

**California Highway Patrol**  
**Impaired Driving Task Force**  
**Best Practice Protocols Meeting Minutes**

October 14, 2019

601 North 7<sup>th</sup> Street

Sacramento, CA 95811

**MEMBERS PRESENT**

California Narcotic Officers' Association – Vaughn Gates

California National Organization for the Reform of Marijuana Laws – Ellen Komp

Kern County Deputy District Attorney's Office – Michael Yraceburn

California State Sheriffs' Association – Marcus James

Pharmacist – Dr. Phillip Drum

California Department of Justice – Harinder Kapur

Office of Traffic Safety – Nicole Osuna

Department of Veterans Affairs – Dr. Anthony Albanese

International Association Chiefs of Police – Chuck Hayes

Alcohol Beverage Control – Joseph McCullough

**MEMBERS ABSENT**

National Highway Traffic Safety Administration – Chris Murphy

Medical Examiner, San Francisco – Dr. Luke Rodda

California District Attorneys Association – Amanda Martin

Drug Policy Alliance – Jeannette Zanipatin

**GUESTS**

California Highway Patrol – Captain Helena Williams and Sergeant Oscar Chavez

Officer of Traffic Safety – Nicole Aston and Danny Lam

**MEMBERS OF THE PUBLIC PRESENT**

Mike Avalos and Robert Esparza

## **OPENING COMMENTS**

Dr. Anthony Albanese called the meeting to order and welcomed the members present. There was a brief introduction of those present. Dr. Albanese started the meeting by debriefing the presentation they had watched that morning. Dr. Albanese said it would be great to have a tool for the public to check their impairment before driving. The reduction of impaired drivers is the ultimate goal of this committee. However, do not confuse this tool as a certifiable tool to be used by law enforcement for driving impairment detection. There is a process in which things are vetted which involves scientific study and peer review. The expansion of the tool on a large scale to see if the tool works in the real world. None of this has been done with DRUID. Dr. Albanese indicated he could not recommend this tool. Ms. Komp is familiar with peer review process and those steps are on there way. Ms. Komp feels the same could be said about the oral fluid test and the breathalyzer. Ms. Komp would like to see a recommendation for more research to be done on these types of test. Additionally, Ms. Komp was surprised to see that experience users were not detected by the Advance Roadside Impaired Driving Enforcement (ARIDE) trained officers and calls to questions some of the recommendations the group has already made about ARIDE training.

Mr. Mike Yraceburn said University of California (UC), San Diego, is already working on tablet device that is going through peer review. Second, the blood test will not go away, and impairment detection is based on the totality of the evidence. The ARIDE training supports of their recommendations, because the ARIDE officer no longer needed to call the Drug Recognition Expert (DRE) officer to detect impairment from cannabis.

In reference to the earlier presentation, Deputy Marcus James said they went to a department of 30 officers, where they could have gone to Seattle where other states send their drug recognition experts (DRE) to get certified. Additionally, of those 30 officers used, how many truly understand ARIDE and why didn't they use DRE trained officers?

Ms. Komp suggested waiting until the UC San Diego study is made public before deciding further recommendations.

Ms. Kapur related the current language in the recommendation is to use the best available product.

There was a group discussion regarding the final report, and if it would show how the task force came to their conclusions. There was a suggestion to include reference material. Dr. Albanese let the group know a bibliography of references material is being used. Dr. Drum referred the traffic safety study out of Washington and reminded the group that it is not just tetrahydrocannabinol (THC) alone when it comes to fatal traffic collision incidents. In those fatal traffic collision, 44 % percent involve poly-drug use. Additionally, there has been a 15% increase per year since cannabis legalization in 2012. Dr. Albanese told the group if you came to a conclusion using a study, send the bibliography information to Sergeant Chavez.

Dr. Drum commented on toxicology rates are decreasing in the state of Washington. The state was checking toxicology 63% of the time in 2008 and it is now down to 55% in 2014. Additionally, in biological samples, studies show to be one in ten they would find cannabis it is now one in five drivers they are finding cannabis. Dr. Drum cautions the group when the questions of levels come up. Pharmacological, it is 0.08% when it is alcohol alone. There is no

per se level of alcohol when it is combined with another drug such as alcohol, a benzodiazepine or cannabis. There are going to be additive and synergistic reactions. There cannot be a dependence on having a per se limit for cannabis. As the group heard from the public at last meeting, a zero tolerance should be considered. Other states are looking at a zero tolerance for cannabis.

### Public Comment

A member from the public made the following comment. He related coming from the cannabis industry, he also would like to keep impaired drivers off the road. He recommended, similar to ARIDE or DRE training for officers, there should be some sort of training for an employee of the cannabis dispensary. The training should be similar to responsible beverage service training.

### **DISCUSSION OF RECOMMENDATION #1 and #10**

Dr. Albanese read the following: “Requiring warning inserts in cannabis exit containers with signs and posters at point-of-sale and cannabis consumption sites describing cannabis specific driving risks along with the risks of underage cannabis use and mixing cannabis with alcohol and other psychoactive substances to be implemented immediately.”

