaluations.

While blood alcohol concentration (BAC) is an accurate measurement of alcohol impairment of driving, the presence of THC in the driver's body has not been shown to be a reliable measure of cannabis impairment of driving. The main reasons for the disconnect between THC blood concentration and impairment is that THC impairment occurs in the brain, not the blood, and the chemical nature of THC causes it to move throughout the body in a complex manner. Because blood and brain are different tissues, physically separated from each other, blood concentrations of any drug can only estimate the brain concentration and thus impairment. In short, blood concentrations of THC and its metabolites are not sufficient alone to prove impairment. Testimony about additional signs of impairment is necessary to prove impairment. This can come in the form of witness testimony and evidence regarding driving abnormalities, SFSTs, and DRE evaluations.

BAC is an accurate measurement because alcohol is highly water soluble and spends much of its time in the body within watery blood. However, estimation of brain concentration/impairment is very difficult with THC because it is more soluble in fat/oil than it is in water. This means that THC only spends a short amount of time within watery blood as it disperses throughout the body and deposits into more fatty tissues. High concentrations of THC reach the blood and brain shortly after smoking starts, causing impairment, but blood concentration decreases quickly after smoking stops (see figure below), as no more THC is coming into the blood and what remains in the blood distributes into fatty tissue.



The THC then can stay in the fatty tissue for a fairly long time, but small amounts will slowly leach out of fatty tissue and back into the blood, causing a continual low blood concentration long after ingestion. Because this THC in the blood can be from both past use as well as recent use, it is not possible to differentiate between the two or necessarily infer impairment. Early studies show that maximal driving impairment is found 20 to 40 minutes after smoking, and the risk of driving impairment may decrease after 2.5 hours, at least in those who smoke 18mg Delta 9-THC or less (the dose often used experimentally to duplicate a single joint). In short, impairment by cannabis is currently best detected from the symptoms of impairment.

A quick note regarding edibles. Edibles take longer to take effect because they're absorbed through the digestive system. Because of this, users may ingest more because they are not feeling the immediate effects that smoking cannabis usually provides. An edible high generally lasts much longer than smoking or vaping, anywhere from six to eight hours. For edibles that contain THC, peak blood levels occur around 3 hours after ingestion.

An odor of alcohol, admission of drinking, or coming from the bar is not enough to indicate impairment and the same is true for cannabis. Impairment and more specifically, being able to show impairment

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is the key. The evidence of impairment could come in the form of observation of clues such as an abnormal driving pattern (4 general areas: 1) maintaining lane and speed; 2) braking issues; 3) vigilance issues; and 4) judgement issues).

Clues can come from observations of the suspect (difficulty with motor vehicle controls; difficulty exiting vehicle; difficulty with documents; repeating questions/comments; changing answers; swaying or unsteady; odor of alcohol or drugs; glassy or red eyes; flushed face; unsteady gait; slurring; poor coordination; and slowed reactions). Additional clues can come from the SFSTs (walk and turn, one-leg stand, and horizontal gaze nystagmus (HGN)) or testimony from a DRE who utilizes a nationally standardized protocol for identifying drug intoxication that identifies seven different categories of drugs and the physical symptoms associated with each.

Combine these clues of impairment with testing that shows a defendant has a substance or substances on board and a jury should be convinced that a DUI has occurred.

\*Reference: Compton, R. (2017, July). Marijuana-Impaired Driving - A Report to Congress. (DOT HS 812 440). Washington, DC: National Highway Traffic Safety Administration. <u>https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/documents/812440-marijuana-impaired-driving-report-to-congress.pdf</u>. The publication was prepared as a report to Congress in response to the Fixing America's Surface Transportation Act (FAST Act), Pub. L. 114-94.

# North Dakota 2023 Fatal Crash Statistics as of 12/31/2023



## Fatalities: 106

Crashes: 96 Operators Tested Positive BAC: 28 Operators Tested Negative BAC: 45 Operators Not Tested: 17 Fatalities from Alcohol Crashes: 30 No Seat belt (for seat belt eligible vehicles) 38 Speed-related fatalities: 22 Pedestrian fatalities: 10 Motorcycle fatalities: 16 Fatal Crash Involved Lane Departure: 51 Fatal Crash Involved a Younger Driver(s) 14-20 years old: 9 Fatal Crash Involved an Older Driver(s) 65+ years old: 29 Fatal Crash Involved a Train: 3 Fatal Crash Involved a Commercial Motor Vehicle(s): 21 Holiday Fatalities: 16

For a full look at the Fatal Crash Stat Board and how the numbers compare to 2022 and 2021, visit: <u>2024</u> <u>Fatality Spreadsheet.xlsx (nd.gov)</u>. You can also find a link to the 2022 North Dakota Crash Summary here: <u>NDDOT 2022 Crash Summary.indd</u>.

