Cannabis in road traffic

Why can cannabis use be dangerous for road traffic?

- Acute cannabis intoxication can impair cognitive and psychomotor skills required for safe driving behaviour (Pearlson et al., 2021; Verstraete and Legrand, 2014; Compton, 2017b; Beirness, 2017)
- Cannabis intoxication is linked with a higher likelihood of being involved in a road traffic accident (Wong et al., 2014; Asbridge et al., 2012; Li et al., 2012)
- Unclear how residual blood alcohol may affect crash risk (Compton, 2017a; EMCCDA, 2018)
- Risk of drinking and driving is much higher (Rogeberg & Elvik, 2016; EMCDDA, 2012, EMCCDA, 2018; Compton ,2017 a,b)

What drug tests and detection options are available?

Common practice:

- Checking the driver's behaviour
- 2. Saliva test to check for THC content
- 3. If the result of the saliva test is positive: further test with a blood sample

If the THC concentration in the blood exceeds the legal limit, drivers are considered impaired (EMCCDA, 2018)

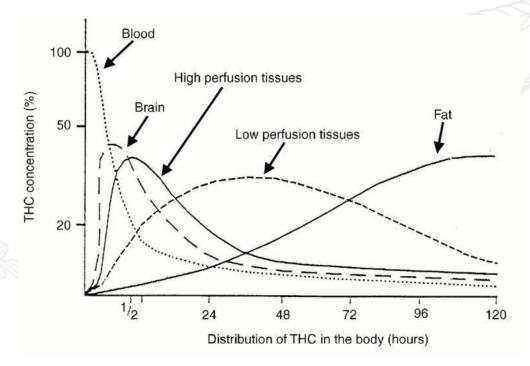
Problems with analysis:

- Often results of saliva and blood tests do not match.
- Presence of THC in blood does not necessarily mean that drivers were impaired by cannabis at the time of the accident (Beirness, 2017; Compton, 2017a)
- Cannabis use is tested in a way that is practical for police to implement and acceptable to the public, even if the scientific basis for doing so is weak (Hall, 2018)
- Values have a weak pharmacological and epidemiological basis (Compton, 2017a; Pearlson et al., 2021)
- Blood THC levels serve to deter cannabis use rather than protect public safety (Quilter & McNamara 2016)

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Metabolisation of THC

- After inhalation of cannabis, there is initially a very steep rise in THC concentration in the blood, then a rapid drop (Compton, 2017a)
- Peak of impairment is 20 to 40 minutes after inhalation (Sewell et al., 2009), even if the THC peak in the blood has long been passed
- Due to storage in adipose tissue, THC can be detected in the blood at very low concentrations long after impairment (EMCCDA, 2018; Heustis, 2005)



Metabolization of THC (Ashton 2001)

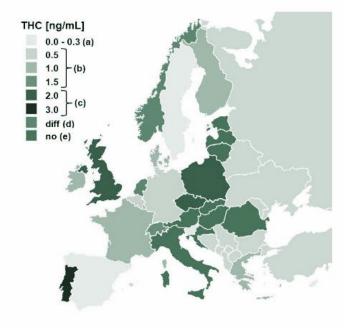
Factors influencing the impairment of driving ability

- Inhalation or oral intake
- Frequency of use
- Mixed use with e.g. alcohol (Wolff & Johnston, 2014; EMCCDA, 2018)
- Different types of cannabis can produce different subjective experiences in users, which can affect driving safety (Burt et al., 2021)

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Which limit is recommended by experts?

- Germany: Tolerance limit 1.0 ng/ml THC (zero tolerance) (StVG § 24a), but cannabis patients are allowed to participate in road traffic if they are not impaired in their driving ability due to medication
- THC concentration in the blood of 3.7 ng/ml (Berghaus et al., 2010) comparable to impairment of 0.05% (0,5 mg/ml) blood alcohol concentration
- Colorado: impairment may be present at 5 ng/ml THC (Pardo 2014)
- Expert committees have recommended concentrations of 5 ng/ml (UK) (Wolff et al., 2013) or 7 ng/ml (Ramaekers et al., 2004)
- Georg Wurth (DHV) has called for an increase to 10 ng/ml (Bundestag, 2021)



Europäische Grenzwerte für THC im Blut

Legal limit concentrations of THC in blood in some European countries (BAG, 2020)

Recommendations for regulatory adjustments

- Raise the tolerance level for recreational and medicinal cannabis
- Introduction of a drug test that determines the state of intoxication and not the residual value
- Penalties commensurate with the risk to road safety (Hughes, 2017; Ramaekers, 2017; Vindenes, 2017)
 - Graduated penalties according to the level of THC concentration in the blood
 - Higher penalties for repeated driving while impaired
 - Higher penalties for mixed use
- Referral to drug counselling or treatment (EMCCDA, 2018)

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