Dr. Albanese suggested addressing the topic of alternative transportation at consumption sites and the training of budtenders to recognize signs of impairment. There was a group discussion to decide if these items should be added to recommendation number one.

Mr. Yraceburn asked whether cannabis can be consumed at the point-of-sale. Ms. Kapur added there are already consumption lounges in West Hollywood, San Francisco and Oakland. Ms. Kapur recalls talking about training budtenders restricting a consumer from consumption once they feel the consumer is impaired. Ms. Kapur suggest training budtenders would be more applicable to the consumption lounges then retail. There was group discussion on whether to add budtender training to recommendation number one or make its own recommendation. Ms. Kapur suggest a possible additional recommendation.

There was group discussion on recommendation ten, specifically how to train persons who serve cannabis. The following was agreed by the group to make recommendation number ten: “Retail and event organizers license holder shall provide training to persons serving cannabis similar to responsible beverage server requirements. Additionally, cannabis consumption sites shall provide information regarding locally available alternate transportation to all consumers.”

### **DISCUSSION OF RECOMMENDATION #2**

Dr. Albanese read the following: “All traffic law enforcement officers (including Police officers and Sheriff deputies) must receive ARIDE training within one year of being assigned to traffic enforcement, and bi-annual continuing education on impaired driving. Experienced officers not yet trained must receive ARIDE training within one year on enactment of this policy.” There was group discussion to change “policy” to “requirement and add “traffic officer” to the second sentence.

The following was agreed as recommendation number two: All traffic law enforcement officers (including Police officers and Sheriff deputies) must receive ARIDE training within one year of

being assigned to traffic enforcement and biannual continuing education on impaired driving. Experienced traffic law enforcement officers not yet trained must receive ARIDE training within one year of the enactment of this requirement.

### **DISCUSSION OF RECOMMENDATION #3**

Dr. Albanese read the following: “Increase the statewide percentage of DRE trained and certified traffic enforcement officers by four percent of the total number of traffic enforcement officers each year over the next five years. The California Highway Patrol (CHP) and the Office of Traffic Safety (OTS) will be accountable for reporting accurate numbers of total officers and officers trained each year and be responsible for the implementation of this recommendation.

In the item to be discussed at a later time was in regard to incentive pay for certified DREs. There was group discussion on incentive pay for DREs. The group agreed not to set an amount or percentage.

The following was agreed as recommendation number three: “Increase the statewide percentage of DRE trained and certified traffic enforcement officers by four percent of the total number of traffic enforcement officers each year over the next five years. The CHP and OTS will be accountable for reporting accurate numbers of total officers and officers trained each year and be responsible for the implementation of this recommendation. An officer certified as a DRE shall receive incentive pay during the time the officer remains certified.”

### **DISCUSSION OF RECOMMENDATION #4**

Dr. Albanese read the following: “Law enforcement must use the best available roadside presumptive screening devices and confirmatory tests in the most expedient manner for possible drug and alcohol impaired driving investigations. There should be a standardized, comprehensive testing procedure throughout the state to report accurate data concerning impaired driving. This recommendation shall be implemented within one year.”

There was a group discussion on changing this recommendation for better data collection. There were minor non-substantive changes made to this recommendation. The group agreed with this recommendation.

### **DISCUSSION OF RECOMMENDATION #5**

Dr. Albanese read the following: “Evidence of the driver’s impairment is needed in addition to cannabis presence/level to conclude that a driver is impaired (at least in part) from cannabis. Audio/visual body cameras are the preferred devices, but at a minimum, full audio recordings should all be part of all standardized field sobriety tests.”

No changes were proposed.

## **DISCUSSION OF RECOMMENDATION #6**

Dr. Albanese read the following: “Driving and DMV approved traffic schools shall add a cannabis education module, which includes a victim impact panel component, to all programs within one year.”

No changes were proposed.

## **DISCUSSION OF RECOMMENDATION #7**

Dr. Albanese read the following: “Within two years of being appointed and annually thereafter, all criminal justice officers must receive training which covers addiction, drug abuse, behavior modification, factors contributing to impairment, and bias in arrest/prosecution.”

No changes proposed.

## **DISCUSSION OF RECOMMENDATION #8**

Dr. Albanese read the following: “Within one year of adoption, collect data from those convicted of a cannabis related DUI to develop better methods of screening for, and prevention of, any drug, DUI violation. Data should be statewide, and guide future revisions in DUI policy.”

No changes proposed.

## **DISCUSSION OF RECOMMENDATION #9**

Dr. Albanese read the following: “Blood should be collected within one to two hours of DUI suspicion, and must include an extended drug panel, with confirmatory and quantitative HPLC/MS or GC/MS for positive results.”

No changes purposed.

## **RECOMMENDATION #10**

The following recommendation was recommended while discussing recommendation one:

Retail and event organizers license holder shall provide training to persons servings cannabis similar to responsible beverage server requirements. Additionally, cannabis consumption sites shall provide information regarding locally available alternate transportation to all consumers.

## **CONCLUSION OF MEETING**

The subcommittee meeting concluded and joined the main task force meeting.