# **Sentencing & the Changing Judicial Response**

Judge John Grinsteiner (retired) • SJOL for North Dakota

The research supports what I think we intuitively already knew, that there is an opportunity to be seized with every interaction.

"An encounter with the criminal justice system provides a valuable opportunity to intervene in an individual's life by identifying the clinical needs of substance abusers and then confronting them with the consequences of their own drug and alcohol use." *Responding to Substance Abuse: The Role We All Play*, 1999.

Approximately two-thirds of the people who enter the criminal justice system simply self-correct and are not seen again. This is obviously a good thing. However, it's unfortunate that one-third of those who enter the criminal justice system become repeat offenders. While accountability should remain a key factor, we know that we can't arrest or incarcerate our way out of this dilemma. Instead, we have to adjust our approach. Before we can create a solution, we should make sure we have identified the problem. The two-thirds who self-correct are not the problem, the system seems to work for them. The problem then would seem to be the one-third who reoffend. A good question to ask might be: How can we identify the one-third before they recidivate (see Screening, Brief Intervention, and Referral to Treatment introduction that follows)?

One avenue can be through proper screenings and assessments, ideally before sentencing, so that the judge can have as many pieces to the puzzle as possible before crafting a sentence for that individual with referrals to address his or her specific needs. The DOCR's pretrial services program should and could help with this. Since the establishment of treatment courts, which have been very effective, there is an ever-increasing view of the judge as a problem solver. While most judicial officers embrace this role, many challenges remain, including

obtaining enough information to make an informed decision, identifying who is at high risk, determining what intervention/ treatment is appropriate, and finally, imposing a sentence that will most likely lead to success.

However, finding solutions does not begin nor end with the judge. All of the professionals working in the criminal justice system should be viewed as problem solvers. We all should be working to identify those likely to reoffend. We all should be working to get them properly screened and assessed with referrals to services that are needed. We all should monitor for compliance with close supervision and we all should assume an active role in incentivizing



good behavior and holding people accountable. This requires better coordination and understanding all along the system from education to law enforcement; to prosecution and defense; to courts; to supervision and corrections; to treatment providers; and back again.

Our communities, families, and the people that we serve are too important to simply do it the way we have always done it. My hope is that all of us begin to see that there is an opportunity to be seized with every interaction.

# Screening, Brief Intervention, and Referral to Treatment (SBIRT) Introduction

Judge John Grinsteiner (retired) • SJOL for North Dakota Julie Seitz, Project Director, AllRise Impaired Driving Solutions

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an early intervention designed to screen individuals for problematic substance use. If you have been to a doctor's office in the last few years, you have likely been SBIRTed. It identifies people at risk for developing substance use disorders (SUDs) and provides brief intervention to those atrisk people. It is designed to raise awareness of the risks and consequences associated with use, provide motivation for change, and to help set healthier goals. Finally, the process aides in access to and coordination of treatment services.

## What are the goals?

The assumption is, based on evidence in the primary care setting, that screening and brief behavioral counseling would reduce unhealthy and unsafe alcohol and drug use to reduce future risks (legal, social, medical) associated with substance use. The goals of SBIRT with impaired drivers are to alter risky behavior, help understand the paradigm shift (reinforce self-determination to reduce risky behavior), and find opportunities for intervention using motivational interviewing techniques in a structured conversation.

## How does it work?

With funding from the Minnesota Department of Public Safety's Office of Traffic Safety, a collaborative group of justice and public health officials in Duluth led by the Honorable Shaun Floerke (ret.), Minnesota's Sixth District Chief Judge worked to integrate the delivery of SBIRT for first-time Driving- While-Intoxicated (DWI) clients in a streamlined, expedited court process. The clients go through the SBIRT process within a few weeks of their arrest, as part of their scheduled time in court. This process is speeding up case processing time and helping clients address their risky behavior.

Clients are screened using a three-step process:

**Step I.** Three Questions: Clients are asked the first three questions from the AUDIT screening tool. If clients score five or more, they move on to Step II.

**Step II.** Administer Screening Tools (AUDIT & DAST): Clients undergo the full screening tools to aid in feedback.

**Step III.** Feedback on Results: Clients engage in a collaborative conversation about the results of the screens utilizing motivational interviewing techniques and when indicated, a referral for additional services.

