

Statement of Ted Leonard
Executive Director
Pennsylvania AAA Federation
Senate Transportation Committee
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On behalf of the Pennsylvania AAA Federation which is the state association of the seven AAA clubs in Pennsylvania, encompassing 3.2 million member-motorists, thank you for the opportunity to provide information on the important safety issue of impaired driving.

As Congress considers potential legislation and amendments regarding cannabis deregulation, AAA sees an escalating need for more research about drugged driving/impairment by cannabis, more detailed state and federal data collection regarding the same and more funding for law enforcement training as Drug Recognition Experts (DRE) and Advanced Roadside Impaired Driving Enforcement (ARIDE)-trained officers.

Research and more comprehensive data collection by both states and the federal government remain critical to better defining and understanding current drugged driving trends and traffic safety implications of cannabis-impaired driving. Continued federal and local support is critical for programs such as the ARIDE program and the 50-state Drug Evaluation and Classification (DEC) program, which train law enforcement officers around the country to recognize drug-impaired driving more effectively. We also strongly support the development of valid and effective ways to determine impairment among drivers.

Active THC is the primary psychoactive substance in cannabis that affects the brain and can impair driver performance. Active THC content of smoked cannabis can range between 20% and 30% and depending on how much a person uses and how often they use it, can remain in the system for as long as three months. Some states have created legal limits, known as “per se limits” which specify the maximum amount of active THC that drivers can have in their blood. These limits are similar in concept to the .08 BAC limit for driving under the influence of alcohol. The presence of active THC is generally suggestive of recent cannabis

use. However, the AAA Foundation for Traffic Safety has conducted a number of studies examining cannabis-positive drivers and concluded that legal limits for cannabis and driving are arbitrary and unsupported by science. Unlike alcohol where a high BAC is an indicator of driving impairment, the level of active THC in the body and the degree of impairment are not necessarily related. Cannabis can affect people differently, making it challenging to develop consistent and fair guidelines. AAA recommends states use a two-component system that requires a positive test for recent cannabis use, and behavioral and physiological evidence of driver impairment. AAA also conducted studies of cannabis use among drivers in fatal crashes in states before and after legalization. In the state of Washington, the raw number of fatal-crash-involved drivers who tested positive to THC more than tripled from five years before legalization through five years after.¹ The study did not attempt to determine if cannabis contributed to the crash but focused only on the prevalence of drivers who tested positive for THC.

There are important differences between medical and recreational marijuana. Medical marijuana contains a higher cannabidiol (CBD) content than recreational. This substance does not produce any psychoactive effects. Recreational marijuana contains more THC than the medical variety as this is what provides the “high.” The FDA has approved only one CBD product, a prescription drug to treat seizures.

Given that some CBD products contain THC which may show up on a drug test AAA opposes per se standards and recommends a requirement for a positive test and evidence of driver impairment.

¹Tefft, B. C. & Arnold, L. S. (2020). *Cannabis Use Among Drivers in Fatal Crashes in Washington State Before and After Legalization* (Research Brief). Washington, D.C.: AAA Foundation for Traffic Safety.