The primary screening tools currently being used in the Sixth District's SBIRT pilot program include the Alcohol Use Disorders Identification Test (AUDIT) and the Drug Abuse Screen Test-10 (DAST-10). Both are 10-item screening tools developed as a method of screening alcohol and drug use, risky behaviors, and substance-related problems. Both a clinicianadministered version and a self-report version of the tools are available. Although frequently used in healthcare settings, the tools have been validated across genders and in a wide range of racial/ethnic groups and are well-suited for use in court settings.

This demonstration pilot project resulted in court system changes and improvements such as faster case processing time, and community benefits due to enhanced relationships among participating organizations. Most importantly, the DWI client benefits from this project. Clients receive valuable information about their substance use behavior and its potential impact, are guided in addressing their risky behaviors, and are referred to services when appropriate. Several clients expressed appreciation for the intervention, and most who have completed the follow-up interview report positive behavior changes. Per the initial research on the pilot project, none have received a second DWI. (Read that last sentence again!)

Statistics tell us that one-third of first-time impaired drivers become repeaters. We don't need to wait for them to become such. We can use SBIRT to help identify, intervene, and address behaviors before they get there. Could we start a project like this in North Dakota?

# Recent Court Opinions of Note ("A little late-night reading") – Alexander J. Bott, UND School of Law

The court opinions are a special contribution of my friend and colleague Earl G. Penrod, Senior Judge, Indiana Judicial Outreach Liaison, and Judge in Residence, National Judicial College

### Warrantless Blood Draw Upheld under Mitchell v Wisconsin, 139 S.Ct. 2525 (2019)

The North Carolina Court of Appeals upholds the admissibility of blood test results that were obtained without a warrant based on the exigent circumstances exception as discussed and outlined by the U.S. Supreme Court in Mitchell v. Wisconsin, 139 S.Ct. 2525 (2019). In this case, the Court of Appeals notes that the initial burden of showing exigency sufficient to forego a warrant is on the State but if the State meets the burden by showing the defendant was unconscious and in need of medical attention at a hospital, the defendant must be allowed the opportunity to show a lack of exigency. The Court here finds that remand is not necessary because the defendant had the opportunity (but had not done so) to demonstrate there was no exigency to justify the warrantless search. There is a strongly worded dissent in which it is argued that exigent circumstances did not exist in this case to support a warrantless blood draw and the majority impermissibly shifts the burden to the defendant to prove there was no exigency. The dissent cites with approval the case of State v. Key, 848 S.E.2d 315 (S.C. 2020) in which the South Carolina Supreme Court declined to read the Mitchell case to impose the burden on the defendant to show the absence of exigent circumstances.

*State v. Burris*, 2023 N.C. App. LEXIS 393 2023 WL 4339346 (July 5, 2023)

## **Admissibility of Field Sobriety Tests**

The Court of Appeals of Ohio, Seventh Appellate District, upheld the trial court's denial of the Motion to Suppress in which the defendant alleged that the field sobriety tests should be suppressed because the State failed to show that there was substantial compliance with the NHTSA Manual for conducting SFST's. The Court of Appeals found that Defendant's non-specific and blanket statements that the officers did not comply with the NHTSA Manual on conducting field sobriety tests did not shift the burden to the State to demonstrate clear and convincing evidence that the tests were administered in substantial compliance with the applicable standards. The Court of Appeals proceeded to find that even if the burden had shifted to the State, it met the burden because the trial court had taken judicial notice of the NHTSA manual (by implication) and the officers' testimony demonstrated substantial compliance.

*State v. Hayes*, 2023-Ohio-2642, 2023 Ohio App. Lexis 2627 2023 WL 4854804 (July 31, 2023)



# **Useful Resources and Links**

#### 1. International Academy on the Science and Impact of Cannabis (IASIC)

Doctors educating on marijuana. IASIC is an organization of international experts on cannabis who are guided by medicine and science to provide accurate and honest information that guides decision-making. They recognize that the use of cannabis is potentially harmful, and that policies or practices which enhance or increase the use of cannabis risk serious medical and social consequences.

Click here for access: IASIC – Doctors Educating on Marijuana (iasic1.org)

#### 2. International Council on Alcohol, Drugs & Traffic Safety (ICADTS)

ICADTS is an independent not-for-profit body whose only goal is to reduce mortality and morbidity brought about by misuse of alcohol and drugs by operators of vehicles in all modes of transport. They have put together a fact sheet on cannabis and driving.

Click here for access to the fact sheet: <u>ICADTS – Fact Sheets (icadtsinternational.com)</u>

#### 3. Marijuana-Impaired Driving: A NHTSA Report to Congress

In 2017, this report was prepared in accordance with Section 4008 (Marijuana-Impaired Driving) of the Fixing America's Surface Transportation Act (FAST Act), Pub. L. 114-94. The report summarizes what is known about marijuana use and driving.

Click here for the report: Marijuana-Impaired Driving (nhtsa.gov)

#### 4. ABA Publication Highway to Justice

Highway to Justice is produced through a joint project with the American Bar Association Judicial Division and the National Highway Traffic Safety Administration. This complimentary publication is designed to be a source for updates on national traffic safety news.

Click here for all issues: Highway to Justice (americanbar.org)

#### 5. ABA Judicial Outreach Cannabis Working Group

The ABA-JOL Cohort is sharing the Fall 2023 Update, a collection of articles from around the county that can be found here: Fall 2023 JOL Cannabis Update



This quarter's issue wraps up the two-part series on cannabis. There is so much more out there so you may see some articles mixed in throughout the year. I stand as a resource for each of you, so don't hesitate to reach out. If you have an issue that is somehow connected to impaired driving, I'll do my best to help. If it's not, I'm still happy to listen and help if I can. I know how isolating your position can be at times, so know that you have a friend in me. I hope to bring you value and some informative articles in my upcoming issues of the newsletter. Until next time, peace on your heart and strength for your fight, no matter how big or small!

# Upcoming Trainings/Events/Webinars

\*This is not an exhaustive list and is geared toward impaired driving

#### April 7-9, 2024

Lifesavers Conference on Roadway Safety, to be held at the Colorado Convention Center in Denver, CO. Registration is now open: **Registration - Lifesavers Conference on Roadway Safety** 

More information on topics and training to come.

### May 22-25, 2024 | RISE Annual Conference – All Rise

RISE returns to Anaheim California. Join us for four electric days of education, fellowship, and inspiration. Stay tuned for more information in the coming weeks!

The world's premier conference on addiction, mental health, and justice reform. Since 1995, All Rise has convened the only national conference for treatment court professionals. Expanding alongside our field, RISE attendance has grown to include a wide array of public health and public safety leaders working to expand treatment for people impacted by substance use and mental health disorders. What remains constant is the unparalleled education, networking, and fellowship enjoyed by every attendee. Whether you're a regular or first-timer, new to treatment courts or a seasoned pro, we invite you to attend this landmark event and join us as we march toward our mission of ensuring every individual in the justice system has access to evidence-based treatment and recovery.

The National Judicial College (NJC) Recorded Webinars and Programs on impaired driving issues going back to 2018 can be found here: Webinars & Programs | Traffic Resources

#### 2024 NJC Traffic Programs – Webinar Series

March 6, 2024Taking it to The Streets: Addressing the Challenge of Cannabis-Impaired DrivingJune 5, 2024A Culture of Quality in Impaired Driving Cases: Due Process and Guilty Pleas – DETAILS TO FOLLOWAug. 7, 2024Harnessing Technology to Monitor Substance Use in Impaired Driving Cases – DETAILS TO FOLLOWDec. 4, 2024Impaired Driving in 2024: Where Are We? – DETAILS TO FOLLOW

#### 2024 NJC Traffic Programs – Live Presentations

Drugs in America Today: What Every Judge Needs to Know. May 14-17, 2024 - With opiate addiction at epidemic levels in both urban and rural America, the NJC has crafted a new course that focuses on the neurology of addiction with an emphasis on heroin and painkillers. This course will provide an in-depth analysis of the science behind addiction and will offer practical solutions for the judge to manage all case types affected by drug use.

<u>2024 National Judicial College Courses</u>. They are still working on details for some of courses, but registration is open for most 2024 courses. Check <u>online calendar</u> to see everything happening at the NJC.

Drugged Driving Essentials course is set for May 6-8, 2024. This course is funded by the National Highway Traffic Safety Administration (NHTSA) and offered at no cost to eligible participants. Up to \$1,000 available for travel reimbursement. (*This figure may actually be \$1,500*) Please contact the registrar's office for eligibility. Increases in the number of drug-impaired driving cases on our highways have added new challenges for trial judges as they deal with evidentiary challenges, emerging case law, and evidence-based practices in this evolving area of the law. Unlike alcohol-impaired driving, drugged driving has no bright line test for impairment. This course will highlight all aspects of drug impaired driving cases, including pretrial release, search and seizure, toxicology essentials, police investigation, scientific evidence, and effective and evidence-based sentencing practices designed to reduce recidivism.

## UNSUBSCRIBE

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